

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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 \$ 35,450,085. 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

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 2021 (Part V, line 2a)	5	98
6	Total number of volunteers (estimate if necessary)	6	111
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	11,092,908.	11,821,753.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,307,368.	2,210,465.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,339,735.	7,478,895.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,740,011.	21,511,113.
14	Benefits paid to or for members (Part IX, column (A), line 4)	2,338,808.	2,223,745.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,558,201.	10,698,817.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 916,006.	66,015.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,555,476.	8,713,090.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,518,500.	21,635,652.
19	Revenue less expenses. Subtract line 18 from line 12	-4,778,489.	-124,539.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	80,559,067.	82,356,707.
22	Net assets or fund balances. Subtract line 21 from line 20	10,279,752.	13,656,986.
22		70,279,315.	68,699,721.

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
	Firm's name ▶ MEADEN & MOORE, LTD.	Date 02/02/23
	Firm's address ▶ 1375 EAST NINTH STREET, SUITE 1800 CLEVELAND, OH 44114-1790	Check if self-employed <input type="checkbox"/> PTIN P00285983
		Firm's EIN ▶ 34-1818258
		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 ENTREPRENEURSHIP TO TRANSFORM ENTIRE COMMUNITIES. JUMPSTART INC. COMBATS COMMUNITY DETERIORATION AND LESSENS THE BURDENS OF GOVERNMENT BY CONDUCTING INVESTMENT AND OTHER PROGRAMS TO ENHANCE THE ECONOMIC REVITALIZATION

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 \$ 4,384,575. including grants of \$) (Revenue \$ 2,210,465.)

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 NORTHERN 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 NORTHERN OHIO, WHICH HAS EXPERIENCED ECONOMIC DECLINE AND COMMUNITY

4b (Code:) (Expenses \$ 730,638. including grants of \$) (Revenue \$)

OUTREACH AND EDUCATION: THIS PROGRAM 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 NORTHERN 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

4c (Code:) (Expenses \$ 11,748,706. including grants of \$ 2,223,745.) (Revenue \$)

NETWORK ADVISORS & ECONOMIC INCLUSION: THIS PROGRAM 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 NORTHERN 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 NORTHERN 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

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

4e Total program service expenses 16,863,919.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 the 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 line 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 on 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 132	
b Enter the number of Forms W-2G included on 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 17 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 (29), 1b (28), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RAY T LEACH CHIEF EXECUTIVE OFFICER	63.00 2.00	X		X				485,596.	0.	36,604.
(2) JEROLD J FRANTZ CHIEF INVESTMENT & SERVICE	47.00				X			299,585.	0.	25,339.
(3) KAREN C ADAME CHIEF FINANCIAL OFFICER	47.00			X				242,033.	0.	24,152.
(4) TELEANGE THOMAS CHIEF OPERATING & RELATIONSHIP OFFIC	47.00			X				233,062.	0.	16,094.
(5) A LAMONT MACKLEY CHIEF INCLUSION & OUTREACH	47.00				X			223,990.	0.	23,504.
(6) MATTHEW W MILLER SR VENTURE PARTNER	47.00					X		218,738.	0.	23,341.
(7) RICHARD E JANKURA JR FRMR	0.00						X	216,510.	0.	7,862.
(8) HARDIK DESAI MANAGING PTNR, INVESTING	47.00					X		206,769.	0.	7,488.
(9) LORNE J NOVICK SR PARTNER, SVCS & DEAL FL	47.00					X		182,042.	0.	20,660.
(10) PATRICIA GROSPIRON FRMR	0.00						X	175,547.	0.	26,580.
(11) JONATHON L GRIMM FRMR	0.00						X	171,979.	0.	26,442.
(12) KENDRA M GARDINER FRMR	0.00						X	190,346.	0.	6,934.
(13) GLORIA WARE FRMR	0.00						X	172,259.	0.	14,824.
(14) NADINE GERMAINE BATCHAHA NANA VENTURE PARTNER	47.00					X		156,446.	0.	25,313.
(15) JOHN W GRACE JR CHIEF PEOPLE & CULTURE OFF	47.00			X				171,743.	0.	6,136.
(16) KEVIN MENDELSON SR VENTURE PARTNER	47.00					X		171,683.	0.	6,170.
(17) KARA CARTER FRMR	0.00						X	155,488.	0.	3,835.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) REMSEN HARRIS FRMR	0.00						X	151,336.	0.	4,861.
(19) WILLIAM NEMETH FRMR	0.00						X	151,383.	0.	4,490.
(20) JEANNE COUGHLIN BOARD CHAIR	2.00	X		X				0.	0.	0.
(21) KATE ASBECK VICE CHAIR	2.00	X		X				0.	0.	0.
(22) THOMAS HOPKINS VICE CHAIR	2.00	X		X				0.	0.	0.
(23) BARBARA PAYNTER VICE CHAIR	2.00	X		X				0.	0.	0.
(24) KARIM BOTROS DIRECTOR	0.70	X						0.	0.	0.
(25) LISA CAMP DIRECTOR	0.70	X						0.	0.	0.
(26) ANTHONY CAMPANA DIRECTOR	0.70	X						0.	0.	0.
1b Subtotal								3,976,535.	0.	310,629.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,976,535.	0.	310,629.

