'EXTENDED TO JUNE 15, 2020

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

Open to Public

Demployer identification number		THUI FIELD	Go to www.irs.gov/Formago for instructions and					
INDOVATION FUND AMERICA INC.	<u>A</u>	For the	ne 2018 calendar year, or tax year beginning $$ AUG $$ 1 , $$ $$ 20 $$ 18 $$ $$ and $$ $$	ending	JUL 31,	2019) 	·
Trigger Trig			C Name of organization		D Employ	er identil	icatio	n number
Number and street (or P.C.) boot must a not delivered to street address) Roomfourth Roomfo		chan	ge INNOVATION FUND AMERICA INC.					
Number and street (pr 1.0.0 x Max Habbe KOAD College College		chan	ge Doing business as		_L	46-1	<u>.761</u>	.848
City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town and actives of principal officer: FNAme and actives of principal officer: 100.5 N ABBR RD, ELYRTA, OH 44135 City of town and actives of principal officer: Ver		retur Final	Number and street (or P.O. Dox if mail is not delivered to street address)					-4039
ELYRIA, OH 44035 F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and address of principal officer: Total content F Name and similar amounts paid (Part VIII, ine 1a)		term	· · · · · · · · · · · · · · · · · · ·	<u> </u>		•		
Tax-occumpts status: X Still(s) Still(s) (insert no.) 4947(s)(1) 4947(s)(1) 4947(s)(1) 4947(s)(1) 4947(s)(1) 4947(s)(1) 4947(s)(1) 4947(s)(1) 4947(s)(1) 4947(s)(1) 4947(s)(1) 4		Ame	nded Prvpta Ou 11035		1		eturn	
1005 N ABBE RD, ELYRIA, OH 44135 1006 1006 N ABBE RD, ELYRIA, OH 44135 1006 N ABBE RD, ELYRIA, OH 44114 1006 N ABBE RD, ELYR		Appli			—	•		Yes X No
Javebster Ninovation Solicit Mestino 494/(a)(t) of 522 Head to the property of		pend		1				
Website: ► INNOVATIONFUNDAMERICA.ORG	_	T		$\bigwedge \mathcal{L}$				
Form of organization: Corporation Trust Association Other Lyear of formation: 2012 M State of legal domicile: OH				() / "			•	•
Bereity Summary)				
Briefly describe the organization's mission or most significant activities SEB SCHEDULE O	K	orm o	forganization: A Corporation ITUST ASSOCIATION Other	IL Ye	ar of formation;	2012	M State	e or legal domicile; On
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3	P	art I						
Second S	၅၁	1	Briefly describe the organization's mission or most significant activities SEE S	CHED	OPR O			
Second S	Ē	2	Check this box If the organization discontinued its operations or dispose	ed of mo	re than 25% of	its net as	sets.	
Second S	Ş	3						6
Second S	පී	٨						6
Second S	مح	5						
Second S	ĕ	٦					 	
Second S	Ę.						-	
Solution Prior Year Courrent Year Cour	Ac	7 a			RECEN	/# rh		
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 13) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising less (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Salaries, of the revenue (Part IX, line 16) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Total liabilities (Part X, line 26) 15 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 gongolete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledge. Print Part IX Signature Print Preparer's signature Print		_ ь	Net unrelated business taxable income from Form 990-1, line 38	- 		_		
Program service revenue (Part VIII, Ine 29)		1	ı	1811-				
Program service revenue (Part VIII, Ine 29)	•	8	Contributions and grants (Part VIII, line 1h)	181 F	111 13			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Ę	9	Program service revenue (Part VIII, line 2g)					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	e e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2000		<u> </u>	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 . 680,194 . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 . 680,194 . 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 . 103,199 . 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 17 Other expenses (Part IX, column (D), line 25) 0 . 18 Total expenses (Part IX, column (A), line 11e) 0 . 802,100 . 19 Revenue less expenses. Subtract line 18 from line 12 0 . 802,100 . 20 Total assets (Part X, line 16) 15,102 . 583,650 . 21 Total liabilities (Part X, line 26) 19,308 . 1,389,956 . 22 Net assets or fund balances. Subtract line 21 from line 20 44,206 . <806,306 . > Part II Signature Block	æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		JGUEN,	U 10.		0.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 . 680 , 194 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 . 103 , 199 . 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 17 Other expenses (Part IX, column (A), line 25) 0 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0 . 19 Revenue less expenses. Subtract line 18 from line 12 0 . 802 , 100 . 20 Total assets (Part X, line 16) 15 , 102 . 583 , 650 . 21 Total liabilities (Part X, line 26) 19 , 308 . 1 , 389 , 956 . 22 Net assets or fund balances. Subtract line 21 from line 20 44 , 206 . <806 , 306 . 21 Total liabilities (Part X, line 26) 19 , 308 . 1 , 389 , 956 . 22 Net assets or fund balances. Subtract line 21 from line 20 44 , 206 . <806 , 306 . 23 Signature of officer Date Preparer's signature Preparer Date Preparer's signature Preparer Signature of officer Date Preparer's signature Preparer's signa		12		[0.	7	0.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 .		13				0.	}	680,194.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 . 103,199 .			5 5 11 11 15 15 15 15 15 15 15 15 15 15	Г		0.		0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 .		45				0.		103.199.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block 15 J 10 2	ses	460						
