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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning July 1 , 2008, and ending June 30 , 20 09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☑ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization **JumpStart Inc.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) **737 Bolivar Road** Room/suite **3000**

City or town, state or country, and ZIP + 4 **Cleveland, OH 44115-1233**

D Employer identification number **34 1398522**

E Telephone number **(216) 363-3400**

G Gross receipts $ **12,215,324**

F Name and address of principal officer **Ray Leach**
same as C above

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3)◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.jumpstartinc.org**

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **2004**

M State of legal domicile **OH**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **JumpStart is a nationally recognized venture development organization that accelerates the progress of high potential, early-stage businesses. JumpStart's entrepreneurial team improves client success in achieving milestones and raising follow-on capital resulting in job creation, business growth and the economic revitalization of Northeast Ohio.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	28
6	Total number of volunteers (estimate if necessary)	6	21
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	38,580
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-0-

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,734,852	9,406,072
9	Program service revenue (Part VIII, line 2g)	384,080	2,455,845
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124,181	353,407
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,725	-0-
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,244,838	12,215,324

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	-0-	-0-
14	Benefits paid to or for members (Part IX, column (A), line 4)	-0-	-0-
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,198,927	3,929,708
16a	Professional fundraising fees (Part IX, column (A), line 11e)	-0-	-0-
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,504,417	4,713,460
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,703,344	8,643,168
19	Revenue less expenses Subtract line 18 from line 12	2,541,494	3,572,156

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	10,381,718	14,432,699
21	Total liabilities (Part X, line 26)	2,750,187	3,229,012
22	Net assets or fund balances. Subtract line 21 from line 20	7,631,531	11,203.687

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Part II Signature Block

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

Sign Here

Signature of officer — Date: 3-31-2010

RICHARD E. JANKURA JR. Chief Financial Officer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

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

SCANNED APR 23 2010

9/e

18

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
JumpStart Inc. combats community deterioration and lessens the burdens of government in Northeast Ohio by conducting investment and other programs to enhance the economic revitalization of Northeast Ohio, an area which has experienced economic decline and community deterioration ("Economic Revitalization Programs").

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 5,417,370 including grants of $ -0-) (Revenue $ 2,418,581)
JumpStart Ventures
JumpStart Inc. conducts its Economic Revitalization Programs by functioning as a regional nonprofit venture development entity which advises, assists, invests in and accelerates early-stage ideas and small companies in Northeast Ohio that have the potential to attract future private equity and become $30-50M companies within the next 5 to 7 years.
As the primary Economic Revitalization Program JumpStart Ventures encourages the creation of new employment opportunities in Northeast Ohio by providing managerial and technical assistance to aid the development and expansion of small businesses engaged in activities which have a high potential for providing employment opportunities and thereby contributing to the alleviation of economic distress in Northeast Ohio, has experienced economic decline and community deterioration, and enhancing its economic revitalization.
Continued on Form 990 Schedule O

4b (Code:) (Expenses $ 1,001,130 including grants of $ -0-) (Revenue $ 37,264)
Outreach and Education
Outreach and Education – 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, along with the networking website ideacrossing, all combine to build a greater appreciation of the importance of entrepreneurship to the Northeast Ohio regional economy. The activities of Outreach and Education are directed to supporting networks of investors, advisors and professional service firms in order to encourage an increase in the number of successful high-potential entrepreneurial ventures in Northeast Ohio and thereby enhance the economic revitalization of the region.
The JumpStart Outreach and Education program's media and event presentations continually inform and educate Northeast Ohio's entrepreneurs, giving visibility to the success of entrepreneurial ventures and providing support to enable a thriving entrepreneurial community. From inception through 12/31/09, the Outreach and Education program
Continued on Form 990 Schedule O

4c (Code:) (Expenses $ 960,230 including grants of $ -0-) (Revenue $ -0-)
TechLift Advisors and Economic Inclusion
JumpStart TechLift Advisors – is the essential segment of the Economic Revitalization Programs that provides the initial contact and impetus to the development of seed ideas by providing education and information to individuals concerning the development and operation of small businesses in Northeast Ohio for the purpose of encouraging the initiation, expansion, growth, and maturation of both new and existing small businesses which can provide employment opportunities and thereby aid in alleviating unemployment, community deterioration, and economic distress in Northeast Ohio and enhancing the economic revitalization of the area.
JumpStart TechLift Advisors comprise the program that concentrates on assisting technology based nascent companies. JumpStart's TechLift Advisors guide Northeast Ohio's high potential technology entrepreneurs. It assists entrepreneurs in creating and articulating high growth strategic and operational plans, accessing investment
Continued on Form 990 Schedule O

