

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public.

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JUMPSTART INC.		D Employer identification number 34-1398522
	Doing business as		E Telephone number (216) 363-3400
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 48,022,384.
	1974 EAST 66TH STREET	200	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44103		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: LORNE NOVICK SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.JUMPSTARTINC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1983
			M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: JUMPSTART DRIVES ECONOMIC VITALITY BY CONNECTING ENTREPRENEURS WITH ALL THEY NEED TO SUCCEED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	85
	6 Total number of volunteers (estimate if necessary)	6	129
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	52,757.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,313,212.	27,950,562.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,407,399.	6,033,114.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,343,688.	1,826,257.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,064,299.	35,809,933.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	362,779.	130,445.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	11,323,780.	10,015,663.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	231,113.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,017,463.	25,422,704.
19 Revenue less expenses. Subtract line 18 from line 12	27,704,022.	35,568,812.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-6,639,723.	241,121.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	86,338,107.	89,008,754.
		26,169,414.	27,273,228.
		60,168,693.	61,735,526.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LORNE NOVICK, CEO (EFF 1/2026) Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KAREN B. COONEY	KAREN B. COONEY	03/29/26		P00285983
	Firm's name	Firm's EIN			
	MEADEN & MOORE, LTD.	34-1818258			
	Firm's address	Phone no.			
	1375 EAST NINTH STREET, SUITE 1800 CLEVELAND, OH 44114-1790	216-241-3272			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: JUMPSTART INC. DRIVES ECONOMIC VITALITY BY CONNECTING ENTREPRENEURS TO THE OPPORTUNITIES AND RESOURCES THEY NEED TO SUCCEED. JUMPSTART INC. IS FOCUSED ON ENABLING COMPANIES AND FOUNDERS IN TARGETED AREAS SUCCEED SO THAT THEIR SUCCESS CAN IMPROVE THE ECONOMIC REALITY FOR ALL

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

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

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

4a (Code:) (Expenses \$ 8,324,986. including grants of \$) (Revenue \$ 4,028,057.) ENTREPRENEURIAL SERVICES (ESP) AND INVESTING: AS OHIO PRIORITIZES TECHNOLOGY-DRIVEN GROWTH WITHIN ITS BROADER ECONOMIC DEVELOPMENT STRATEGY, JUMPSTART INC. PLAYS A DUAL AND ESSENTIAL ROLE - PREPARING VENTURE INVESTABLE COMPANIES FOR CAPITAL AND SERVING AS A REGIONAL VENTURE INVESTOR. BY COMBINING THESE FUNCTIONS, JUMPSTART HELPS TECH COMPANIES SECURE AND DEPLOY EARLY-STAGE CAPITAL MORE EFFECTIVELY, ENABLING THEM TO SCALE, CREATE JOBS, AND STRENGTHEN THE REGION'S LONG-TERM ECONOMIC VITALITY.

JUMPSTART CONDUCTS INVESTMENT ACTIVITIES TO SUPPLEMENT STATE AND LOCAL GOVERNMENT ECONOMIC AND JOB DEVELOPMENT INVESTMENT AND OTHER PROGRAMS DIRECTED AT ENCOURAGING THE INITIATION OF GROWTH, MATURATION, AND

4b (Code:) (Expenses \$ 1,486,605. including grants of \$) (Revenue \$ 1,952,300.) OUTREACH AND EDUCATION: OUTREACH AND EDUCATION ARE SIGNIFICANT AND CRITICAL SEGMENTS OF JUMPSTART'S OVERALL ECONOMIC REVITALIZATION PROGRAMS. THE JUMPSTART OUTREACH AND EDUCATION PROGRAM'S CONTINUOUS PRESENTATION OF NETWORKING EVENTS, SEMINARS, AND PUBLISHED ARTICLES BOTH IN TRADITIONAL AND ELECTRONIC MEDIA COMBINE TO BUILD A GREATER APPRECIATION OF THE IMPORTANCE OF ENTREPRENEURSHIP TO THE NORTHERN OHIO REGIONAL ECONOMY.