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block 15 J 10 2	ē	10a		⊢				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block 15 J 10 2	×	_ D	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>		19 707
19 Revenue less expenses. Subtract line 18 from line 12 0		''		· ·				
Beginning of Current Year End of Year			, , , , , , , , , , , , , , , , , , , ,					
Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 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 Print/Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) 15, 102. 583,650. 19, 308. 1,389,956. 24, 206.> <806,306.> 24, 206.> <806,306.> Page 44, 206.> <806,306.> Page 58,06,306.> Page 68,06,306.> Date 7/8/2020 Date Print/Type preparer's name CHRISTOPHER B. ANDERSON Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			Revenue less expenses. Subtract line 18 from line 12				<u> </u>	
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 TRACY GREEN, DIRECTOR Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LLC Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	io S			<u> </u>				
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 TRACY GREEN, DIRECTOR Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LLC Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Sets	20	Total assets (Part X, line 16)	🖵				583,650.
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 TRACY GREEN, DIRECTOR Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LLC Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	AS	21	Total liabilities (Part X, line 26)	<u>L</u>				
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 TRACY GREEN, DIRECTOR Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LLC Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		22			<4,	<u> 206.5</u>		<u><806,306.></u>
TRACY GREEN, DIRECTOR Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LLC Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) Signature of officer Date 7/8/00/20 Check PTIN 7/6/2020 Check PTIN 7/6/2020 Firm's EIN 34-0677006 Phone no. (216) 363-0100 X Yes No			Signature Block	-				
TRACY GREEN, DIRECTOR Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LLC Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) Signature of officer Date 7/8/00/20 Check PTIN 7/6/2020 Check PTIN 7/6/2020 Firm's EIN 34-0677006 Phone no. (216) 363-0100 X Yes No	Unde	er pena	alties of perjury. I declare that I have examined this return, including accompanying schedules a	and stater	nents, and to the	best of my	knowle	edge and belief, it is
Sign Here TRACY GREEN, DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Oate Tracy Check PTIN		•						,
Sign Here TRACY GREEN, DIRECTOR Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Firm's name MALONEY + NOVOTNY LLC Firm's name Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) Date PTIN Check PTIN 7/6/2020 firm's EIN 34-0677006 Phone no. (216) 363-0100	<u>,</u>	001101	Macy & Drew			1/8	121)	20
TRACY GREEN, DIRECTOR Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Preparer Firm's name MALONEY + NOVOTNY LLC Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) Table Check PTIN 7/6/2020 Firm's EIN 34-0677006 Phone no. (216) 363-0100	Sia-				Date		110	
Type or print name and title Print/Type preparer's name CHRISTOPHER B. ANDERSON Preparer Firm's name MALONEY + NOVOTNY LLC Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's signature Date 7/6/2020			 					
Print/Type preparer's name CHRISTOPHER B. ANDERSON Preparer Firm's name Firm's name Date 7/6/2020 Check PTIN	Here	е						
Preparer Use Only Firm's name MALONEY + NOVOTNY LLC Firm's EIN 34-0677006			/		Data	T as a s		DTIN
Preparer Use Only Firm's name MALONEY + NOVOTNY LLC Firm's EIN 34-0677006			Print/Type preparer's name Preparer's signature			if	L	
Use Only Firm's address 1111 SUPERIOR AVE, SUITE 700 CLEVELAND, OH 44114-2540 Phone no. (216) 363-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Paid		CHRISTOFIBR B. ANDERSON		1/0/2020	self-employ		
CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Prep	arer	Firm's name MALONEY + NOVOTNY LLC		Firn	's EIN 🛌	34	<u>-0677006</u>
CLEVELAND, OH 44114-2540 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Use	Only	Firm's address 1111 SUPERIOR AVE, SUITE 700					
May the IRS discuss this return with the preparer shown above? (see instructions)		-			Pho	ne no. (2	16)	363-0100
	May	the II	 					
								Form 990 (2018)