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 **33**

	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
ARK GROUP LLC 13842 LAKE AVE, LAKEWOOD, OH 44107	CONSULTING	146,665.
ALBERT GREEN 485 OVERLOOK DR, KENT, OH 44240	CONSULTING	135,902.
ETHAN COHEN, 22425 CANTERBURY LANE, SHAKER HEIGHTS, OH 44122	CONSULTING	133,950.
WCA CI2 LLC 10670 SHERWOOD TRAIL, CLEVELAND, OH 44133	CONSULTING	117,895.
THOMPSON HINE, 3900 KEY TOWER 127 PUBLIC SQ, CLEVELAND, OH 44114	LEGAL & ADVISORY SERVICES	109,931.

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 **5**

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) CAROL CARUSO DIRECTOR	0.70	X					0.	0.	0.	
(28) ODELL COLEMAN DIRECTOR	0.70	X					0.	0.	0.	
(29) ROMONA DAVIS DIRECTOR	0.70	X					0.	0.	0.	
(30) GERRICK DOSS DIRECTOR	0.70	X					0.	0.	0.	
(31) ERIC FIALA DIRECTOR	0.70	X					0.	0.	0.	
(32) LARRY FULTON DIRECTOR	0.70	X					0.	0.	0.	
(33) LARRY GOODMAN DIRECTOR	0.70	X					0.	0.	0.	
(34) BRIAN HALL DIRECTOR	0.70	X					0.	0.	0.	
(35) ANN HAMILTON DIRECTOR	0.70	X					0.	0.	0.	
(36) JEAN-CLAUDE KIHN DIRECTOR	0.70	X					0.	0.	0.	
(37) NANCY MENDEZ DIRECTOR	0.70	X					0.	0.	0.	
(38) CHERYL PEREZ DIRECTOR	0.70	X					0.	0.	0.	
(39) MICHAEL REGELSKI DIRECTOR	0.70	X					0.	0.	0.	
(40) JOHN PIGOTT DIRECTOR	0.70	X					0.	0.	0.	
(41) MARK SAMOLCZYK DIRECTOR	0.70	X					0.	0.	0.	
(42) GEORGE SAMPLE DIRECTOR	0.70	X					0.	0.	0.	
(43) CINDY TORRES ESSELL DIRECTOR	0.70	X					0.	0.	0.	
(44) SHARON TOERЕК DIRECTOR	0.70	X					0.	0.	0.	
(45) JOSE VASQUEZ DIRECTOR	0.70	X					0.	0.	0.	
(46) NATOYA WALKER-MINOR DIRECTOR	0.70	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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			
(47) DEBORAH YUE DIRECTOR	0.70	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
Total to Part VII, Section A, line 1c										

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	7,888,277.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,933,476.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			11,821,753.			
Program Service Revenue	2 a OTHER INCOME	Business Code					
		561000	1,762,621.	1,762,621.			
	b SUPPORT SERVICE	541519	447,844.	447,844.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			2,210,465.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		746,498.			746,498.	
	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	20671369.			
	b Less: cost or other basis and sales expenses	7b	13938972.				
	c Gain or (loss)	7c	6732397.				
d Net gain or (loss)			6,732,397.		6732397.		
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			21,511,113.	2,210,465.	0.	7478895.	

