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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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

07/01, 2009, and ending

06/30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization JUMPSTART INC.		D Employer identification number
		Doing Business As		34-1398522
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
		737 BOLIVAR ROAD 3000		(216) 363-3400
		City or town, state or country, and ZIP + 4		G Gross receipts \$ 13,452,622.
CLEVELAND, OH 44115-1233				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)
F Name and address of principal officer RAY LEACH SAME AS C ABOVE		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 Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 2004 M State of legal domicile OH		

Part I Summary

Activities & Governance Revenue Expenses Net Assets or Fund Balances	1 Briefly describe the organization's mission or most significant activities:		
	TO ACCELERATE THE PROGRESS OF HIGH POTENTIAL, EARLY-STAGE BUSINESSES, IMPROVE CLIENT SUCCESS IN ACHIEVING MILESTONES AND RAISE CAPITAL RESULTING IN JOB CREATION & BUSINESS GROWTH IN NORTHEAST OHIO.		
	2 Check this box ☐ 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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	55,351.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,406,072.	10,941,361.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,455,845.	2,226,449.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	353,407.	284,812.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,215,324.	13,452,622.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,929,708.	4,804,785.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b Total fundraising expenses, Part IX, column (D), line 25	667,640.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,713,460.	4,617,077.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,643,168.	9,421,862.	
19 Revenue less expenses. Subtract line 18 from line 12	3,572,156.	4,030,760.	
20 Total assets (Part X, line 16)	Beginning of Year	End of Year	
21 Total liabilities (Part X, line 26)	14,432,699.	18,403,366.	
22 Net assets or fund balances. Subtract line 21 from line 20.	3,229,012.	3,168,919.	
	11,203,687.	15,234,447.	

Part II Signature Block

Sign Here	Under penalties of perjury, 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.			
	Signature of officer: <i>Raymond T. Leach</i> Date: 2/28/11		Preparer's identifying number (see instructions): P00285983	
Preparer's Use Only	Preparer's signature: <i>JB Worley CPA</i> Date: FEB 28 2011		Check if self-employed: ☐	
	Firm's name (or yours if self-employed), address, and ZIP + 4: MEADEN & MOORE, LTD. 1100 SUPERIOR AVENUE, SUITE 1100 CLEVELAND, OH 44114-2523		EIN: 34-1818258 Phone no: 216-241-3272	
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission.

ATTACHMENT 3

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 \$ 5,402,275 including grants of \$ _____) (Revenue \$ 2,199,594)

JUMPSTART VENTURES - JUMPSTART INC. CONDUCTS ITS ECONOMIC REVITALIZATION PROGRAMS BY FUNCTIONING AS A REGIONAL NONPROFIT VENTURE DEVELOPMENT ENTITY WHICH ADVISES, ASSISTS, INVESTS 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. CONTINUED ON SCHEDULE O

4b (Code _____) (Expenses \$ 950,534 including grants of \$ _____) (Revenue \$ 26,855)

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. CONTINUED ON SCHEDULE O

4c (Code _____) (Expenses \$ 1,597,978 including grants of \$ _____) (Revenue \$ 0)

ECONOMIC INCLUSION/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...CONTINUED ON SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 7,950,787.

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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 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 similar funds or 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	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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
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	X
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	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? If "Yes," complete Schedule G, Part I	17	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? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	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 question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	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? <i>If "Yes," complete Schedule L, Part I.</i>		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>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2009)

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	18
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	36
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
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	X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	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	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
6b	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).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	9a	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders	11a	
11b	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	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	20	
1b Enter the number of voting members that are independent	20	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► OH,