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

4c (Code:) (Expenses \$ 19,920,502. including grants of \$ 130,445.) (Revenue \$) NETWORK ADVISORS & ECONOMIC DEVELOPMENT: COMPONENTS OF THE ECONOMIC REVITALIZATION PROGRAMS PROVIDE THE INITIAL CONTACT AND IMPETUS TO THE DEVELOPMENT OF SEED IDEAS. THESE INDIVIDUALS PROVIDE EDUCATION AND INFORMATION TO INDIVIDUALS CONCERNING THE DEVELOPMENT AND OPERATION OF SMALL BUSINESSES IN NORTHERN OHIO TO ENCOURAGE THE INITIATION, EXPANSION, GROWTH, AND MATURATION OF BOTH NEW AND EXISTING SMALL BUSINESSES, WHICH CAN PROVIDE EMPLOYMENT OPPORTUNITIES AND THEREBY AID IN ALLEVIATING UNEMPLOYMENT, COMMUNITY DETERIORATION AND ECONOMIC DISTRESS IN NORTHERN OHIO AND ENHANCING THE ECONOMIC REVITALIZATION OF THE AREA. NETWORK ADVISORS COMPRISE THE PROGRAM THAT CONCENTRATES ON ASSISTING TECHNOLOGY-BASED NASCENT COMPANIES AND SMALL BUSINESSES WITH GROWTH INTEREST AND POTENTIAL. AS

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

4e Total program service expenses 29,732,093.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KATHY HEFLIN - (216) 363-3400
1974 EAST 66TH STREET, SUITE 200, CLEVELAND, OH 44103

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARDIK DESAI JSE MANAGING PARTNER	40.00 20.00						X	193,857.	345,000.	9,774.
(2) JULIE JACONO CEO	40.00 15.00	X		X				421,283.	68,243.	11,185.
(3) TELEANGE' THOMAS FORMER COO	40.00						X	432,965.	0.	10,815.
(4) LORNE J NOVICK CHIEF SERVICES OFFICER	40.00				X			305,840.	0.	24,670.
(5) JOHN WILLIAM GRACE JR. CHIEF WORKFORCE OFFICER	40.00				X			294,793.	0.	9,108.
(6) JEROLD J FRANTZ FORMER PRESIDENT JS VENTURES	40.00						X	215,473.	0.	24,123.
(7) COREY O. JAMES CHIEF EQUITY OUTREACH & INITIATIVE	40.00				X			199,385.	0.	16,516.
(8) KALEIGH GALLAGHER VP, TECH SERVICES AND NETWORK MANAGE	40.00				X			188,925.	0.	10,429.
(9) NAKIA L. HUBBARD SVP, MARKETING & COMMUNICATIONS	40.00				X			186,705.	0.	6,335.
(10) ERIC AMANFOH VP, FINANCE	40.00				X			183,187.	0.	6,306.
(11) KIMALON ARNETTA DIXON VP OF STRATEGIC PARTNERSHIPS	40.00				X			162,807.	0.	14,443.
(12) DANIELLE M MORRIS SR. DIRECTOR, REVENUE & COMPLIANCE M	40.00					X		159,462.	0.	14,248.
(13) ALISON KING DIRECTOR, BURTON D. MORGAN MENTORING	40.00					X		150,543.	0.	10,389.
(14) MATTHEW WILLIAM MILLER FORMER SR. VENTURE PARTNER	40.00						X	146,066.	0.	13,831.
(15) FEOWYN A MACKINNON SR. DIRECTOR, STRATEGIC BUSINESS INI	40.00					X		144,922.	0.	13,231.
(16) MICHELE HICKS SR. DIRECTOR OF HUMAN RESOURCES	40.00					X		126,079.	0.	20,969.
(17) CAMILLE GENISE HEARD DIRECTOR, HIGH GROWTH SERVICES	40.00					X		136,714.	0.	8,086.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KARIM BOTROS DIRECTOR	1.00	X					136,000.	0.	0.	
(19) VICKI MCDONALD FORMER DIRECTOR OF COMMUNICATIONS	40.00					X	103,772.	0.	3,113.	
(20) CINDY TORRES ESSELL CHAIR	2.00	X		X			0.	0.	0.	
(21) JEANNE COUGHLIN DIRECTOR	1.00	X					0.	0.	0.	
(22) ANTHONGY CAMPANA DIRECTOR	1.00	X					0.	0.	0.	
(23) KATE ASBECK VICE CHAIR, TREASURER	2.00	X		X			0.	0.	0.	
(24) BRIAN HALL DIRECTOR	1.00	X					0.	0.	0.	
(25) LARRY FULTON VICE CHAIR	1.00	X					0.	0.	0.	
(26) CHERYL PEREZ DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							3,888,778.	413,243.	227,571.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,888,778.	413,243.	227,571.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 28