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 ...	2,132,630.	2,132,630.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	91,115.	91,115.		
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	1,701,416.	1,105,920.	493,411.	102,085.
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	6,675,624.	4,314,706.	1,937,446.	423,472.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	256,053.	233,008.	17,924.	5,121.
9 Other employee benefits	1,494,133.	760,304.	562,574.	171,255.
10 Payroll taxes	571,591.	520,148.	40,011.	11,432.
11 Fees for services (nonemployees):				
a Management				
b Legal	66,542.	21,293.	45,249.	
c Accounting	89,942.	28,781.	61,161.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	224,168.	156,917.	58,284.	8,967.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,525,424.	1,329,783.	98,137.	97,504.
12 Advertising and promotion	368,781.	295,025.	73,756.	
13 Office expenses	896,146.	591,643.	253,232.	51,271.
14 Information technology				
15 Royalties				
16 Occupancy	550,905.	390,502.	125,113.	35,290.
17 Travel	134,840.	107,872.	26,968.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	111,836.	78,286.	29,077.	4,473.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,648.	38,254.	14,208.	2,186.
23 Insurance	73,752.	51,626.	19,176.	2,950.
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 <u>SUPPORT TO COLLABORATOR</u>	4,038,573.	4,038,573.		
b <u>PROGRAM EXPENSES</u>	336,692.	336,692.		
c <u>BAD DEBT EXPENSE</u>	240,841.	240,841.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	21,635,652.	16,863,919.	3,855,727.	916,006.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	2,485.
	2 Savings and temporary cash investments	1,770,425.	2	5,411,512.
	3 Pledges and grants receivable, net	2,977,592.	3	2,576,087.
	4 Accounts receivable, net	2,965,927.	4	5,378,101.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	428,843.	9	383,772.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,425,503.		
	b Less: accumulated depreciation	10b 643,089.		
	11 Investments - publicly traded securities	82,093.	10c	782,414.
	12 Investments - other securities. See Part IV, line 11	197,107.	11	111,270.
	13 Investments - program-related. See Part IV, line 11	33,787,036.	12	
	14 Intangible assets		13	41,898,189.
	15 Other assets. See Part IV, line 11	38,349,794.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	80,559,067.	15	25,812,877.	
		16	82,356,707.	
Liabilities	17 Accounts payable and accrued expenses	2,949,128.	17	4,889,369.
	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	300,000.	21	95,415.
	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	7,030,624.	23	8,672,202.
	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		25	
	26 Total liabilities. Add lines 17 through 25	10,279,752.	26	13,656,986.
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	64,495,783.	27	64,416,053.
	28 Net assets with donor restrictions	5,783,532.	28	4,283,668.
	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	70,279,315.	32	68,699,721.
	33 Total liabilities and net assets/fund balances	80,559,067.	33	82,356,707.

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	21,511,113.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,635,652.
3	Revenue less expenses. Subtract line 2 from line 1	3	-124,539.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,279,315.
5	Net unrealized gains (losses) on investments	5	-1,455,055.
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	68,699,721.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

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).)
- 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 on 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		
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15302351.	17802637.	22957506.	11092908.	11821753.	78977155.
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	15302351.	17802637.	22957506.	11092908.	11821753.	78977155.
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)						26661752.
6 Public support. Subtract line 5 from line 4.						52315403.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	15302351.	17802637.	22957506.	11092908.	11821753.	78977155.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	482,576.	601,215.	441,179.	573,767.	746,498.	2845235.
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.)	1003787.	1491944.	1870233.	1307368.	2210465.	7883797.
11 Total support. Add lines 7 through 10						89706187.
12 Gross receipts from related activities, etc. (see instructions)					12	7,913,797.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	58.32 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	63.36 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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.)

FORM 990, SCHEDULE A, 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.

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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
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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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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)	17,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	17,000.													
d	Other exempt purpose expenditures	21,618,652.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	21,635,652.													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	989,895.	1,000,000.	1,000,000.	1,000,000.	3,989,895.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,984,843.
c Total lobbying expenditures	67,000.	69,500.	72,000.	17,000.	225,500.
d Grassroots nontaxable amount	247,474.	250,000.	250,000.	250,000.	997,474.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,496,211.
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 \$15,000 PAID TO THE GREATER CLEVELAND PARTNERSHIP IN SUPPORT OF ADVOCACY EFFORTS FOR ENTREPRENEURSHIP AND \$2,000 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

2021

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 | 300,000. |
| d Additions during the year | |
| e Distributions during the year | 204,585. |
| f Ending balance | 95,415. |
- 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 | | |
| (ii) Related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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		915,163.	643,089.	272,074.
e Other		510,340.		510,340.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				782,414.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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	37,414,574.	END-OF-YEAR MARKET VALUE
(2) NOTES RECEIVABLE	3,633,490.	END-OF-YEAR MARKET VALUE
(3) NR - CURRENT PORTION	850,025.	END-OF-YEAR MARKET VALUE
(4) NCAF	100.	COST
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	41,898,189.	