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

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

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

(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			
DOUG WEINTRAUB CHAIRMAN	.50	X		X				0.	0.	0.
MARK WILLIAMS VICE CHAIR	.50	X		X				0.	0.	0.
DR JACQUELINE ACHO TRUSTEE	.30	X						0.	0.	0.
BARBARA BROWN TRUSTEE	.30	X						0.	0.	0.
JUDITH CONE TRUSTEE	.30	X						0.	0.	0.
MARK COTICCHIA TRUSTEE	.30	X						0.	0.	0.
LARRY GODDARD TRUSTEE	.30	X						0.	0.	0.
BONNIE GWIN TRUSTEE	.30	X						0.	0.	0.
PETER HANCOCK TRUSTEE	.30	X						0.	0.	0.
JOHN HARLEY TRUSTEE	.30	X						0.	0.	0.
JIM HICKEY TRUSTEE	.30	X						0.	0.	0.
DR JAGDISH KULKARNI TRUSTEE	.30	X						0.	0.	0.
RICH LUNAK TRUSTEE	.30	X						0.	0.	0.
AMY MILLMAN TRUSTEE	.30	X						0.	0.	0.
CARMEN ORTIZ-MCGHEE TRUSTEE	.30	X						0.	0.	0.
LOU SCHNEEBERGER TRUSTEE	.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(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			
WILLIAM SEELBACH TRUSTEE	.30	X						0.	0.	0.
KEN SEMELSBERGER TRUSTEE	.30	X						0.	0.	0.
STEVE WALLING TRUSTEE	.30	X						0.	0.	0.
DAVID WILHELM TRUSTEE	.30	X						0.	0.	0.
RAY LEACH CHIEF EXECUTIVE OFFICER	65.00			X				308,095.	0.	14,741.
RICHARD E. JANKURA CHIEF FINANCIAL OFFICER	51.00			X				152,426.	0.	15,049.
REBECCA BRAUN CHIEF OPERATING OFFICER	54.00				X			213,056.	0.	12,169.
LYNN-ANN GRIES CHIEF INVESTMENT OFFICER	50.00				X			166,896.	0.	19,060.
DARRIN REDUS CHIEF ECONOMIC INCLUSION OFFIC	47.00				X			153,540.	0.	13,011.
CHRISTOPHER MATHER REGIONAL ADVISOR JS COMMUNITY	44.00				X			215,518.	0.	16,435.
JERRY FRANTZ MANAGING PARTNER JS VENTURES	40.00					X		153,201.	0.	11,964.
JOHN DEARBORN PRES JS ENTREPRENEURIAL NETWOR	47.00					X		149,738.	0.	12,937.
CATHERINE BELK CHIEF RELATIONSHIP OFFICER	59.00					X		141,721.	0.	8,904.
1b Total CONTINUED AT SCHEDULE J-2								1,919,440.	0.	139,881.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **19**

- 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

	Yes	No
3		X
4	X	
5		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.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

34-1398522

				(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	5,373,948			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,567,413			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		10,941,361			
Program Service Revenue			Business Code				
	2a	INVESTMENT VALUATION	900099	2,099,507	2,099,507		
	b	SUPPORT SERVICE INCOME	541519	81,004	25,653	55,351	
	c	PRESENTATION/MKT EVENT	900099	26,855	26,855		
	d	OTHER INCOME	561000	12,779	12,779		
	e	SUBLET INCOME	900099	6,304	6,304		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,226,449			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		284,042			284,042
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				770			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		770			
	d	Net gain or (loss)		770			770
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total Revenue. See instructions		13,452,622	2,171,098	55,351	284,812	