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BIG KITTY LABS 2749 TUCKER TRAIL, LEWIS CENTER, OH 43035	CONSULTING	249,802.
VOCON PARTNERS, LLC, 3142 PROSPECT AVENUE EAST, CLEVELAND, OH 44115	CONSULTING	136,918.
HAVANNAH, LLC 6511 ACRES DR, INDEPENDENCE, OH 44131	CONSULTING	136,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	19,639,990.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,310,572.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		27,950,562.			
Program Service Revenue	2 a	SUPPORT SERVICE	Business Code				
			541519	4,080,814.	4,028,057.	52,757.	
	b	OTHER INCOME	561000	1,952,300.	1,952,300.		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		6,033,114.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		784,607.		784,607.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		13254101.		
	b	Less: cost or other basis and sales expenses	7b		12212451.		
	c	Gain or (loss)	7c		1041650.		
	d	Net gain or (loss)		1,041,650.		1041650.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		35,809,933.	5,980,357.	52,757.	1826257.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	130,445.	130,445.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,849,045.	1,090,937.	739,618.	18,490.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,861,333.	3,466,532.	2,317,857.	76,944.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	225,649.	196,315.	29,334.	
9 Other employee benefits	1,577,837.	622,859.	924,106.	30,872.
10 Payroll taxes	501,799.	436,565.	65,234.	
11 Fees for services (nonemployees):				
a Management				
b Legal	34,260.	10,963.	23,297.	
c Accounting	72,809.	23,299.	49,510.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	154,341.	108,036.	40,131.	6,174.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,696,971.	11,225,811.	391,184.	79,976.
12 Advertising and promotion	86,408.	69,126.	17,282.	
13 Office expenses	424,628.	307,111.	115,513.	2,004.
14 Information technology				
15 Royalties				
16 Occupancy	1,702,213.	1,540,764.	154,346.	7,103.
17 Travel	2,404,258.	1,923,406.	480,852.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	428,546.	317,124.	111,422.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	463,754.	334,628.	120,576.	8,550.
23 Insurance	81,198.	60,087.	21,111.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPORT TO COLLABORATOR	7,049,700.	7,049,700.		
b PROGRAM EXPENSES	562,113.	562,113.		
c AWARDS/GIFTS	181,220.	175,987.	4,233.	1,000.
d BAD DEBT EXPENSE	80,285.	80,285.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	35,568,812.	29,732,093.	5,605,606.	231,113.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,811,302.	1	2,060,278.
	2 Savings and temporary cash investments	157,330.	2	1,427,239.
	3 Pledges and grants receivable, net	4,106,693.	3	6,351,691.
	4 Accounts receivable, net	3,851,978.	4	4,482,643.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	266,045.	9	214,688.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,728,623.		
	b Less: accumulated depreciation	10b 1,760,695.	496,070.	10c 2,967,928.
	11 Investments - publicly traded securities	240.	11	0.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	49,155,473.	13	54,816,127.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	26,492,976.	15	16,688,160.
16 Total assets. Add lines 1 through 15 (must equal line 33)	86,338,107.	16	89,008,754.	
Liabilities	17 Accounts payable and accrued expenses	3,983,792.	17	5,623,134.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	1,613,611.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	113,212.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	16,216,710.	23	14,136,512.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,855,700.	25	5,899,971.
	26 Total liabilities. Add lines 17 through 25	26,169,414.	26	27,273,228.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	57,837,132.	27	59,932,267.
	28 Net assets with donor restrictions	2,331,561.	28	1,803,259.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	60,168,693.	32	61,735,526.
33 Total liabilities and net assets/fund balances	86,338,107.	33	89,008,754.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,809,933.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,568,812.
3	Revenue less expenses. Subtract line 2 from line 1	3	241,121.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,168,693.
5	Net unrealized gains (losses) on investments	5	1,325,712.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	61,735,526.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11092908.	11821753.	19705819.	17313212.	27919312.	87853004.
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	11092908.	11821753.	19705819.	17313212.	27919312.	87853004.
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)						16781191.
6 Public support. Subtract line 5 from line 4.						71071813.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	11092908.	11821753.	19705819.	17313212.	27919312.	87853004.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	573,767.	746,498.	969,927.	1209959.	784,607.	4284758.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1307368.	2210465.	1930673.	2407399.	6033114.	13889019.
11 Total support. Add lines 7 through 10						106026781
12 Gross receipts from related activities, etc. (see instructions)					12	10,595,780.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	67.03	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	63.83	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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

FORM 990, SCHEDULE A, PART VI

WHILE JUMPSTART HAS SIGNIFICANT ASSETS, THEY ARE IN THE FORM OF EQUITY HELD IN START-UP COMPANIES IN OHIO. THEY ARE NEITHER LIQUID NOR TRADABLE. INVESTING IN EARLY-STAGE COMPANIES IS A KEY PART OF JUMPSTART'S MISSION, AND IT IS HOPED THAT THESE ASSETS WILL LIQUIDATE WITHIN 15 YEARS, ALLOWING THE CASH TO BE REINVESTED IN NEW COMPANIES.