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) BENEFICIAL INTEREST IN THE CLEVELAND FOUNDATION	25,812,877.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	25,812,877.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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 IV, LINE 2B:

DURING 2021, JUMPSTART WAS AWARDED \$300,000 IN FISCAL AGENCY SUPPORT TO BE MANAGED AND DISBURSED IN FUTURE PERIODS. NO ADDITIONAL AWARDS WERE ISSUED IN 2022.

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

Part XIII Supplemental Information *(continued)*

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.

Horizontal lines for supplemental information.

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASSETS TOLEDO 2200 JEFFERSON AVE TOLEDO, OH 43604	31-1656341	501C3	31,600.	0.			ECONOMIC DEVELOPMENT
CENTER FOR INNOVATIVE FOOD TECHNOLOGY - 5555 AIRPORT HIGHWAY - TOLEDO, OH 43615	34-1565585	501C3	20,000.	0.			ECONOMIC DEVELOPMENT
ECON & COMM DEV INST ECDI 1655 OLD LEONARD AVENUE COLUMBUS, OH 43219	31-1145544	501C3	146,450.	0.			ECONOMIC DEVELOPMENT
HISPANIC BUSINESS CENTER 2511 CLARK AVE CLEVELAND, OH 44109	34-1805510	501C3	35,000.	0.			ECONOMIC DEVELOPMENT
INCLUSIVE FOR WOMEN 425 JEFFERSON AVE, 3RD FLOOR TOLEDO, OH 43604	47-3035322	501C3	42,100.	0.			ECONOMIC DEVELOPMENT
NORTHWEST OHIO HISPANIC CHAMBER OF COMMERCE - 10802 WATERVILLE ST - WHITEHOUSE, OH 43571	76-0838127		35,000.	0.			BUSINESS SUPPORT

- 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 **▶** _____

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PRESIDENTS COUNCIL 3740 EUCLID AVE, STE 100 CLEVELAND, OH 44114	47-2195389	501C6	295,000.	0.			ECONOMIC DEVELOPMENT
TOLEDO AFRICAN AMERICAN CHAMBER OF COMMERCE - PO BOX 140603 - TOLEDO, OH 43614	45-2667834	501C3	30,000.	0.			ECONOMIC DEVELOPMENT
TOLEDO REGIONAL CHAMBER 300 MADISON AVE, STE 200 TOLEDO, OH 43604	34-4374780	501C3	45,000.	0.			ECONOMIC DEVELOPMENT
LIVING RICH EAST 105TH ST CLEVELAND, OH 44106	83-1431920		20,880.	0.			BUSINESS SUPPORT
URBAN CITY CODES LLC 2490 LEE BLVD, STE 322 CLEVELAND HEIGHTS, OH 44118	85-3662428		22,500.	0.			BUSINESS SUPPORT
YOUTH OPPORTUNITIES UNLIMITED 1255 EUCLID AVE CLEVELAND, OH 44115	34-1381135		20,000.	0.			BUSINESS SUPPORT
BACK TO BEAUTIFUL LANDSCAPING 20930 TRACEY AVE EUCLID, OH 44123	45-3076971		11,000.	0.			BUSINESS SUPPORT
CITY SLEUTHS, INC 17637 SHURMER ROAD STRONGSVILLE, OH 44136	83-4460386		11,000.	0.			BUSINESS SUPPORT
CLEVELAND NEIGHBORHOOD PROGRESS 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104	34-1611055		78,000.	0.			ECONOMIC DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROWTH OPPORTUNITY PARTNERS 6001 EUCLID AVENUE CLEVELAND, OH 44103	47-4257622	501C3	1,000,000.	0.			ECONOMIC DEVELOPMENT
MADE CLEVELAND 38210 BAINBRIDGE ROAD OLON, OH 44139	85-0666183		18,500.	0.			BUSINESS SUPPORT
OHIO AEROSPACE INSTITUTE 22800 CEDAR POINT ROAD CLEVELAND, OH 44142	34-1621676	501C3	60,000.	0.			ECONOMIC DEVELOPMENT
ORTIZ ART DRAFTS DESIGNS 4336 RIDGE ROAD BROOKLYN, OH 44144	82-3835950		8,500.	0.			ECONOMIC DEVELOPMENT
PROFESSIONAL INSPIRATION 2020 E. 226TH STREET EUCLID, OH 44117	46-3561457		41,000.	0.			BUSINESS SUPPORT
UNITED BLACK FUND 1621 EUCLID AVENUE CLEVELAND, OH 44115	34-1366892	501C3	20,000.	0.			ECONOMIC DEVELOPMENT
WITZIS RAW GRANOLA 20471 LAKE ROAD ROCKY RIVER, OH 44116	83-0619116		35,000.	0.			BUSINESS SUPPORT
BLESSINGS IN DISGUIZE 3131 EXECUTIVE PARKWAY, SUITE 210 TOLEDO, OH 43606	82-2640696		10,000.	0.			BUSINESS SUPPORT

