

Form **8868**  
(Rev. January 2025)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. <b>START EARLY</b>	Taxpayer identification number (TIN) <b>36-3186328</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1 N DEARBORN STREET, 700</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60602</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **DIANA RAUNER**  
**1 N DEARBORN ST, SUITE 700 - CHICAGO, IL 60603**

Telephone No. **(312)922-3863** Fax No. \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

Form **8868** (Rev. 1-2025)

EXTENDED TO MAY 15, 2026

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Form sections B through M: B Check if applicable, C Name of organization (START EARLY), D Employer identification number (36-3186328), E Telephone number ((312)922-3863), G Gross receipts (\$116,169,265), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (STARTEARLY.ORG), K Form of organization (Corporation), L Year of formation (1982), M State of legal domicile (IL)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature block details: Signed by Diana Rauner, Date 3/30/2026, Signature of officer DIANA RAUNER, PRESENT, Preparer Ashley Barsema, Date 03/24/26, Firm CliftonLarsonAllen LLP, Address 2021 Spring Road, Suite 200, Oak Brook, IL 60523.

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: START EARLY ADVANCES QUALITY EARLY LEARNING FOR FAMILIES WITH CHILDREN, BEFORE BIRTH THROUGH THEIR EARLIEST YEARS, TO HELP CLOSE THE OPPORTUNITY GAP.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 43,977,018. including grants of \$ 20,486,010. ) (Revenue \$ 11,862. ) START EARLY PROVIDES HIGH-QUALITY EARLY CHILDHOOD SERVICES FOR LOW-INCOME CHILDREN, BIRTH TO AGE FIVE, AND THEIR FAMILIES, AS WELL AS SERVICES TO PREGNANT WOMEN, THROUGH A MULTI-SITE NETWORK OF EARLY LEARNING PROGRAMS, FAMILY CHILD CARE HOMES, AND DIRECTLY-OPERATED PROGRAMS IN UNDER-RESOURCED COMMUNITIES THROUGHOUT CHICAGO AND SURROUNDING SUBURBS. WE SUPPORT AND TRAIN THE EARLY CHILDHOOD WORKFORCE AND PARTNER AT THE LOCAL, STATE, AND FEDERAL LEVELS TO ENSURE POLICIES PUT FAMILIES FIRST. IN FISCAL YEAR 2025, START EARLY DIRECTLY OPERATED THREE PROGRAMS: THE EDUCARE CHICAGO SCHOOL AT 5044 S WABASH AVE, HEALTHY PARENTS & BABIES AT 100 N. WESTERN AVE., AND LAKE COUNTY EARLY LEARNING PROGRAMS LOCATED AT TWO SITES IN LAKE COUNTY, ILLINOIS. START EARLY ALSO SUBCONTRACTED WITH 13 AGENCIES ACROSS 22 GEOGRAPHICALLY

4b (Code: ) (Expenses \$ 16,081,868. including grants of \$ 13,527,591. ) (Revenue \$ 518,928. ) START EARLY'S HOME VISITING AND DOULA NETWORK ANNUALLY REACHES APPROXIMATELY 1,360 HISTORICALLY UNDERSERVED YOUNG CHILDREN, PREGNANT WOMEN, AND THEIR FAMILIES THROUGH A STATEWIDE NETWORK OF HOME VISITING AND DOULA SERVICES. THE HOME VISITING AND DOULA NETWORK CONDUCTS SPECIALIZED TRAINING AND TECHNICAL ASSISTANCE TO 170 EARLY CHILDHOOD PROFESSIONALS WORKING FOR 24 COMMUNITY AGENCIES ACROSS CHICAGO AND THROUGHOUT ILLINOIS.

4c (Code: ) (Expenses \$ 10,446,925. including grants of \$ 1,886,820. ) (Revenue \$ 1,441,383. ) THE EDUCARE LEARNING NETWORK (ELN) EXTENDS THE IMPACT OF START EARLY'S EXTENSIVE EARLY CHILDHOOD KNOWLEDGE AND EXPERTISE TO STATES ACROSS THE COUNTRY THROUGH CONSULTATION AND TECHNICAL ASSISTANCE IN PROGRAM, PUBLIC POLICY AND SYSTEMS WORK; RESEARCH AND EVALUATION; ORGANIZATIONAL CAPACITY BUILDING; AND PHILANTHROPIC ENGAGEMENT STRATEGIES. ELN SERVES AS THE NATIONAL COORDINATING OFFICE (NCO) FOR A MULTI-STATE NETWORK OF EDUCARE SCHOOLS ACROSS THE COUNTRY; THAT PROVIDES AND PROMOTES HIGH-QUALITY, TRANSFORMATIVE EARLY LEARNING EXPERIENCES FOR CHILDREN; BIRTH TO FIVE; AND THEIR FAMILIES FROM HISTORICALLY UNDER-RESOURCED COMMUNITIES. THE EDUCARE NCO AND ITS PARTNERSHIP EDUCARE SCHOOLS SHARE EXPERTISE WITH LOCAL AND NATIONAL EDUCATORS, RESEARCHERS AND POLICYMAKERS SO THEY CAN ELEVATE QUALITY STRENGTHENING EARLY CHILDHOOD.