	990 (2018) INNOVATION FUND AMERICA INC.	46-1761848	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission	MATRITAN	
	INNOVATION FUND AMERICA IS A NONPROFIT PARTNERING WITH CO		
	COLLEGES TO ACCELERATE THE GROWTH OF TECHNOLOGY STARTUPS	THROUGH	
	EARLY-STAGE FUNDING AND EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	□ Vas	X No
	·		
	If "Yes," describe these new services on Schedule O.		ਓ
	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 in	neasured 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, a	nd
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 792,624. including grants of \$ 680,194.) (Revenue		0.)
→ a	INNOVATION FUND AMERICA INC. ("IFA INC.") ASPIRES TO DEVE	ZI.OP AND	
			
	ADMINISTER ACTIVITIES AND PROGRAMS DESIGNED TO EDUCATE ST		
	ENTREPRENEURS, COMBAT COMMUNITY DETERIORATION, RELIEVE PO		
	LESSEN THE BURDENS OF THE GOVERNMENT THROUGH STIMULATING		
	DEVELOPMENT IN SELECT COMMUNITIES ACROSS THE UNITED STATE	SS ("IFA	
	COMMUNITIES"). IT ACCOMPLISHES THIS THROUGH CREATING AN E	NTREPRENEUR	IAL
	CLIMATE THAT FOSTERS, CREATES AND EXPANDS EMPLOYMENT OPPO		
	THOSE COMMUNITIES THROUGH THE RECRUITMENT AND EDUCATION (
	ORGANIZATIONS AND ENTREPRENEURS WORKING WITH RELATED ENTE		UTN
	THOSE COMMUNITIES. IFA INC. PROVIDES ASSISTANCE IN THE FU		
	UNDERTAKING ACTIVITIES WHICH WILL LESSEN THE BURDENS OF C		<u>N</u>
	RELATION TO THE DEVELOPMENT OF ENTREPRENEURIAL ENTERPRISE	S IN IFA	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e\$)
		-	
		· -	
		· · · · · · · · · · · · · · · · · · ·	
			
			
4c	(Code) (Expenses \$) (Revenu	e\$,
A 41	Other program services (Describe in Schedule O)		
4d		١	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 792,624.		
<u>4e</u>	Total program service expenses ► /92,624.		200 (22.5
	AND ANIMOUT D A DAD ANIMOUD		990 (2018)
832002	SEE SCHEDULE O FOR CONTINUATION(S)	

Form 990 (2018) INNOVATION FUND AMERICA INC. Part IV Checklist of Required Schedules

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	•		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes." <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes." complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7.5
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	• • •		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. •	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes." complete Schedule I. Parts I and II	21	X	
32003	3 12-31-18	Form	990	(2018)

Par	t IV Checklist of Required Schedules (continued)			
	, to many		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			110
22		22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	۱ 👡		х
	Schedule J	23		┢┻
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K If "No," go to line 25a	24a	_	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			1
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
С	·	28c		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ ļ	x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	\vdash	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	\vdash	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	 	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note, All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			لسلم
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 13	1		1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	Į		l
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c_	X	<u> </u>
83200	4 12-31-18	Form	990	(2018