REVENUE: MANY GRANTS THAT JUMPSTART RECEIVES ARE ON A REIMBURSEMENT BASIS FOR SERVICES RENDERED BY VENDORS AND NEED TO BE MATCHED. MUCH OF THIS REVENUE IS PAID TO VENDORS, CONSULTANTS, AND CONTRACTORS WHO PROVIDE SPECIALIZED SERVICES ALIGNED WITH OUR MISSION AT MARKET RATES.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2024

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	209,524.													
c	Total lobbying expenditures (add lines 1a and 1b)	209,524.													
d	Other exempt purpose expenditures	35,359,288.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	35,568,812.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	17,000.	11,000.	181,699.	209,524.	419,223.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media advertisements, mailings, publications, grants, direct contact, rallies, and other activities.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying and political expenditures, and taxable amount.

Part IV Supplemental Information

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

SCH C, PART II-A, LINE 1B TOTAL LOBBYING EXPENSES
TOTAL LOBBYING EXPENSES INCLUDE \$60,000 PAID TO THE CREDO COMPANY WHO PROVIDES ADVOCACY SERVICES IN THE STATE OF OHIO AND ONE FULL-TIME STAFF POSITION TO INFLUENCE AND LEVERAGE EXTERNAL COALITIONS AND PARTNERSHIPS WHILE ENSURING COHESIVE AND SYNERGISTIC ADVOCACY AGENDAS.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- 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 XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|----------|
| c Beginning balance | 113,212. |
| d Additions during the year | |
| e Distributions during the year | 113,212. |
| f Ending balance | 0. |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | |
| (ii) Related organizations? | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,666,432.	139,950.	2,526,482.
d Equipment		2,062,191.	1,620,745.	441,446.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,967,928.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PREFERRED STOCK	48,679,425.	END-OF-YEAR MARKET VALUE
(2) NOTES RECEIVABLE	6,136,602.	END-OF-YEAR MARKET VALUE
(3) NCAF	100.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	54,816,127.	

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN THE CLEVELAND FOUNDATION	10,788,189.
(2) RIGHT OF USE ASSETS	5,899,971.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	16,688,160.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	5,899,971.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,899,971.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART IV, LINE 2B:

DURING 2021, JUMPSTART WAS AWARDED FISCAL AGENCY SUPPORT TO BE MANAGED AND DISBURSED IN ACCORDANCE WITH THE AGREEMENT. THE TOTAL AMOUNT HAS BEEN DISBURSED AT JUNE 30, 2025.

PART X, LINE 2:

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTHEAST OHIO HISPANIC CHAMBER OF COMMERCE - 2511 CLARK AVE - CLEVELAND, OH 44109	34-1805510	501 C 3	130,000.	0.			BUSINESS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 6.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HARDIK DESAI JSE MANAGING PARTNER	(i)	150,316.	43,541.	0.	9,774.	0.	203,631.	0.
	(ii)	345,000.	0.	0.	0.	0.	345,000.	0.
(2) JULIE JACONO CEO	(i)	354,579.	66,704.	0.	11,185.	0.	432,468.	0.
	(ii)	68,243.	0.	0.	0.	0.	68,243.	0.
(3) TELEANGE' THOMAS FORMER COO	(i)	381,507.	51,458.	0.	6,908.	3,907.	443,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LORNE J NOVICK CHIEF SERVICES OFFICER	(i)	268,075.	37,765.	0.	9,539.	15,131.	330,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN WILLIAM GRACE JR. CHIEF WORKFORCE OFFICER	(i)	270,918.	23,875.	0.	8,844.	264.	303,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEROLD J FRANTZ FORMER PRESIDENT JS VENTURES	(i)	215,473.	0.	0.	6,005.	18,118.	239,596.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) COREY O. JAMES CHIEF EQUITY OUTREACH & INITIATIVE	(i)	178,035.	21,350.	0.	6,080.	10,436.	215,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KALEIGH GALLAGHER VP, TECH SERVICES AND NETWORK MANAGE	(i)	168,505.	20,420.	0.	5,672.	4,757.	199,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) NAKIA L. HUBBARD SVP, MARKETING & COMMUNICATIONS	(i)	173,727.	12,978.	0.	5,619.	716.	193,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ERIC AMANFOH VP, FINANCE	(i)	163,961.	19,226.	0.	5,610.	696.	189,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KIMALON ARNETTA DIXON VP OF STRATEGIC PARTNERSHIPS	(i)	151,760.	11,047.	0.	5,023.	9,420.	177,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DANIELLE M MORRIS SR. DIRECTOR, REVENUE & COMPLIANCE M	(i)	148,101.	11,361.	0.	4,919.	9,329.	173,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ALISON KING DIRECTOR, BURTON D. MORGAN MENTORING	(i)	139,921.	10,622.	0.	4,599.	5,790.	160,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MATTHEW WILLIAM MILLER FORMER SR. VENTURE PARTNER	(i)	146,066.	0.	0.	3,856.	9,975.	159,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) FEOWYN A MACKINNON SR. DIRECTOR, STRATEGIC BUSINESS INI	(i)	134,621.	10,301.	0.	4,460.	8,771.	158,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) VICKI MCDONALD FORMER DIRECTOR OF COMMUNICATIONS	(i)	103,772.	0.	0.	3,113.	0.	106,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