4d Other program services. (Describe in Schedule O.)
(Expenses $ -0- including grants of $ -0-) (Revenue $ -0-)

4e Total program service expenses ▶ $ 7,378,730 *(Must equal Part IX, Line 25, column (B).)*

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)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		✓
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		✓
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		✓
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		✓
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.*	24a		✓
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	✓	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 15		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ► ..... See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 19			
b	Enter the number of voting members that are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		✓

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	✓	
b	Other officers or key employees of the organization?	15b	✓	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ **Ohio**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **Richard E. Jankura, CFO 737 Bolivar Rd. Ste. 3000, Cleveland, OH 44115 216-363-3418**

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
Maria Boss Trustee	.28	✓						0	0	0
Barbara Brown Trustee	.58	✓						0	0	0
Roy Church Trustee	.28	✓						0	0	0
Mark Coticchia Trustee	.58	✓						0	0	0
Bonnie Gwin Trustee	.28	✓						0	0	0
John Harley Trustee	.58	✓						0	0	0
Peter Kasvinsky Trustee	.52	✓						0	0	0
N. Mohan Reddy Trustee	.28	✓						0	0	0
George Newkome Trustee	.28	✓						0	0	0
Chris Schmid Trustee & Chairman of the Board	.58	✓		✓				0	0	0
Lou Schneeberger Trustee	.58	✓						0	0	0
William Seelbach Trustee	.58	✓						0	0	0
Ken Semelsberger Trustee	.52	✓						0	0	0
Rick Steiner Trustee	.58	✓						0	0	0
Eddie Taylor Trustee	.58	✓						0	0	0
Steve Walling Trustee	.58	✓						0	0	0
Doug Weintraub Trustee Vice-Chair of the Board Secy/Trsr.	.82	✓		✓				0	0	0

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

(A) Name and title	(B) Average hours per week	(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			
John West Trustee	.28	✓						0	0	0
Mark Williams Trustee	.58	✓						0	0	0
Ray Leach Chief Executive Officer	65			✓				369,396	0	59,041
Richard E. Jankura Chief Financial Officer	55			✓				161,796	0	47,772
Rebecca Braun Chief Operating Officer	52				✓			207,954	0	32,958
Lynn-Ann Gries Chief Investment Officer	55				✓			174,951	0	52,750
Darrin Redus Chief Economic Inclusion Officer	49				✓			167,393	0	40,079
Jerry Frantz Entrepreneur-in-Residence	48					✓		165,191	0	43,410
Kevin Mendelsohn Investment Asociate	48					✓		129,491	0	24,782
Kerri Breen V.P. of External Finance	45					✓		116,131	0	24,680
Remsen Harris Investment Associate	47					✓		107,627	0	43,150
Charlene Jones Sr. Director Economic Inclusion	44					✓		104,511	0	30,659
1b Total ▶								1,704,441	0	399,281

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ **10**

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
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? *If "Yes," complete Schedule J for such individual.*	✓	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,324,182			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,081,890			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a–1f ▶		9,406,072			
Program Service Revenue		**Business Code**				
	2a **Investment valuation**	900099	2,352,792	2,352,792		
	b **Presentation/Marketing Event**	900099	37,264	37,264		
	c **Sublet income**	900099	4,529	4,529		
	d **Other income**	561000	22,680	22,680		
	e **Support Service Income**	541519	38,580		38,580	
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		2,455,845			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		353,407	353,407		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less. cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less. cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		12,215,324	2,770,672	38,580	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,591,355	1,161,150	159,495	270,710
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	1,679,122	1,373,943	191,540	113,639
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	234,426	184,115	27,976	22,335
9 Other employee benefits	200,153	128,912	49,889	21,352
10 Payroll taxes	224,652	173,341	27,257	24,054
11 Fees for services (non-employees):				
a Management				
b Legal	78,136	56,165	21,390	581
c Accounting	15,350		15,350	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	265,589	237,696	24,577	3,316
12 Advertising and promotion	215,757	201,870	2,260	11,627
13 Office expenses	101,743	73,333	7,525	20,885
14 Information technology	252,236	206,317	27,570	18,349
15 Royalties				
16 Occupancy	155,180	94,421	43,310	17,449
17 Travel	188,254	132,140	36,814	19,300
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	50,972	32,545	18,427	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,551	47,701	10,719	7,131
23 Insurance	9,091		9,091	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a **Commitments paid**	3,068,334	3,068,334		
b **Other direct program expenses**	224,808	190,138	33,999	671
c **Miscellaneous expenses**	22,459	16,609	3,542	2,308
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	8,643,168	7,378,730	710,731	553,707
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	250	1	250
	2	Savings and temporary cash investments	2,089,793	2	1,553,979
	3	Pledges and grants receivable, net	1,740,081	3	2,940,286
	4	Accounts receivable, net	17,883	4	399,086
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	36,911	9	36,225
	10a	Land, buildings, and equipment: cost basis 10a 571,575			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 485,503	118,329	10c	86,072
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	6,378,471	12	9,416,801
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	10,381,718	16	14,432,699
Liabilities	17	Accounts payable and accrued expenses	683,520	17	519,012
	18	Grants payable		18	
	19	Deferred revenue		19	72,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	750,000	23	637,500
	24	Unsecured notes and loans payable	1,316,667	24	2,000,000
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	2,750,187	26	3,229,012
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,849,491	27	8,149,667
	28	Temporarily restricted net assets	2,782,040	28	3,054,020
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,631,531	33	11,203,687
	34	Total liabilities and net assets/fund balances	10,381,718	34	14,432,699