Page 5

_	To this to the second s			T
0-	Enter the number of employees reported an Earm W.2. Transmitted of Wage and Tay Statements		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			<u>'</u>
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 32		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			لـــــا
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u> 7h		
n 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ <u>/n</u> _	_	
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		- 1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			-
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	-		, ,
b	Gross income from other sources (Do not net amounts due or paid to other sources against			٠ ا
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	٠		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			i
	organization is licensed to issue qualified health plans 5 the the amount of account and the standard			
	Enter the amount of reserves on hand	44	\vdash	. X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b_		
15		15		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		Forn	990	(2018)

832005 12-31-18

INNOVATION FUND AMERICA INC. 46-1761848 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 6 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 6 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? Х Яh b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? [f "Yes," describe 12¢ in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed POH 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 Upon request Other (explain in Schedule O) ____ Another's website Own website Describe in 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 State the name, address, and telephone number of the person who possesses the organization's books and records JOSEPH MARTIN - 440-366-4039 1005 NORTH ABBE ROAD, ELYRIA, OH 44035

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 instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization notation (A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					enc	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer 9	recto	Highest compensated	(99)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DR. ROY A. CHURCH	0.30							_	_	
PRESIDENT & CHAIR		X	L	X		$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0.
(2) MARCIA J. BALLINGER	0.30								_	_
VICE PRESIDENT		X	L	X	L	<u> </u>		0.	0.	0.
(3) DENNIS COCCO	0.30							_	_	_
DIRECTOR		X	L			<u> </u>		0.	0.	0.
(4) TRACY GREEN	0.30									
DIRECTOR		Х	Ц.			<u> </u>		0.	0.	0.
(5) JULIE STRAZZO	0.30	1						_		_
SECRETARY		X	<u> </u>	Х		L		0.	0.	0.
(6) JOSEPH MARTIN	2.00									_
TREASURER		X	\vdash	Х	<u> </u>	┢		5,586.	0.	0.
			-				,	-		
,										
						_				
-										

	(A) Name and title	(B) Average hours per		not c		tion nore	than d		(D) Reportable compensation	(E) Reportable compensation	(F) Estimate amount	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee		recto		ee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	other compense	ation e tion ted
			_									
			-									
			_									
1b	Sub-total	<u>t </u>						<u> </u>	5,586.		0.	0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							<u>0.</u> 5,586.		0.	0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re				0
_											Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for		ustee	e, KØ	y em	nplo	yee,	or r	nighest compensated er	nployee on	3	x
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	•							•	ne organization	4	x
5	Did any person listed on line 1a receive or	accrue comper	sati	on fr	om a	any	unre			lual for services		
	rendered to the organization? If "Yes." COL	nplete Schedul	e <i>J f</i> i	or st	ch r	ers	on_				_ 5	Х
Sec								- 4h	at received more than \$	100 000 of comp	ensation from	
Sec 1	Complete this table for your five highest co	•								•		
	Complete this table for your five highest continuous the organization Report compensation for (A)	the calendar ye							the organization's tax y	ear	(C)	
	Complete this table for your five highest control the organization. Report compensation for	the calendar ye	ear e		g wi				the organization's tax y	ear		n
	Complete this table for your five highest continuous the organization Report compensation for (A)	the calendar ye	ear e	ndır	g wi				the organization's tax y	ear	(C)	n
	Complete this table for your five highest continuous the organization Report compensation for (A)	the calendar ye	ear e	ndır	g wi				the organization's tax y	ear	(C)	n
	Complete this table for your five highest continuous the organization Report compensation for (A)	the calendar ye	ear e	ndır	g wi				the organization's tax y	ear	(C)	'n
	Complete this table for your five highest continuous the organization Report compensation for (A)	the calendar ye	ear e	ndır	g wi				the organization's tax y	ear	(C)	'n
	Complete this table for your five highest continuous the organization Report compensation for (A)	the calendar ye	ear e	ndır	g wi				the organization's tax y	ear	(C)	in .

