

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>B</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	<b>C</b> Name of organization <b>NEW HAMPSHIRE JUMPSTART COALITION FOR PERSONAL FINANCIAL LITERACY</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>51 JEFFERSON DRIVE</b> City or town, state or province, and ZIP or foreign postal code <b>HILLSBORO NH 03244</b>	<b>D</b> Employer identification number <b>**-***0342</b> <b>E</b> Telephone number <b>603-731-1812</b> <b>F</b> Group Exemption Number ▶
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: **WWW.JUMPSTART.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **69,334**

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	15,254
	2 Program service revenue including government fees and contracts	2	14,753
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	38,739
c Less: direct expenses from gaming and fundraising events	6c	27,373	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	11,366	
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	588	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>41,961</b>	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	750
	14 Occupancy, rent, utilities, and maintenance	14	2,697
	15 Printing, publications, postage, and shipping	15	3,468
	16 Other expenses (describe in Schedule O)	16	46,743
17 <b>Total expenses.</b> Add lines 10 through 16	17	<b>53,658</b>	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-11,697
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,891
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>4,194</b>

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	15,891	22	4,194	
23 Land and buildings	0	23		
24 Other assets (describe in Schedule O)	0	24		
25 Total assets	15,891	25	4,194	
26 Total liabilities (describe in Schedule O)	0	26	0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,891	27	4,194	

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
 THE COALITION SEEKS TO IMPROVE THE FINANCIAL LITERACY OF YOUNG ADULTS.  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Programs to educate students and young adults about financial matters				
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		39,442	
29				
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a			
30				
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a			
31 Other program services (describe in Schedule O)				
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		521	
32 Total program service expenses (add lines 28a through 31a)	32		39,963	

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**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DANIEL HEBERT PRESIDENT	0.00	0	0	0
TARA PAYNE VICE PRESIDENT	0.00	0	0	0
JEFF TRUDEL TREASURER	0.00	0	0	0
KRISTA SCARLETT SECRETARY	0.00	0	0	0
BRUCE LEIGHTON CHAIR	0.00	0	0	0
THERESA HUNTLEY VICE CHAIR	0.00	0	0	0
TOM LAVERY DIRECTOR	0.00	0	0	0
KIM CARTER DIRECTOR	0.00	0	0	0
TORI BERUBE DIRECTOR	0.00	0	0	0

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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 **DANIEL HEBERT** Date **PRESIDENT**  
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name **David C. Plante CPA** Preparer's signature **David C. Plante CPA** Date **04/28/20** Check  if self-employed PTIN **\*\*\*\*\***  
 Firm's name **PENCHANSKY & CO. II, PLLC** Firm's EIN **\*\* - \*\*\* 8208**  
 Firm's address **70 STARK ST MANCHESTER, NH 03101** Phone no. **603-647-2400**

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