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
c	If "Yes" to lines 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?	2c		
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?	3a	✓	
b	If "Yes," did the organization undergo the required audit or audits?	3b	✓	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
JumpStart Inc.	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: (Please check only **one** organization.)

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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 organization that normally receives: (1) more than 33⅓ % 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 33⅓ % 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,021,787	7,518,645	5,906,323	7,734,852	9,406,072	36,587,679
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 1-3	6,021,787	7,518,645	5,906,323	7,734,852	9,406,072	36,587,679
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)						471,954
6 **Public support.** Subtract line 5 from line 4						36,115,725

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6,021,787	7,518,645	5,906,323	7,734,852	9,406,072	36,587,679
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,188	39,691	173,472	124,181	353,407	698,939
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 IV.)	253,382	204,708	654,003	384,080	2,455,845	3,952,018
11 **Total support.** Add lines 7 through 10						41,238,636
12 Gross receipts from related activities, etc. (see instructions)					12	0

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	87.58 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.62 %

16a **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2007.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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 subrental income and service revenue from other non-profit organizations, as JumpStart Inc. provides IT service to these organizations for shared IT components of hardware, software, maintenance and licensing agreements. In the return year's 2007 and 2008 investment valuations are included in this category and have become the most significant portion of the category.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
Jumpstart Inc.	34 : 1398522

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to 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 (e.g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a–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 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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

(ii) Assets included in Form 990, Part X ▶ $ ----------

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

b Assets included in Form 990, Part X ▶ $ ----------

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as:

- a Board designated or quasi-endowment ► _____%
- b Permanent endowment ► _____%
- c Term endowment ► _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		571,575	485,503	86,072
e Other				
Total. Add lines 1a–1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				86,072

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

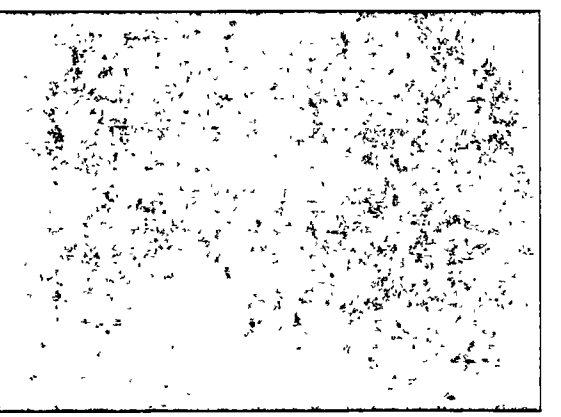
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Notes Receivable to Portfolio Companies	**6,314,777**	**All notes are reserved at 99.98% when recorded.**
Less Reserve	**(5,492,177)**	
Preferred Stock of Portfolio Companies	**8,594,101**	**End-of -year market as determined by Valuation Committee**
Capital contribution to NCAF Management	**100**	**Cost**
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13.)* ▶	**9,416,801**	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	



In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4–8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
JumpStart Inc.	34 1398522

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is 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 1b		✓
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . 2	✓	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a.		
a	Receive a severance payment or change of control payment? 4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		✓
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		✓
b	Any related organization? 5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		✓
b	Any related organization? 6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		✓