				IID MIBILIO	A INC.		40 1701	OTO Fage
Pai	rt VII							
		Check if Schedule O conf	ains a response	or note to any <u>l</u> in	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ervice Contributions, Gifts, Grants Teants Teants Teants Teand Other Similar Amounts	1 a b c d e f f g h	Total. Add lines 1a-1f	ots, and ve 1f 1a-1f \$	Business Code	,			
Program Service Revenue	c d e f							
	3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties		•				
	6 a b	Gross rents Less rental expenses	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities	(ii) Other				
enne	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	of	>				
Other Reven	c	contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from fund Gross income from gaming ad	a b draising events					
	b c	Part IV, line 19 Less direct expenses Net income or (loss) from gam Gross sales of inventory, less	a b ning activities					
	С	and allowances Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	е					
		All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instructions			0.	0.	0.	0.

10

832009 12-31-18

Form 990 (2018) INNOVATION FU.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	
	Check if Schedule O contains a respon-			(C)	(0)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			•	
	and domestic governments. See Part IV, line 21	680,194.	680,194.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			,	ì
	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400 000			
7	Other salaries and wages	102,828.	93,352.	9,476.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2.74	0.74		
9	Other employee benefits	371.	371.		
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				 .
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	6 706	6 506		
	column (A) amount, list line 11g expenses on Sch O.)	6,786.	6,786.		
12	Advertising and promotion				
13	Office expenses	4 020	4 020		
14	Information technology	4,020.	4,020.		
15	Royalties	······			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			–	
19	Conferences, conventions, and meetings				
20	Interest			· · -	
21	Payments to affiliates		· -		
22	Depreciation, depletion, and amortization	1,350.	1,350.		
23	Insurance	1,330.	1,330.		
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)		. , -		
_	amount, list line 24e expenses on Schedule 0.) OPERATIONAL EXPENSES	4,636.	4,636.]
		1,235.	1,235.	-	
b	BACKGROUND CHECKS BANK FEES	680.	680.		
C	BANK FEES	000.			
d	All other expenses				
	All other expenses	802,100.	792,624.	9,476.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	002,100.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ł			
	Check here ff following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 583,650. 15,102. Cash - non-interest-bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 15,102. 583,650. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 19,308. 127,456. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 1,262,500. 0. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 19,308. 1,389,956. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. or Fund Balances <4,206.> <806,306.> 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. **Net Assets** 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds <4,206.> <806,306.> 583,650. Total net assets or fund balances 33 33 15,102. 34 Total liabilities and net assets/fund balances

	990 (2018) INNOVATION FUND AMERICA INC.	46-	-1761848	Pag	e 12
Pa	t 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			0.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,10	
3	Revenue less expenses Subtract line 2 from line 1	3	<802,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<4,	, 206	<u>·></u>
5	Net unrealized gains (losses) on investments	5	_		
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<806,	,30€	<u> </u>
Pa	t 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 CashX Accrual Other		- - - - - - - - - - - - -		ا ہے ا
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			<u>.</u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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		-:	٠	34
	X Separate basis Consolidated basis Both consolidated and separate basis		. 19		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		(a .	~}
	consolidated basis, or both			* · · · · ·	£. £
	Separate basis Consolidated basis Both consolidated and separate basis			· 3	احت
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		<u> </u>	لب
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit		
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2018)

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

INNOVATION FUND AMERICA INC.

Employer identification number 46-1761848

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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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 X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (III) Type of organization (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Total