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	47	91,115.	0.		

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

FORM 990, SCHEDULE 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

ADDITIONAL DISCLOSURE IN THIS SECTION.

FORM 990, SCHEDULE I, PART IV

GRANTS TO ORGANIZATIONS ARE MADE FOR JUMPSTART INCLUSION PROGRAMS,

Part IV Supplemental Information

CONSISTING OF THE CORE CITY PROGRAM. GRANTS TO INDIVIDUALS WERE FOR
 JUMPSTART INCLUSION ACTIVITIES FROM THE CORE CITY PROGRAM. THE CORE
 CITY PROGRAM HAS THREE PROCESSES TO DETERMINE AWARDEES AND AMOUNTS
 AWARDED. ONE PROCESS IS FOR THE BUSINESS GROWTH COLLABORATIVE WHICH IS
 GOVERNED BY AN ADVISORY BOARD WHO REVIEWS ORGANIZATION APPLICATION
 PROPOSALS FOR CLIENT SERVICES WITH THE PARTICIPATION OF JUMPSTART
 STAFF. THE VISIBLE VOICE PROGRAM IS A DONOR DRIVEN PROGRAM WHICH ALONG
 WITH JUMPSTART STAFF MAKE RECOMMENDATIONS. THE CORE CITY IMPACT PROGRAM
 IS MANAGED BY JUMPSTART STAFF WHO EVALUATE PROGRAM APPLICANTS TWICE A
 YEAR. CHOOSING COMPANIES TO PARTICIPATE IN TWO COHORT CLASSES PER YEAR
 WHO RECEIVE AWARDS BASED UPON JUDGES DECISIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2021

Open to Public Inspection

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		X
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	331,798.	153,059.	739.	15,456.	21,148.	522,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEROLD J FRANTZ CHIEF INVESTMENT & SERVICE	(i)	232,910.	65,536.	1,139.	8,700.	16,639.	324,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN C ADAME CHIEF FINANCIAL OFFICER	(i)	185,129.	55,765.	1,139.	7,530.	16,622.	266,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TELEANGE THOMAS CHIEF OPERATING & RELATIONSHIP OFFICER	(i)	212,650.	20,244.	168.	6,035.	10,059.	249,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) A LAMONT MACKLEY CHIEF INCLUSION & OUTREACH	(i)	185,134.	36,633.	2,223.	6,870.	16,634.	247,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MATTHEW W MILLER SR VENTURE PARTNER	(i)	183,823.	33,760.	1,155.	6,789.	16,552.	242,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RICHARD E JANKURA JR FRMR	(i)	182,111.	33,260.	1,139.	6,447.	1,415.	224,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HARDIK DESAI MANAGING PTNR, INVESTING	(i)	178,448.	28,165.	156.	6,186.	1,302.	214,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LORNE J NOVICK SR PARTNER, SVCS & DEAL FL	(i)	152,003.	29,788.	251.	5,598.	15,062.	202,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PATRICIA GROSPIRON FRMR	(i)	145,380.	29,788.	379.	5,598.	20,982.	202,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JONATHON L GRIMM FRMR	(i)	154,455.	16,394.	1,130.	5,425.	21,017.	198,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KENDRA M GARDINER FRMR	(i)	155,513.	34,705.	128.	5,694.	1,240.	197,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GLORIA WARE FRMR	(i)	164,104.	7,500.	655.	5,245.	9,579.	187,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) NADINE GERMAINE BATCHAHA NANA VENTURE PARTNER	(i)	141,140.	15,068.	238.	4,645.	20,668.	181,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JOHN W GRACE JR CHIEF PEOPLE & CULTURE OFF	(i)	145,100.	26,494.	149.	5,148.	988.	177,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KEVIN MENDELSON SR VENTURE PARTNER	(i)	156,060.	15,369.	254.	5,143.	1,027.	177,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 and/or 1099-NEC 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				
(17) KARA CARTER	(i)	124,793.	30,428.	267.	3,835.	0.	159,323.	0.
FRMR	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) REMSEN HARRIS	(i)	150,945.	0.	391.	4,861.	0.	156,197.	0.
FRMR	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) WILLIAM NEMETH	(i)	143,613.	7,406.	364.	4,490.	0.	155,873.	0.
FRMR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