4d Other program services (Describe on Schedule O.) (Expenses \$ 24,657,609. including grants of \$ 863,479. ) (Revenue \$ 443,243. )

4e Total program service expenses 95,163,420.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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 Enter the number of voting members... 34; 1b Enter the number of voting members included on line 1a... 34; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... 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 Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed IL
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
DIANA RAUNER - (312)922-3863
1 N DEARBORN ST, SUITE 700, CHICAGO, IL 60603

**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) SARAH RITTLING EXECUTIVE DIRECTOR, FFYF	37.50 1.00					X		343,426.	0.	85,439.
(2) MICHAEL HOFFMAN CHIEF OPERATING OFFICER	37.50 0.00				X			360,286.	0.	25,684.
(3) DONNA IWANSKI CHIEF FINANCIAL OFFICER UNTIL 12/24	37.50 0.00			X				333,728.	0.	31,101.
(4) AISHA GAYLE TURNER CHIEF DEVELOPMENT OFFICER	37.50 0.00				X			292,576.	0.	37,254.
(5) TERRENCE ROCHE VP, PROFESSIONAL SERVICES UNTIL 11/2	37.50 0.00					X		285,907.	0.	28,935.
(6) CYNTHIA JACKSON EXECUTIVE DIRECTOR, ELN UNTIL 1/25	37.50 0.00					X		268,040.	0.	27,182.
(7) JOHANNA VETTER CHIEF MARKETING OFFICER	37.50 0.00				X			260,000.	0.	18,976.
(8) VALISA SMITH EXECUTIVE DIRECTOR, SEWA UNTIL 05/25	37.50 0.00					X		221,251.	0.	55,562.
(9) CLARISSA LOVE SENIOR VP, PEOPLE & CULTURE	37.50 0.00				X			211,317.	0.	55,563.
(10) YVETTE SANCHEZ FUENTES SENIOR VP, GOVT RELATIONS AND RESEAR	37.50 0.00					X		236,972.	0.	19,286.
(11) MICHAEL OWENS VP, INFORMATION TECHNOLOGY	37.50 0.00				X			211,898.	0.	18,160.
(12) DIANA RAUNER PRESIDENT	37.50 1.00			X				0.	0.	0.
(13) BILL FRIEND DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) TOM GIMBEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) KEITH KILEY GOLDSTEIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) MARY HASTEN BOARD CHAIR	1.00 0.00	X	X					0.	0.	0.
(17) CHARLES MATTHEWS BOARD VICE CHAIR	1.00 0.00	X	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) DAN O'KEEFE DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) ISABEL NAVARRETE POLSKY, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) MICHAEL RAPELYEA DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) RAUL I. RAYMUNDO DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) RICHARD E. ROTHKOPF DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) DIANA SANDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) DIANE SCHANZENBACH BOARD SECRETARY	1.00 0.00	X		X				0.	0.	0.
(25) JOHN G. SCHREIBER DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) SUK SHAH DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,025,401.	0.	403,142.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,025,401.	0.	403,142.

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 140

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
DYNAMIC SOLUTIONS GROUP INC 785 COUNTY ROAD 1, PALM HARBOR, IL 34683	OUTSOURCED IT SUPPORT SERVICES	892,318.
WINTERBRIDGE LLC, 800 WESTCHERS AVE, SUITE N-641, RYE BROOK, NY 10573	MEDIA SERVICES	873,606.
HELIOS DESIGN BUILD, LLC 2324 WEST FULTON STREET, CHICAGO, IL 60612	CONSTRUCTIONS SERVICES FOR EDUCARE	812,786.
JGMA 223 W OHIO STREET, CHICAGO, IL 60654	ARCHITECTURAL DESIGN AND PROGRAMMING	430,335.
FOR MOMENTUM LLC, 1816 INDEPENDENCE SQUARE, SUITE D, ATLANTA, GA 30338	MARKETING & BUSINESS DEVLEOPMENT SERVIC	385,343.