Part III Supplemental Information

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

PART I, LINE 4A:

JEROLD J FRANTZ RECEIVED SEVERANCE IN THE AMOUNT OF \$136,269 WHICH WAS PAID DURING THE CALENDAR YEAR 2024.

TELEANGE' THOMAS RECEIVED SEVERANCE IN THE AMOUNT OF \$93,740 WHICH WAS PAID DURING THE CALENDAR YEAR 2024.

MATTHEW MILLER RECEIVED SEVERANCE IN THE AMOUNT OF \$55,427 WHICH WAS PAID DURING THE CALENDAR YEAR 2024.

FORM 990, SCHEDULE J, PART II
SUBSEQUENT TO THE FISCAL YEAR END JUNE 30, 2025, JULIE JACONO RESIGNED AS CEO OF JUMPSTART. LORNE NOVICK WAS IMMEDIATELY APPOINTED INTERIM CEO AND IN JANUARY 2026, LORNE WAS CONFIRMED AS THE PERMANENT CEO OF JUMPSTART.

FORM 990, SCHEDULE J, PART II
HARDIK DESAI WAS THE FORMER SR MANAGING PARTNER OF JUMPSTART VENTURES. AT JULY 2024, HARDIK BECAME THE MANAGING PARTNER OF JUMPSTART ENTERPRISES.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN THAT REGION.**

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EXPANSION OF SMALL BUSINESSES WITH A POTENTIAL FOR PROVIDING ENHANCED
EMPLOYMENT OPPORTUNITIES AND THEREBY CONTRIBUTING TO AN ECONOMIC
REVITALIZATION OF NORTHERN OHIO. JUMPSTART OFTEN BUNDLES GUIDANCE FROM
EXPERIENCED VENTURE PARTNERS WITH ITS SEED INVESTMENT CAPITAL.
EARLY-STAGE INVESTMENT FROM JUMPSTART ALLOWS THESE INNOVATIVE COMPANIES
TO COMPLETE PRODUCT PROTOTYPES, CONDUCT EARLY MARKETING CAMPAIGNS, AND
ADD KEY MEMBERS. SIMILARLY, THE STRATEGIC AND OPERATIONAL GUIDANCE FROM
VENTURE PARTNERS ENABLES INNOVATION-ORIENTED ENTREPRENEURS TO HIT KEY
GROWTH MILESTONES, ADVANCE THROUGH STAGES OF THE BUSINESS, AND ATTRACT
FOLLOW-ON FUNDING. THROUGH FISCAL YEAR 2025, JUMPSTART HAS INVESTED
\$111.5M IN 185 PORTFOLIO COMPANIES WHOSE BUSINESS ACTIVITIES WERE
DETERMINED TO BE CONSISTENT WITH THE GOALS OF THE ECONOMIC
REVITALIZATION PROGRAM.