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Ray Leach	(i)	253,655	115,741		38,406	20,635	428,437	250,000
	(ii)							
Richard E. Jankura	(i)	137,000	24,796		28,887	18,885	209,568	93,730
	(ii)							
Rebecca Braun	(i)	176,473	31,481		32,136	822	240,912	119,000
	(ii)							
Lynn-Ann Gries	(i)	147,284	27,667		30,125	22,625	227,701	104,580
	(ii)							
Darrin Redus	(i)	141,467	25,926		24,174	15,905	207,472	98,000
	(ii)							
Jerry Frantz	(i)	139,932	25,259		28,949	14,461	208,601	95,480
	(ii)							
Kevin Mendelsohn	(i)	118,843	10,648		16,476	8,306	154,273	69,750
	(ii)							
Remsen Harris	(i)	102,858	4,769		24,435	18,715	150,777	56,650
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I - Question 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 for Fiscal Year 2009 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 II - Column (F) - The amounts in this column approximate 50% of compensation for the Fiscal Year ending in June 2009 due to the revised reporting requirements of the the current Form 990 versus prior Form 990 filings.

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	2008 Open to Public Inspection

Name of the organization	Employer identification number
JumpStart Inc.	34 1398522

Form 990, Part III, Line 4a (Continued):- JumpStart Ventures conducts investment activities to supplement state and local government economic and job development investment and other programs directed at encouraging the initiation of expansion, growth, and maturation of small businesses with a potential for providing enhanced employment opportunities and thereby contributing to an economic revitalization of Northeast Ohio.

JumpStart Ventures helps companies accelerate their time to venture-readiness by bundling guidance from experienced Venture Partners with seed investment capital. Early-stage investment from JumpStart Ventures 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.

With regard to investing, JumpStart Ventures invests $300,000, on average, in portfolio companies whose business activities are determined to be consistent with the goals of the Economic Revitalization Program. Individual investments will range from $250,000 to $800,000 depending on a company's needs and how it progresses through mutually determined milestones.

Since its inception JumpStart Ventures has: 1) provided more than 18,000 hours of due diligence and technical assistance to 6,620 entrepreneurs and 192 companies in Northeast Ohio through JumpStart Venture's investment process; 2) identified over 192 investment-worthy opportunities in Northeast Ohio; 3) committed $15.7 million in capital to forty-two companies in Northeast Ohio with additional follow-on capital of $74.2 million from outside sources.

With regard to accelerating growth, each portfolio company receives intensive mentoring support from the JumpStart Venture Acceleration team. A JumpStart Venture Partner is assigned to each company to provide guidance and to help ensure that key milestones are met. JumpStart Venture Partners have: 1) provided 67,700 hours of guidance and support to portfolio companies; 2) connected the portfolio companies with hundreds of resources including subject matter experts, board members, management team members, and potential customers; 3) enabled JumpStart Ventures' 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 (Continued):- has:1) connected over 32,000 entrepreneurs across the 21 county region we serve

Name of the organization	Employer identification number
JumpStart Inc.	34 1398522

through a variety of networking and educational events; 2) communicated on a bi-weekly basis with over 13,000 subscribers, highlighting entrepreneurial successes as well as events for networking and learning; 3) told the success stories of portfolio companies and JumpStart, leading to over 1,200 articles written about these stories in national, regional and digital publications; 4) developed the Growing Bright Ideas educational series. This series was created to allow entrepreneurs to increase their knowledge and expertise in topics important for accelerating the growth of an early-stage venture. The series brings national entrepreneurial expertise to the region and focuses on topics such as capital formation, talent, organizational structure, and sales and marketing: and 5) to enhance the coverage of this series many of these events are recorded and made available as "podcasts" on the JumpStart website.

Form 990, Part III, Line 4c (Continued):- funds and moving their businesses toward key milestones. TechLift Advisors' Entrepreneurs-in-Residence are former technology CEOs, with significant experience in a technology sector, and work with entrepreneurs within that sector. JumpStart's TechLift Advisors have a special focus on supporting women and minority entrepreneurs working in the highest growth industries.