Schedule A (Form 990 or 990-EZ) 2018 INNOVATION FUND AMERICA INC. 46-1761 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	205,200.	90,726.	18,126.	90.	0.	314,142.
2	Tax revenues levied for the organ-						
	ization'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	205,200.	90,726.	18,126.	90.		314,142.
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)						
	***				•		314,142.
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u>t</u>					J14,144.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	205,200.	90,726.	18,126.	90.	(e) 2010	314,142.
8	Gross income from interest,	203,2000	30,7201				311/1120
0	dividends, payments received on						
	• • •						
	securities loans, rents, royalties,						
_	and income from similar sources						
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)						214 142
11	• • • • • • • • • • • • • • • • • • • •					1	314,142.
12	•	•	•			12	150,000.
13	First five years. If the Form 990 is for	•	first, second, third	l, fourth, or fifth tax	cyear as a section	n 501(c)(3)	. —
800	organization, check this box and storection C. Computation of Publi	p here	contago				▶∟
			_				100.00 %
	Public support percentage for 2018 (olumn (f))		 	
	Public support percentage from 2017				4 . 00 4/00/	15	97.66 %
16a	33 1/3% support test - 2018. If the	_		line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				► X
b	33 1/3% support test - 2017. If the	-			line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual						▶∟⊥
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac	ts-and-circumstand	es" test, check thi	s box and stop he	ere. Explain in Pa	rt VI how the orgar	
	meets the "facts-and-circumstances"	-			-		ightharpoons
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ				- · · ·		
<u>18</u>	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	<u> </u>
					Scho	dule A (Form 990	or 990-F71 2018

832022 10-11-18

Part III Support Schedule	e for O	rganizations	Described in S	Section 509(a)	(2)	- .	
(Complete only if you c	hecked	the box on line 10	of Part I or if the	organization failed	l to qualify under P	art II If the organiza	tion fails to
qualify under the tests							
Section A. Public Support							
Calendar year (or fiscal year beginning	g in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, an	nd						
, membership fees received (De	o not						
include any "unusual grants "))						
2 Gross receipts from admission	ns,						
merchandise sold or services	per-					<i>y</i>	
formed, or facilities furnished i					/	1	
any activity that is related to the organization's tax-exempt purp							
3 Gross receipts from activities	· .			-		1	
are not an unrelated trade or b				:			
iness under section 513				1			
4 Tax revenues levied for the org	oan-				17	1	
ization's benefit and either pai	ັ						
or expended on its behalf				/	∕[
5 The value of services or facility	یم.			/			
furnished by a governmental u				/			
the organization without charge				/			
6 Total. Add lines 1 through 5	9			 	-	 	
7a Amounts included on lines 1,	2 224			/	 		
3 received from disqualified pe	·			/			
b Amounts included on lines 2 and 3 received				/ _		1	
from other than disqualified persons that	,		/				
exceed the greater of \$5,000 or 1% of the	θ .					İ	
amount on line 13 for the year			/		+	-	
c Add lines 7a and 7b			- / -		+	 	
8 Public support. (Subtract line 7c from Section B. Total Support	ine 6)			<u> </u>	<u> </u>	<u>.L</u>	
	- :->	(-) 0014	/(b) 2015	/-\ 0016	(4) 0017	(~) 0019	(f) Total
Calendar year (or fiscal year beginning 9 Amounts from line 6	9 111)	(a) 2014	/ (6) 2013	(c) 2016	(d) 2017	(e) 2018	(I) IOIAI
10a Gross income from interest,			<u> </u>			 	
dividends, payments received	on						
securities loans, rents, royaltie		/				1	
and income from similar source					+	 	
b Unrelated business taxable income						1	
(less section 511 taxes) from busi acquired after June 30, 1975	11162262			Ì			
•	i						
c Add lines 10a and 10b 11 Net income from unrelated bu	icipocc	/			<u> </u>		
activities not included in line 1		/					
whether or not the business is		ĺ					
regularly carried on 12 Other income. Do not include	2010/					 	
or loss from the sale of capital							
assets (Explain in Part VI)	/	-			 	 	
13 Total support. (Add lines 9, 10c, 11,			L		1		
14 First five years. If the Form 9		the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organizat	ion,
check this box and stop here		a Command Day		.			
Section C. Computation of						 	
15 Public support percentage for			•	column (f))		15	<u>%</u>
16 Public support percentage fro				 _		16	%
Section D. Computation of						T. <u>-</u> I -	
17 Investment income percentage				ne 13, column (f))		17	<u>%</u>
18 Investment income percentag						18	<u>%</u>
19a 33 1/3% support tests - 2018		-					is not
more than 33/1/3%, check this		-		•			▶□
b 33 1/3% support tests - 2017		=					d
line 18 is not more than 33 1/3						<u>-</u>	▶⊨
20 Private foundation. If the org			h	10h	his hav and see in	structions	▶ I I
832023 10-11-18	anizatio	n did not check a	box on line 14, 19	a, or 190, check t		edule A (Form 990	