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

- 1) CONNECTED JUMPSTART'S CLIENT AND PORTFOLIO COMPANIES WITH HUNDREDS
OF RESOURCES, INCLUDING SUBJECT MATTER EXPERTS, BOARD MEMBERS,
MANAGEMENT TEAM MEMBERS, AND POTENTIAL CUSTOMERS.
- 2) ENABLED JUMPSTART CLIENT AND PORTFOLIO COMPANIES TO MEET INDIVIDUAL
MILESTONES, INCLUDING FINALIZING INTELLECTUAL PROPERTY, SECURING
FOLLOW-ON CAPITAL, BUILDING INTERNAL SYSTEMS, AND DEVELOPING STRATEGIC
PARTNER AND CLIENT RELATIONSHIPS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ECONOMIC REVITALIZATION OF THE REGION. THROUGH THESE EFFORTS, JUMPSTART
SEEKS TO BUILD AWARENESS OF SERVICES TO COMPANIES THAT NEED AND QUALIFY
FOR SUPPORT.

JUMPSTART'S MEDIA OUTREACH AND EVENTS CONTINUALLY INFORM AND EDUCATE
OHIO'S ENTREPRENEURS, GIVING VISIBILITY TO THE SUCCESS OF
ENTREPRENEURIAL VENTURES AND PROVIDING SUPPORT TO ENABLE A THRIVING
ENTREPRENEURIAL COMMUNITY. FROM 7/1/24 THROUGH 06/30/25, JUMPSTART:

- 1) COMMUNICATED WITH MORE THAN 41,759 EMAIL SUBSCRIBERS AND MORE THAN
31,400 SOCIAL MEDIA FOLLOWERS, HIGHLIGHTING ENTREPRENEURIAL SUCCESSES
AS WELL AS EVENTS FOR NETWORKING AND LEARNING.
- 2) ACHIEVED 553 TOTAL MEDIA MENTIONS HIGHLIGHTING CLIENT SUCCESS
STORIES AND SHARING VALUABLE INFORMATION SO REGIONAL ENTERPRENEURS CAN
ACCESS THE CAPITAL, SERVICES, AND CONNECTIONS THEY NEED TO GROW. THESE
STORIES REACHED AUDIENCES THROUGHOUT THE COUNTRY AND HIGHLIGHTED CLIENT
SUCCESS STORIES.
- 3) HOSTED 22 IN-PERSON AND 18 VIRTUAL EVENTS EMPOWERING ENTREPRENEURS
TO BUILD CRITICAL RESOURCE CONNECTIONS AND INCREASE THEIR KNOWLEDGE AND
EXPERTISE IN SUBJECT MATTERS NECESSARY TO STARTING AND GROWING AN

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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EARLY-STAGE VENTURE OR SUCCESSFUL BUSINESS.

TO ENHANCE THE COVERAGE OF THIS SERIES, MANY OF THESE EVENTS AND CONVERSATIONS ARE RECORDED AND MADE AVAILABLE AS PODCASTS, VIDEO SPOTLIGHTS, AND OTHER CONTENT. THROUGH 06/30/25, THERE HAVE BEEN MORE THAN 59,600 PODCAST DOWNLOADS FROM JUMPSTART CHANNELS AND MORE THAN 184,000 VIDEO VIEWS ON JUMPSTART'S YOUTUBE CHANNEL. OVERALL, THERE WERE MORE THAN 139,700 UNIQUE VISITORS TO JUMPSTART WEBSITES IN FISCAL YEAR 2025.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
A NON-PROFIT ADVISING STARTUPS COMPANIES IN MANY SECTORS ON CRITICAL ISSUES, THE USE OF THIS NETWORK OF SUBJECT MATTER EXPERTS ENABLES JUMPSTART TO PROVIDE HIGH QUALITY GUIDANCE TO EARLY-STAGE COMPANIES THAT WOULD NOT BE ABLE TO ACCESS THIS LEVEL OF SERVICE. THIS ADVICE ENABLES THE COMPANIES TO INCREASE THEIR LIKELIHOOD OF SUCCESS IN THE REGION.

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

THE OVERALL ADVISORY PROGRAM IS A VITAL ASPECT IN THE GOAL OF HELPING TO REVITALIZE THE ECONOMIC ENVIRONMENT OF NORTHERN OHIO. JUMPSTART BELIEVES THAT THE AVAILABILITY OF EXPERIENCED ENTREPRENEURS, INVESTORS, INDUSTRY LEADERS, AND EXECUTIVES TO STARTUP COMPANIES IS CRITICAL TO SUCCESS. THE GUIDANCE OF EARLY-STAGE ENTREPRENEURIAL ENDEAVORS PROVIDES INSIGHT AND KNOWLEDGE AND GENERALLY BROADENS THE VISION OF THE ENTREPRENEUR.

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

32 PERCENT OF JUMPSTART'S BOARD OF DIRECTORS ARE WOMEN, AND 12 PERCENT ARE PEOPLE OF COLOR. MEANWHILE, 66 PERCENT OF JUMPSTART'S STAFF ARE WOMEN, WHILE NEARLY 29.82 PERCENT ARE PEOPLE OF COLOR.