Economic Inclusion is at the foundation and core of how JumpStart conducts business, as this genuine commitment allows JumpStart to realize the rich diversity of talent and promise that extends throughout Northeast Ohio. JumpStart believes accelerating the growth of minority and women-owned businesses 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 the JumpStart Economic Inclusion program, JumpStart provides Inclusion Advisors that 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. JumpStart Inclusion Advisors also assist targeted businesses situated in the urban centers of Northeast Ohio, whose businesses directly affect minority populations. By providing intensive hands-on guidance and strategic planning, these advisors enable these key entrepreneurs to articulate high growth plans, access investment funds, and move their businesses toward critical milestones.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

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Form 990, Part III, Line 4c (Continued):-

The overall advisory program is a vital aspect in the goal of fulfilling JumpStart's mission of revitalizing the economic environment of Northeast Ohio. JumpStart believes that the availability of experienced entrepreneurs and executives to start-up companies is critical to success. Guidance of early stage entrepreneurial endeavors provides insight, knowledge and generally broadens the vision of the entrepreneur. Since its inception JumpStart has provided over 18,000 hours of assistance to over 6,600 companies or entrepreneurs.

Classes of Members or Stockholders - Form 990, Part VI, Line 7a

JumpStart's sole members are Northeast Ohio Technology Coalition (NORTECH) and Case Western Reserve University who may appoint one trustee per each member to the Board of Directors.

Process Used to Review the Form 990 - Form 990, Part VI, Line 10

Form 990 and 990T along with all attendant schedules are prepared by JumpStart personnel. The forms in draft mode are reviewed by JumpStart's auditors for completeness, accuracy and comments. Once all review comments are cleared the forms are prepared for submission. 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 CFO and Controller present the returns for review and comment by the committee and the auditors 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 by the committee the returns are approved for filing which will take place on a timely basis subsequent to the approval.

Compliance with Conflict of Interest Policy - Form 990, Part VI, Line 12c

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 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

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JumpStart Inc.	34 1398522

Compliance with Conflict of Interest Policy - Form 990, Part VI, Line 12c (continued)

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 subsequestly 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 CFO provides the employee with an interpretation and instructions on how to proceed based upon the description of the situation. These activities take place via conversations as well as digitally at times using e-mail. If a situation is complex or unclear, it is elevated to the Finance/Audit Committee for a decision with e-mail being the usual vehicle to do so.

The organization also conducts annual training on compliance with our Conflict of Interest Policies and educates new employees during orientation of all internal controls related to conflict of interest, ethics, whistleblowers and accounting policies.

Determining Compensation of CEO, Executive Director, or Top Management Official - Form 990, Part VI, Line 15a and 15b

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 and performance compensation data from similar organizations as well as budget information from these categories. 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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

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JumpStart Inc.

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Determining Compensation of CEO, Executive Director, or Top Management Official - Form 990, Part VI, Line 15a and 15b

(continued)

recommended compensation structure 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. Upon completion of these reviews and data gathering, 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.

Statement of Revenue - Investment Valuation - Form 990, Part VIII, Line 2a

Investment valuation that is included as service revenue for JumpStart represents the net realized gains (losses) on preferred stock and notes receivable. JumpStart as part of its normal operations, receives funding which in turn is loaned to high growth potential businesses.

Further Detail Regarding Financial Statements - Form 990, Part XI, Line 2c

JumpStart's financial statements were audited by an independent accountant on the consolidated basis only. A separate audit for JumpStart alone is not prepared.

Name of the organization	Employer identification number

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

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Name of the organization

JumpStart Inc.

Employer identification number

34 : 1398522

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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

Part III 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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
~~NCAF Management LLC~~ ~~20-5287463~~	Invest Mngt	OH	N/A	Related	(173,387)	7,154	✓		-0-	✓	
~~5875 Landerbrook Dr #300~~ ~~Mayfield Heights, OH~~											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V Transactions With Related Organizations

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to other organization(s)	1b		✓
c	Gift, grant, or capital contribution from other organization(s)	1c		✓
d	Loans or loan guarantees to or for other organization(s)	1d		✓
e	Loans or loan guarantees by other organization(s)	1e		✓
f	Sale of assets to other organization(s)	1f		✓
g	Purchase of assets from other organization(s)	1g		✓
h	Exchange of assets	1h		✓
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		✓
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	✓	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		✓
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		✓
n	Sharing of paid employees	1n		✓
o	Reimbursement paid to other organization for expenses	1o	✓	
p	Reimbursement paid by other organization for expenses	1p		✓
q	Other transfer of cash or property to other organization(s)	1q	✓	
r	Other transfer of cash or property from other organization(s)	1r		✓

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 other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	**NCAF Management LLC**	k	6,556
(2)	**NCAF Management LLC**	o	345
(3)	**NCAF Management LLC**	q	173,099
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No