Part IV | Supporting Organizations

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

Coation	Α.	AII	Cum	nadina	Orace	sizations
Section	м.	ΑII	Sup	porung	Organ	nizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? 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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			•
	(b) and (c) below	3a		
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)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? 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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	1		
	under sections 501(c)(3) and 509(a)(1) or (2)? 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)	<u> </u>		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			'
	answer (b) and (c) 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)	5a		ļ
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?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
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			1
	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? If "Yes," provide detail in			
	Part VI.	6		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	\vdash	<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		├—
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	<i>'</i>		1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			

832024 10-11-18

9b

9с

10a

10b

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings.)

the supporting organization had an interest? If "Yes," provide detail in Part VI.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018

and 4c

B Breakdown of line 7
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

2018 Open to Public

OMB No 1545-0047

Employer identification number

Inspection

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

ջ ∏ 46-1761848 (h) Purpose of grant or assistance X Yes START-UP FUNDING START-UP FUNDING START-UP FUNDING START-UP FUNDING START-UP FUNDING 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 ٠. 。 ٥. ó (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 37,500 10,000 100,000 20,000 000 06 cash grant (c) IRC section (if applicable) INNOVATION FUND AMERICA INC. 47-4326188 82-0988033 47-4955758 83-2388818 83-2981895 (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government ASPIRE TECHNOLOGY, INC. 29429 SOUTH VILLAGE LN 12243 MOSS POINT ROAD SHAKER HTS., OH 44120 MANSFIELD, OH 44907 CONTENT STATUS, LLC 9660 EXECUTIVE CT. DATALOGICCOM, INC. 835 COURTLAND AVE. 16500 PARKLAND DR. 201 E. STH STREET VENICE, CA 90291 MENTOR, OH 44060 CYANICSOFT, INC. COLLAMEDIX, INC. SOLON, OH 44139 BIOFLIGHT, LLC Part II

20.

START-UP FUNDING

ö

25,000

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

82-4720574

STRONGSVILLE, OH 44136

N

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

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

Schedule I (Form 990) (2018)

ω
4
ω
٦
9
7
ᆏ
. 1
9
4

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	ernments and Organ	izations in the Uni		(Schedule I (Form 990), Part II)	(III)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEEPHIRE LLC 3480 KENT ROAD STOW, OH 44224	82-1533307		20,000.	0.			START-UP FUNDING
FISHMYSPOT LLC 9501 ROYAL VALLEY DRIVE NORTH ROYALTON, OH 44133	82-1133874		10,000.	0			START-UP FUNDING
FLUTTER SOCIAL LLC 5768 COLONIAL BLVD. WILLOUGHBY, OH 44094	81-3288120		26,500.	.0			START-UP FUNDING
LINEAR LABS, LLC 3874 GRENVILLE UNIVERSITY HTS., OH 44118	83-3619690		.000,25	. 0			START-UP FUNDING
MBRIO TECHNOLOGIES 32350 CHESTNUT LANE PEPPER PIKE, OH 44124	83-3511452		.000,08	.0			START-UP FUNDING
NVEYETECH 30224 POWELL ROAD WILLOWICK, OH 44095	82-4708114		.000,09	0			START-UP FUNDING
OCTET SCIENTIFIC, INC. 1768 E. 25TH STREET, STE 316 CLEVELAND, OH 44114	81-5131124		15,000.	0			START-UP FUNDING
PROJITECH LLC 1648 WARREN ROAD LAKEWOOD, OH 44107	46-4188161		35,000.	0			START-UP FUNDING
QUANTERRA SOFTWARE, LLC 2495 DEBORAH DR.							