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 48

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LINDA K. SMITH DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) CLAUDIA TERAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) LAURA THONN DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) ADAM WALTUCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) SAM YAGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) LULA FORD DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) MARQUIA FIELDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) HELEN ZELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) MARILYN FIELDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) GARRETT M. YOUNG, ED.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) BILLIE WRIGHT ADAMS, M.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) CURT R. BAILEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) SHEILA ATER CAPESTANY DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) DAVID CASPER DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) MAWIYAH COATES DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) MARIA CASTRO DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) NANCY CARRINGTON CROWN DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) DEBORAH DARO, PH.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) KELLY KING DIBBLE DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) VICKI ESCARRA DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	951,586.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	74,844,144.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	33,008,079.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f							108803809.
Program Service Revenue	<b>2 a</b> CONSULTING REVENUE	<b>Business Code</b>	611710	1,481,883.	1,481,883.			
	<b>b</b> TRAINING/REGISTRATION FEES		611710	933,533.	933,533.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f				2,415,416.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,485,556.			3485556.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,018,810.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		800,476.				
	<b>c</b> Gain or (loss)	<b>7c</b>		218,334.				
<b>d</b> Net gain or (loss)				218,334.			218,334.	
<b>8 a</b> Gross income from fundraising events (not including \$ 951,586. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		24,570.					
<b>b</b> Less: direct expenses	<b>8b</b>		119,210.					
<b>c</b> Net income or (loss) from fundraising events				-94,640.			-94,640.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE	<b>Business Code</b>	900099	246,842.			246,842.	
	<b>b</b> REIMBURSEMENTS FROM FFAF		900099	174,262.			174,262.	
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d				421,104.			
<b>12 Total revenue.</b> See instructions				115249579.	2,415,416.	0.	4030354.	

**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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,763,900.	36,763,900.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,088,625.	177,094.	1,522,923.	388,608.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	43,116,589.	33,312,781.	8,174,653.	1,629,155.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,701,037.	2,008,287.	576,962.	115,788.
<b>9</b> Other employee benefits	6,324,115.	5,003,101.	1,115,335.	205,679.
<b>10</b> Payroll taxes	3,202,142.	2,380,871.	684,002.	137,269.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	447,714.	220,243.	227,471.	
<b>c</b> Accounting	153,883.		153,883.	
<b>d</b> Lobbying	1,087,161.	946,780.	140,381.	
<b>e</b> Professional fundraising services. See Part IV, line 17	252,304.			252,304.
<b>f</b> Investment management fees	64,864.		64,864.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,606,950.	5,394,589.	1,182,878.	29,483.
<b>12</b> Advertising and promotion	698,756.	516,173.	182,583.	
<b>13</b> Office expenses	1,392,882.	1,158,041.	167,218.	67,623.
<b>14</b> Information technology	3,320,108.	574,233.	2,711,577.	34,298.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,721,269.	2,211,697.	430,322.	79,250.
<b>17</b> Travel	1,146,282.	1,035,285.	68,160.	42,837.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,746,700.	1,620,463.	114,529.	11,708.
<b>20</b> Interest	10,138.	213.	9,925.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,171,390.	787,382.	384,008.	
<b>23</b> Insurance	154,363.		154,363.	
<b>24</b> 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.)				
<b>a</b> <b>SUBSCRIPTION AND DUES</b>	498,190.	348,789.	140,288.	9,113.
<b>b</b> <b>CLASSROOM MEAL SERVICE</b>	327,124.	327,124.		
<b>c</b> <b>OFFICE FURNITURE</b>	146,034.	145,575.	459.	
<b>d</b> <b>EDUCATIONAL SUPPLIES</b>	63,227.	63,227.		
<b>e</b> All other expenses	297,164.	167,572.	128,404.	1,188.
<b>25</b> Total functional expenses. Add lines 1 through 24e	116,502,911.	95,163,420.	18,335,188.	3,004,303.
<b>26</b> 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		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,600.	<b>1</b>	2,800.		
	<b>2</b> Savings and temporary cash investments .....	23,248,500.	<b>2</b>	41,067,431.		
	<b>3</b> Pledges and grants receivable, net .....	38,502,345.	<b>3</b>	25,851,746.		
	<b>4</b> Accounts receivable, net .....	14,741,301.	<b>4</b>	9,218,096.		
	<b>5</b> 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 .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	3,025,244.	<b>9</b>	1,776,614.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 22,425,583.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 12,228,306.	9,165,206.	<b>10c</b>	10,197,277.	
	<b>11</b> Investments - publicly traded securities .....	27,856,736.	<b>11</b>	29,873,559.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,759,010.	<b>12</b>	1,759,010.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	11,136,473.	<b>15</b>	4,694,519.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	129,438,415.	<b>16</b>	124,441,052.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,622,271.	<b>17</b>	17,878,510.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	1,027,233.	<b>19</b>	913,580.		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> 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 .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> 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 .....	14,824,120.	<b>25</b>	6,874,558.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	31,473,624.	<b>26</b>	25,666,648.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	20,395,079.	<b>27</b>	21,779,903.		
	<b>28</b> Net assets with donor restrictions .....	77,569,712.	<b>28</b>	76,994,501.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	97,964,791.	<b>32</b>	98,774,404.		
<b>33</b> Total liabilities and net assets/fund balances .....	129,438,415.	<b>33</b>	124,441,052.			