ADDITIONALLY, FROM 7/1/24 TO 6/30/25, 61.6 PERCENT OF THE COMPANIES SERVED BY JUMPSTART WERE OWNED/LED BY PEOPLE OF COLOR (BLACK 41 PERCENT OR LATINO/HISPANIC 13.6 PERCENT) AND 55.3 PERCENT WERE WOMAN OWNED/LED.

WE BELIEVE IN ACCELERATING THE GROWTH OF BLACK, LATINO, AND WOMEN-OWNED BUSINESSES BECAUSE IT IS A CRITICAL COMPONENT OF BUILDING AND SUSTAINING A HEALTHY ECONOMY. THESE FIRMS HOLD GREAT PROMISE FOR THE REGION, AS STATISTICALLY, MINORITY BUSINESSES TEND TO HIRE MINORITY WORKERS AT MORE THAN TWICE THE RATE OF NON-MINORITY FIRMS. THE CHALLENGE, HOWEVER, IS TO GROW THE TYPES OF BUSINESSES THAT CAN EMPLOY MUCH LARGER NUMBERS. THERE IS A CRITICAL GAP IN FUNDING AND SUPPORT FOR

Name of the organization JUMPSTART INC.	Employer identification number 34-1398522
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EARLY-STAGE, MINORITY-OWNED, HIGH-POTENTIAL BUSINESSES THAT COULD BECOME LARGE COMPANIES THAT CREATE JOBS, WEALTH, AND PROSPERITY.

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

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

2) THE SMALL BUSINESS IMPACT PROGRAM PROVIDES A DIVERSE GROUP OF TRADITIONALLY UNDERREPRESENTED SMALL BUSINESS OWNERS WITH ONE-ON-ONE BUSINESS ASSISTANCE, GRANT CAPITAL, AND CONNECTIONS TO VALUABLE COMMUNITY RESOURCES.

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

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

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

REFER TO RESPONSE REGARDING TEAM MEMBERS.

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

PROCESS USED TO REVIEW THE FORM 990:

COPIES OF THE COMPLETED FORMS ARE PROVIDED TO THE MEMBERS OF THE FINANCE AND AUDIT COMMITTEE, AND A MEETING IS HELD BEFORE THE FILING OF THE RETURNS. THE CHIEF FINANCIAL OFFICER PRESENTS THE RETURNS FOR REVIEW AND COMMENT BY THE COMMITTEE. THE AUDITORS PREPARE THE RETURN AND ARE INVITED TO THE MEETING WITH ATTENDANCE AT THEIR DISCRETION. ALL PERTINENT FORM RESPONSES AND FINANCIAL SCHEDULES ARE PRESENTED FOR COMMENT AND EXPLANATION. UPON FULL REVIEW AND APPROVAL BY THE COMMITTEE, THE RETURNS ARE SHARED WITH THE FULL BOARD OF DIRECTORS AND APPROVED FOR FILING, WHICH WILL TAKE PLACE ON A TIMELY BASIS SUBSEQUENT TO THE APPROVAL.

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

COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

JUMPSTART STAFF AND THE 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. SUPPOSE THE CONFLICT IS SUCH THAT AN INDIVIDUAL IS DEEMED TO BE TERMINALLY CONFLICTED. IN THAT CASE, THAT PERSON MUST RESOLVE THE CONFLICT, WHICH COULD MEAN STEPS UP TO AND INCLUDING RESIGNATION FROM THE BOARD OF DIRECTORS OR EMPLOYMENT WITH