04-01-18

Φ.
84
ũ
9/
Н
7
46

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	Governments and Organ	izations in the Uni		(Schedule I (Form 990), Part II)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANCH HAND, INC. 24400 E. COTTONWOOD CREEK ROAD KELLY, WY 83011	47-2382789		45,000.	0			START-UP FUNDING
ROADPRINTZ LLC 2120 LEE ROAD CLEVELAND HTS., OH 44118	82-2557414		25,000.	0			START-UP FUNDING
STRUCTURED MONITORING PRODUCTS 151 INNOVATION DRIVE, STE 320 ELYRIA, OH 44035	45-5326616		40,000.	0			START-UP FUNDING
T VAR ED-TECH, INC. 11201 CEDAR AVE. CLEVELAND, OH 44106	82-4819629		. 25,000.	0	,		START-UP FUNDING
TURNINGMODE, LLC 1100 SHEERBROOK DRIVE CHAGRIN FALLS, OH 44022	81-1255511		13,211.	0			START-UP FUNDING
,							
							Schedule I (Form 990)

04-01-18

46-1761848

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Schedule I (Form 990) (2018)

Part III

on (f) Description of noncash assistance other)								
(e) Method of valuation (book, FMV, appraisal, other)			dditional information		S ARE USED	ICATION	REGULARLY	
(d) Amount of non- cash assistance			red in Part I, line 2, Part III, column (b), and any other additional information		INC.") ENSURES THAT ITS FUNDS ARE USED	APPLICANTS TO SUBMIT AN APPLICATION). IFA INC.	
(c) Amount of cash grant			ne 2, Part III, column		SNSURES THA	TE TO SUB	BE FUNDEI	
(b) Number of recipients			uired in Part I, lir		INC.") E	APPLICAN	FHAT WILI	
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information require	PART I, LINE 2:	INNOVATION FUND AMERICA INC. ("IFA	FOR INTENDED PURPOSES BY REQUIRING	WHICH FULLY DESCRIBES THE PROJECT THAT WILL BE FUNDED. IFA INC. REGULARLY	

ASSURANCES THE FUNDS HAVE BEEN USED IN THE MANNER DESCRIBED IN THEIR

APPLICATIONS.

832102 11-02-18

CHECKS WITH THE RECIPIENTS TO ASSESS THEIR PROGRESS AND TO OBTAIN

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

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

2018
Open to Public Inspection

OMB No 1545-0047

Name of the organization

INNOVATION FUND AMERICA INC.

Employer identification number 46-1761848

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTNERING WITH COMMUNITY COLLEGES TO ACCELERATE THE GROWTH OF
TECHNOLOGY STARTUPS THROUGH EARLY-STAGE FUNDING AND EDUCATION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMUNITIES IN CONJUNCTION WITH PRIVATE AND PUBLIC INVESTMENTS AND
CONTRIBUTIONS BY PHILANTHROPIC ORGANIZATIONS AND FEDERAL, STATE, AND
LOCAL GOVERNMENTS. IFA INC. PROVIDES APPROPRIATE COUNSEL OR ASSISTANCE
IN ADVISORY SERVICES WHICH WILL PROMOTE AND NURTURE THE FORMATION AND
DEVELOPMENT OF ENTREPRENEURIAL BUSINESSES AND CAPACITY IN IFA
COMMUNITIES AND PROMOTING THE WELFARE OF IFA COMMUNITIES BY SERVING AS
A NATIONAL LEADER FOR INNOVATION, EDUCATION, AND TRAINING IN
ENTREPRENEURIAL BUSINESS.
FORM 990, PART VI, SECTION B, LINE 11B:
REVIEW OF FORM 990 - THE ORGANIZATION'S PROFESSIONAL STAFF AND MANAGEMENT
REVIEWED FORM 990 BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
MONITORING AND ENFORCEMENT OF CONFLICT POLICY - ANNUALLY, THE BOARD OF
DIRECTORS IS REQUIRED TO REVIEW AND SIGN THE OATH OF OFFICE CONTRACT THAT
ADDRESSES THE CONFLICT OF INTEREST POLICY. WHEN A CONFLICT ARISES, THE
PERSON IS NOT PERMITTED TO PARTICIPATE IN THE DISCUSSION OF THE PROPOSED
TRANSACTION OR TO VOTE ON THE MATTER. THE DECISION ABOUT THE TRANSACTION IS
MADE BY PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUAL WITH THE CONFLICT.

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

Schedule O (Form 990 or 990-EZ) (2018)