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 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,519,535.	1,164,268.	177,330.	177,937.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	2,635,523.	2,019,268.	307,645.	308,610.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	100,883.	71,987.	19,321.	9,575.
9 Other employee benefits	298,173.	212,738.	57,118.	28,317.
10 Payroll taxes	250,671.	178,872.	48,008.	23,791.
11 Fees for services (non-employees)	0.			
a Management	61,113.	49,158.	11,955.	
b Legal	22,500.		22,500.	
c Accounting	15,000.			15,000.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	422,704.	416,351.	6,353.	
g Other	209,449.	196,929.	1,060.	11,460.
12 Advertising and promotion	124,091.	101,106.	7,357.	15,628.
13 Office expenses	187,416.	154,656.	18,723.	14,037.
14 Information technology	0.			
15 Royalties	156,074.	101,588.	36,225.	18,261.
16 Occupancy	159,744.	119,338.	12,032.	28,374.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	91,988.	75,781.	8,404.	7,803.
19 Conferences, conventions, and meetings	50,293.	42,250.	8,043.	
20 Interest	0.			
21 Payments to affiliates	57,966.	41,660.	9,524.	6,782.
22 Depreciation, depletion, and amortization	9,272.		9,272.	
23 Insurance				
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	2,976,666.	2,976,666.		
b PROGRAM EXPENSES	57,306.	16,131.	40,599.	576.
c MISCELLANEOUS EXPENSES	15,495.	12,040.	1,966.	1,489.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,421,862.	7,950,787.	803,435.	667,640.
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	1,553,979.	2	2,035,817.
	3 Pledges and grants receivable, net	2,940,286.	3	4,752,831.
	4 Accounts receivable, net	399,086.	4	275,841.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	36,225.	9	71,889.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 615,310.		
	b Less: accumulated depreciation	10b 536,406.		
		86,072.	10c	78,904.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	9,416,801.	13	11,187,834.
	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)	14,432,699.	16	18,403,366.	
Liabilities	17 Accounts payable and accrued expenses	519,012.	17	731,143.
	18 Grants payable		18	
	19 Deferred revenue	72,500.	19	40,276.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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	637,500.	23	397,500.
	24 Unsecured notes and loans payable to unrelated third parties	2,000,000.	24	2,000,000.
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,229,012.	26	3,168,919.
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	8,149,667.	27	10,715,895.
	28 Temporarily restricted net assets	3,054,020.	28	4,518,552.
	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	11,203,687.	33	15,234,447.
34 Total liabilities and net assets/fund balances	14,432,699.	34	18,403,366.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number
34-1398522

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,518,645	5,906,323	7,734,852	9,406,072	10,902,063	41,467,955
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.	7,518,645	5,906,323	7,734,852	9,406,072	10,902,063	41,467,955
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).						1,197,929.
6 Public support. Subtract line 5 from line 4						40,270,026.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	7,518,645	5,906,323	7,734,852	9,406,072	10,902,063	41,467,955.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,691	173,472	124,181	353,407	284,042	974,793
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) . ATCH 1.	204,708	654,003.	384,080	2,455,845.	2,226,449	5,925,085
11 Total support. Add lines 7 through 10						48,367,833
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 2009 (line 6, column (f) divided by line 11, column (f))	14	83.26 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	87.58 %
16a 33 1/3% support test - 2009. 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		☒
b 33 1/3% support test - 2008. 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		☐
17a 10%-facts-and-circumstances test - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 **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.

OTHER INCOME

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 IT SERVICE TO THESE ORGANIZATIONS FOR SHARED IT COMPONENTS OF HARDWARE, SOFTWARE, MAINTENANCE AND LICENSING AGREEMENTS. IN THE RETURN YEARS 2008 AND 2009 INVESTMENT VALUATIONS ARE INCLUDED IN THIS CATEGORY AND HAVE BECOME THE MOST SIGNIFICANT PORTION OF THE CATEGORY.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	204,708	654,003	384,080	2,455,845	2,226,449	5,925,085.
TOTALS	<u>204,708</u>	<u>654,003</u>	<u>384,080</u>	<u>2,455,845</u>	<u>2,226,449</u>	<u>5,925,085.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.** ▶ **See separate instructions**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures ▶ \$
- 3** Volunteer hours ▶

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 payments were made. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 2 000

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.
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												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		18,000.													
c Total lobbying expenditures (add lines 1a and 1b)		18,000.													
d Other exempt purpose expenditures		9,406,862.													
e Total exempt purpose expenditures (add lines 1c and 1d)		9,424,862.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		621,243.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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)		155,311.													
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -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?			☐ Yes ☒ 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount				621,243.	621,243.
b Lobbying ceiling amount (150% of line 2a, column (e))					931,865.
c Total lobbying expenditures				18,000.	18,000.
d Grassroots nontaxable amount				155,311.	155,311.
e Grassroots ceiling amount (150% of line 2d, column (e))					232,967.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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)).

	(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? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2 a 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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part I-B, line 1i.

Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LINE 1B

LOBBYING EXPENSES

THE ENTIRE DIRECT EXPENDITURE OF \$15,000 WAS PROVIDED TO UNITED FOR JOBS
AND OHIO'S FUTURE IN SUPPORT OF PASSAGE OF THE CONTINUATION OF THE THIRD
FRONTIER BOND INITIATIVE.