PART I, LINE 4A:

PART II INCLUDES SEVERANCE TOTALING \$246,865 PAID TO 3 FORMER EMPLOYEES.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 NORTHERN
OHIO.

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

OF NORTHERN 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 NORTHERN 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 2022, JUMPSTART HAS INVESTED
\$78M IN 154 PORTFOLIO COMPANIES WHOSE BUSINESS ACTIVITIES WERE

DETERMINED TO BE CONSISTENT WITH THE GOALS OF THE ECONOMIC

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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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: THE NUMBER OF SUCCESSFUL HIGH-POTENTIAL ENTREPRENEURIAL VENTURES IN NORTHERN OHIO AND THEREBY ENHANCE THE ECONOMIC REVITALIZATION OF THE REGION.

THE JUMPSTART OUTREACH AND EDUCATION PROGRAM'S MEDIA AND EVENT PRESENTATIONS CONTINUALLY INFORM AND EDUCATE NORTHERN OHIO'S ENTREPRENEURS, GIVING VISIBILITY TO THE SUCCESS OF ENTREPRENEURIAL VENTURES AND PROVIDING SUPPORT TO ENABLE A THRIVING ENTREPRENEURIAL COMMUNITY. FROM 7/1/21 THROUGH 06/30/22, THE OUTREACH AND EDUCATION PROGRAM:

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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1) COMMUNICATED WITH MORE THAN 45,065 EMAIL SUBSCRIBERS AND MORE THAN 21,400 SOCIAL MEDIA FOLLOWERS, HIGHLIGHTING ENTREPRENEURIAL SUCCESSES AS WELL AS EVENTS FOR NETWORKING AND LEARNING.

2) ACHIEVED 1,449 TOTAL MEDIA MENTIONS HIGHLIGHTING CLIENT SUCCESS STORIES AND SHARING VALUABLE INFORMATION SO REGIONAL ENTERPRENEURS CAN ACCESS THE CAPITAL, SERVICES AND CONNECTIONS THEY NEED TO GROW. THESE STORIES REACHED AUDIENCES THROUGHOUT THE COUNTRY AND HIGHLIGHTED CLIENT SUCCESS STORIES.

3) HOSTED 10 IN PERSON AND 16 VIRTUAL EVENTS EMPOWERING ENTREPRENEURS TO BUILD CRITICAL RESOURCE CONNECTIONS AND INCREASE THEIR KNOWLEDGE AND EXPERTISE IN SUBJECT MATTER NECESSARY TO STARTING AND GROWING AN EARLY-STAGE VENTURE OR 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 06/30/22 THERE HAVE BEEN MORE THAN 21,600 PODCAST DOWNLOADS FROM THE JUMPSTART WEBSITE AND MORE THAN 100,680 VIDEO VIEWS ON JUMPSTART'S YOUTUBE CHANNEL. OVERALL, THERE WERE MORE THAN 119,280 UNIQUE VISITORS TO THE JUMPSTART WEBSITE IN FISCAL YEAR 2022.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
GROWTH INTEREST AND POTENTIAL.

JUMPSTART'S STAFF, MENTORS AND NETWORK OF ADVISORS GUIDE NORTHERN OHIO'S HIGH POTENTIAL ENTREPRENEURS, ASSISTING FOUNDERS IN CREATING AND

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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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 NORTHERN OHIO. JUMPSTART BELIEVES THAT THE AVAILABILITY OF EXPERIENCED ENTREPRENEURS, INVESTORS, 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 NORTHERN OHIO.