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

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

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

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

JUMPSTART'S CEO AND HUMAN RESOURCES DEPARTMENT, WITH SUPPORT OF THE LINE OF BUSINESS LEADERS, ARE RESPONSIBLE FOR APPROVING THE ENTIRE ORGANIZATION'S COMPENSATION EACH YEAR. FOR THE SENIOR STAFF OF THE ORGANIZATION, INCLUDING THE CEO, JUMPSTART UTILIZES AN OUTSIDE COMPENSATION CONSULTANT PERIODICALLY TO PERFORM A COMPENSATION ANALYSIS. IT GATHERS COMPARABLE SALARY DATA FROM SIMILAR ORGANIZATIONS ACROSS PEER GROUP INDUSTRIES. THE SALARY AND PERFORMANCE COMPENSATION HISTORY FOR ANY NEW KEY LEADERSHIP POSITION BEING EVALUATED IS ALSO SHARED WITH THE CEO SO THAT THE HISTORICAL TOTAL COMPENSATION PROGRESSION CAN BE TAKEN INTO ACCOUNT WHEN CONSIDERING ANY CHANGES FORWARD IN THE FUTURE. THE EXECUTIVE COMMITTEE ANALYZES ALL BUDGETED COMPENSATION DATA AND MEETS WITH THE JUMPSTART CEO TO GAIN AN UNDERSTANDING OF THE ORGANIZATION'S RECOMMENDED SALARY FOR THE NEXT BUDGET YEAR BASED ON ALL FACTORS, INCLUDING ACHIEVEMENT OF INDIVIDUAL AND ORGANIZATIONAL OBJECTIVES, SUPERVISORY REVIEWS AND RECOMMENDATIONS, AND ANY OTHER CIRCUMSTANCES PRESENTED.

ANNUALLY, THE BOARD RETREATS AND INDEPENDENTLY RENDERS ITS RECOMMENDATION FOR COMPENSATION FOR JUMPSTART'S CEO BASED ON THE CEO'S PERFORMANCE AND CONDUCT, AND COMMUNICATES THAT RECOMMENDATION TO THE CEO AND INDEPENDENTLY TO THE PAYROLL DEPARTMENT OF THE ORGANIZATION.

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS/STUDENTS/TEMP SERVICES:

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NCAF MANAGEMENT, LLC - 20-5287463, 2940 KINGSLEY ROAD, SHAKER HEIGHTS, OH 44122	INVESTMENT MANAGEMENT	OH	JUMPSTART ENTERPRISES INC.		-164.	-9,073.		X	N/A	X		100%
NCAF MANAGEMENT II, LLC - 27-3132457, 2940 KINGSLEY ROAD, SHAKER HEIGHTS, OH 44122	INVESTMENT MANAGEMENT	OH	JUMPSTART ENTERPRISES INC.		-170,585.	153,087.		X	N/A	X		100%
JNF MANAGEMENT, LLC - 46-4347322, 1974 E 66TH ST, STE 200, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH	JUMPSTART ENTERPRISES INC.		-9,000.	37,973.		X	N/A	X		100%
NCAF MANAGEMENT III, LLC - 47-5328652, 2940 KINGSLEY ROAD, SHAKER HEIGHTS, OH 44122	INVESTMENT MANAGEMENT	OH	JUMPSTART ENTERPRISES INC.		-169,073.	501,118.		X	N/A	X		100%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
JUMPSTART ENTERPRISES INC. - 87-1769404 1974 E 66TH ST, STE 200 CLEVELAND, OH 44103	HOLDING COMPANY	OH		C CORP	155,180.	1,752,078.	100%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JUMPSTART NEXT FUND LLC - 27-3815350, 1974 E 66TH ST, STE 200, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH			-10,387.	815,222.		X	N/A		X	3.60%
NORTH COAST ANGEL FUND III, LLC - 47-1678683, 2940 KINGSLEY ROAD, SHAKER HEIGHTS, OH 44122	INVESTMENT MANAGEMENT	OH			-10,453.	63,126.		X	N/A		X	1.97%
JUMPSTART NEXT FUND, LLC - CUYAHOGA CTY - 27-3815350, 1974 E 66TH ST, STE 200, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH			-48,578.	1,584,792.		X	N/A		X	16.84%
JNF MANAGEMENT II, LLC - 86-3859854, 1974 E 66TH ST, STE 200, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH	JUMPSTART ENTERPRISES INC.		-181,232.	2,105,545.		X	N/A		X	100%
JS READYSET SPVI LLC - 88-2525821, 1974 E 66TH ST, STE 200, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH			0.	0.		X	N/A		X	10.00%
JS LSNR SPV LLC - 88-0692898 1974 E 66TH ST, STE 200 CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH			0.	0.		X	N/A		X	10.00%
JS DELIVERED SPV LLC - 88-2999441, 1974 E 66TH ST, STE 200, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH			0.	0.		X	N/A		X	10.00%
JNF MANAGEMENT III, LLC - 99-3530252, 1974 E 66TH ST, STE 200, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH						X	N/A		X	
JS EVERGREEN FUND IV MANAGEMENT, LLC - 99-3438862, 1974 E 66TH ST, STE 200, CLEVELAND, OH 44103	INVESTMENT MANAGEMENT	OH						X	N/A		X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FOCUS FUND II	B	31,250.	CASH PAID
(2)			
(3)			
(4)			
(5)			
(6)			