PART IV

OTHER EXPENSES

JUMPSTART ESTIMATES THAT APPROXIMATELY \$3,000 OF INDIRECT SALARY COSTS
AND SOME TRAVEL COSTS WERE INCURRED FOR RAY LEACH, CEO'S TESTIMONY.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JUMPSTART INC.

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

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 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?		☐ 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)	☐ Preservation of an 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 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 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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ 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 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 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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		615,310.	536,406.	78,904.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				78,904.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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	Other losses	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 must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a 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

	Yes	No
1b		X

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	X	
----------	---	--

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, with respect to the filing organization or a related organization.

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- 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) and 501(c)(4) organizations must complete lines 5-9.

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

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- 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** X
- b** Any related organization? **6b** X
- 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** X

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** X

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

	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		

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

Schedule J (Form 990) 2009

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 1 - 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
2010 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.

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization
JUMPSTART INC

Employer identification number
34-1398522

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JUMPSTART INC.

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.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

34-1398522

ATTACHMENT 2

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A (CONTINUED)

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, WHICH HAS EXPERIENCED ECONOMIC DECLINE AND COMMUNITY DETERIORATION, AND ENHANCING ITS ECONOMIC REVITALIZATION.

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.

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

ATTACHMENT 2 (CONT'D)

WITH REGARD TO INVESTING JUMPSTART 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 HAS:

- 1) PROVIDED MORE THAN 21,200 HOURS OF DUE DILIGENCE AND TECHNICAL ASSISTANCE TO 8,100 ENTREPRENEURS AND 233 COMPANIES IN NORTHEAST OHIO THROUGH JUMPSTART'S INVESTMENT PROCESS;
- 2) IDENTIFIED OVER 233 INVESTMENT-WORTHY OPPORTUNITIES IN NORTHEAST OHIO;
- 3) COMMITTED \$17.5 MILLION IN CAPITAL TO FORTY-EIGHT COMPANIES IN NORTHEAST OHIO WITH ADDITIONAL FOLLOW-ON CAPITAL OF \$119.5 MILLION FROM OUTSIDE SOURCES.

WITH REGARD TO ACCELERATING GROWTH EACH PORTFOLIO COMPANY RECEIVES

INTENSIVE MENTORING SUPPORT FROM THE JUMPSTART ACCELERATION TEAM. A

JUMPSTART ENTREPRENEUR/EXECUTIVE-IN-RESIDENCE IS ASSIGNED TO EACH COMPANY

TO PROVIDE GUIDANCE AND TO HELP ENSURE THAT KEY MILESTONES ARE MET.

JUMPSTART VENTURE PARTNERS HAVE:

- 1) PROVIDED 84,820 HOURS OF GUIDANCE AND SUPPORT TO JUMPSTART'S PORTFOLIO COMPANIES;
- 2) CONNECTED JUMPSTART'S PORTFOLIO COMPANIES WITH HUNDREDS OF RESOURCES INCLUDING SUBJECT MATTER EXPERTS, BOARD MEMBERS, MANAGEMENT TEAM MEMBERS, AND POTENTIAL CUSTOMERS;

Name of the organization
JUMPSTART INC.

Employer identification number
34-1398522

ATTACHMENT 2 (CONT'D)

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

PROGRAM SERVICE ACCCOMPLISHMENTS

FORM 990, PART III, LINE 4B (CONTINUED)

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 12/31/10, THE OUTREACH AND EDUCATION PROGRAM HAS:

- 1) CONNECTED OVER 42,800 ENTREPRENEURS ACROSS THE 21 COUNTY REGION WE SERVE THROUGH A VARIETY OF NETWORKING AND EDUCATIONAL EVENTS;
- 2) COMMUNICATED ON A BI-WEEKLY BASIS WITH OVER 14,100 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 3,000 ARTICLES WRITTEN ABOUT THESE STORIES IN NATIONAL,

Name of the organization

Employer identification number

JUMPSTART INC.

34-1398522

ATTACHMENT 2 (CONT'D)

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;

5) TO ENHANCE THE COVERAGE OF THIS SERIES MANY OF THESE EVENTS ARE RECORDED AND MADE AVAILABLE AS 14 "PODCASTS" ON THE JUMPSTART WEBSITE.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4C (CONTINUED)

EMPLOYMENT OPPORTUNITIES AND THEREBY AID IN ALLEVIATING UNEMPLOYMENT, COMMUNITY DETERIORATION, AND ECONOMIC DISTRESS IN NORTHEAST OHIO AND ENHANCING THE ECONOMIC REVITALIZATION OF THE AREA.