36 PERCENT OF JUMPSTART'S BOARD OF DIRECTORS ARE WOMEN, AND 42 PERCENT ARE PEOPLE OF COLOR. MEANWHILE, 63 PERCENT OF JUMPSTART'S STAFF ARE WOMEN, WHILE NEARLY 47 PERCENT ARE PEOPLE OF COLOR.

ADDITIONALLY, FROM 7/1/21 6/30/22, 49 PERCENT OF THE COMPANIES SERVED BY JUMPSTART WERE OWNED/LED BY PEOPLE OF COLOR (BLACK OR LATINO/HISPANIC AND 46 PERCENT WERE WOMAN OWNED/LED.

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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WE BELIEVE IN ACCELERATING THE GROWTH OF BLACK, LATINO 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.

THROUGH ECONOMIC INCLUSION INITIATIVES, 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 NORTHERN OHIO, WHOSE BUSINESSES DIRECTLY AFFECT MINORITY POPULATIONS. BY PROVIDING INTENSIVE HANDS-ON GUIDANCE AND STRATEGIC PLANNING, THESE ADVISORS ENABLE ENTREPRENEURS TO 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 CAPTIAL FUND SPECIFICALLY DEDICATED TO SUPPORTING FEMALE AND/OR MINORITY LED STARTUPS ACROSS OHIO.

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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2) THE SMALL BUSINESS IMPACT PROGRAM, WHICH PROVIDES A DIVERSE GROUP OF TRADITIONALLY UNDERREPRESENTED SMALL BUSINESS OWNERS WITH ONE-ON-ONE BUSINESS ASSISTANCE, GRANT CAPITAL AND CONNECTIONS TO VALUABLE COMMUNITY RESOURCES.

3) PITCH CYPHER, A PITCH EVENT CONNECTING EARLY-STAGE TECH FOUNDERS-OF-COLOR WITH CRITICAL RESOURCES INCLUDING CAPITAL AND HIGH IMPACT TECHNICAL SERVICES.

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.

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 THE VICE PRESIDENT, 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 APPROVED FOR FILING, WHICH WILL TAKE PLACE ON A TIMELY BASIS SUBSEQUENT TO THE APPROVAL.

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

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

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

PART VIII

STATEMENT OF REVENUE INVESTMENT VALUATION:

INVESTMENT VALUATION IS INCLUDED AS SERVICE REVENUE FOR JUMPSTART 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

2021

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

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

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

Schedule R (Form 990) 2021

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, 2940 KINGSLEY ROAD, SHAKER HEIGHTS, OH 44122	INVESTMENT MANAGEMENT	OH			-2,337.	6,721.		X	N/A	X		100%
NCAF MANAGEMENT II, LLC - 27-3132457, 2940 KINGSLEY ROAD, SHAKER HEIGHTS, OH 44122	INVESTMENT MANAGEMENT	OH			-187,010.	673,245.		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		.00%
NCAF MANAGEMENT III, LLC - 47-5328652, 2940 KINGSLEY ROAD, SHAKER HEIGHTS, OH 44122	INVESTMENT MANAGEMENT	OH			195,120.	933,387.		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
JUMPSTART ENTERPRISES INC. - 87-1769404 6701 CARNEGIE STE 100 CLEVELAND, OH 44103	HOLDING COMPANY	OH		C CORP	0.	2,500.	100%		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
NEXT FUND LLC - 27-3815350 6701 CARNEGIE STE 100 CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH			0.	1,043,582.		X	N/A		X	3.60%
NORTH COAST ANGEL FUND III, LLC - 47-1678683, 2940 KINGSLEY ROAD, SHAKER HEIGHTS, OH 44122	INVESTMENT MANAGEMENT	OH			0.	65,625.		X	N/A		X	1.97%
JUMPSTART NEXT FUND, LLC - CUYAHOGA CTY - 27-3815350, 6701 CARNEGIE STE 100, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH			0.	1,692,195.		X	N/A		X	16.84%
JNF MANAGEMENT II, LLC - 86-3859854, 6701 CARNEGIE STE 100, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH			0.	0.		X	N/A		X	100%
JUMPSTART NEXT FUND II, LLC - 86-3875010, 6701 CARNEGIE STE 100, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH			0.	0.		X	N/A		X	100%

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 III, LLC	R	100,000.	CASH BASIS
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	