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 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.

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

ATTACHMENT 2 (CONT'D)

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 21,200 HOURS OF ASSISTANCE TO OVER 8,100 COMPANIES OR ENTREPRENEURS.

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 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

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

ATTACHMENT 2 (CONT'D)

SCALE NATIONAL AND INTERNATIONAL FIRMS. THE 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.

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 11A

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. 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.

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

ATTACHMENT 2 (CONT'D)

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 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 CFO PROVIDES THE EMPLOYEE WITH AN INTERPRETATION AND

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

ATTACHMENT 2 (CONT'D)

INSTRUCTIONS ON HOW TO PROCEED BASED UPON THE DESCRIPTION OF THE SITUATION. THESE ACTIVITIES TAKE PLACE VIA CONVERSATIONS AS WELL AS DIGITALLY AT TIMES USING E-MAIL. IF A SITUATION IS COMPLEX OR UNCLEAR, IT IS ELEVATED TO THE FINANCE/AUDIT COMMITTEE FOR A DECISION WITH E-MAIL BEING THE USUAL VEHICLE TO DO SO.

THE ORGANIZATION ALSO CONDUCTS ANNUAL TRAINING ON COMPLIANCE WITH OUR CONFLICT OF INTEREST POLICES AND EDUCATES NEW EMPLOYEES DURING ORIENTATION 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 DATA FROM SIMILAR ORGANIZATIONS AS WELL AS BUDGET INFORMATION FOR THESE. ANNUAL SALARY 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 HISTORY FOR ANY POSITION BEING EVALUATED IS ALSO SHARED WITH THE COMMITTEE SO HISTORICAL SALARY PROGRESSION CAN BE TAKEN INTO ACCOUNT WHEN CONSIDERING ANY CHANGES GOING FORWARD. THE COMMITTEE ANALYZES ALL

Name of the organization
JUMPSTART INC.

Employer identification number
34-1398522

ATTACHMENT 2 (CONT'D)

DATA AND MEETS WITH THE JUMPSTART CEO TO GAIN AN UNDERSTANDING OF THE ORGANIZATIONS RECOMMENDED SALARY FOR THE NEXT BUDGET YEAR BASED ON ALL FACTORS INCLUDING ACHIEVEMENT OF INDIVIDUAL AND ORGANIZATIONAL OBJECTIVES, SUPERVISORY REVIEWS AND RECOMMENDATIONS, AND ANY OTHER CIRCUMSTANCES PRESENTED.

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

STATEMENT OF REVENUE - INVESTMENT VALUATION

FORM 990, PART VIII, LINE 2A

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 LOANED TO HIGH GROWTH POTENTIAL BUSINESSES.

ATTACHMENT 3FORM 990, PART III, LINE 1 - 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").

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
JUMPSTART INC.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

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 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

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 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 other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other 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 other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	NCAF MANAGEMENT LLC	K	734.
(2)	NCAF MANAGEMENT LLC	O	1,410.
(3)	NCAF MANAGEMENT LLC	Q	147,856.
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization JUMPSTART INC.	Employer identification number 34-1398522
	Number, street, and room or suite no. If a P.O. box, see instructions. 737 BOLIVAR ROAD, SUITE 3000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44115-1233	

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► **RICHARD E JANKURA**

Telephone No ► **216 363-3418**

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
 ► ☒ tax year beginning **07/01, 2009**, and ending **06/30, 2010**

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization JUMPSTART INC.	Employer identification number 34-1398522
	Number, street, and room or suite no. If a P.O. box, see instructions 737 BOLIVAR ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CLEVELAND, OH 44115-1233	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ☐ RICHARD E JANKURA, CFO
Telephone No. FAX No.

• If the organization does not have an office or place of business in the United States, check this box. ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box. ☐ If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until
- 5 For calendar year , or other tax year beginning , and ending
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐	Title ☐	Date ☐
MEADEN & MOORE, LTD. 1100 SUPERIOR AVENUE, SUITE 1100 CLEVELAND, OH 44114-2523		

Form 8868 (Rev 1-2011)