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	115,249,579.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	116,502,911.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,253,332.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	97,964,791.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,062,945.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	98,774,404.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	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>b</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: START EARLY; Employer identification number: 36-3186328

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	67807178.	85958347.	116062919	129261283	108803809	507893536
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	67807178.	85958347.	116062919	129261283	108803809	507893536
<b>5</b> 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) .....						39590515.
<b>6 Public support.</b> Subtract line 5 from line 4.						468303021

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	67807178.	85958347.	116062919	129261283	108803809	507893536
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	690,955.	659,255.	895,004.	2111332.	3485556.	7842102.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	0.	164,515.	284,886.	0.	0.	449,401.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		113,412.	90,424.	148,264.	421,104.	773,204.
<b>11 Total support.</b> Add lines 7 through 10						516958243
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,272,363.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.59 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	90.27 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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; 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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 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; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

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.

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.

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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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)

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

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**REIMBURSEMENT FROM FFAF**

2021 AMOUNT: \$ 113,412.  
2022 AMOUNT: \$ 90,424.  
2023 AMOUNT: \$ 148,264.  
2024 AMOUNT: \$ 174,262.

**OTHER REVENUE**

2024 AMOUNT: \$ 246,842.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

START EARLY

Employer identification number

36-3186328

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

Name of organization  <b>START EARLY</b>	Employer identification number  <b>36-3186328</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>47,945,155.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>17,398,375.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>6,205,263.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>5,075,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>4,989,082.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  <b>START EARLY</b>	Employer identification number  <b>36-3186328</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization	Employer identification number
<b>START EARLY</b>	36-3186328

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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: START EARLY
Employer identification number (EIN): 36-3186328

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	59,324.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	1,027,838.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	1,087,162.													
<b>d</b>	Other exempt purpose expenditures .....	115415749.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	116502911.													
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	87,162.													
<b>j</b>	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 checked="" 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	669,772.	928,608.	993,669.	1,087,162.	3,679,211.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	34,190.	64,473.	40,117.	59,324.	198,104.

Schedule C (Form 990) 2024

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, mailings, etc.

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, section 162(e) expenditures, and carryover.

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.

Blank lines for providing supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

START EARLY

Employer identification number

36-3186328

**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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 .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 .....	25,063,604.	23,245,334.	22,458,264.	26,711,473.	21,964,866.
b Contributions .....					
c Net investment earnings, gains, and losses .....	2,848,832.	2,782,270.	1,752,070.	-3,341,209.	5,667,607.
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....	977,000.	964,000.	964,000.	912,000.	92,100.
f Administrative expenses .....					
g End of year balance .....	26,935,436.	25,063,604.	23,245,334.	22,458,264.	26,711,473.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 21.9180 %
  - b Permanent endowment 54.4000 %
  - c Term endowment 23.6830 %
- 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? .....   |     | X  |
| (ii) Related organizations? .....  |     | X  |
| 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 .....		8,450,679.	4,626,726.	3,823,953.
c Leasehold improvements .....		10,315,263.	4,604,702.	5,710,561.
d Equipment .....		3,659,641.	2,996,878.	662,763.
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				10,197,277.

**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)		
<b>Total.</b> (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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) <b>SERP PLAN</b>	312,470.
(3) <b>FINANCE LEASE LIABILITIES</b>	253,340.
(4) <b>OPERATING LEASE LIABILITIES</b>	6,308,748.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,874,558.

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.

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

**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.

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

**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 V, LINE 4:**

THE PRIMARY PURPOSE OF THE ENDOWMENT IS TO PROVIDE GENERAL OPERATING FUNDING TO OUR OPERATIONS.

**PART X, LINE 2:**

THE ORGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW AND ACCORDINGLY, IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION. THE ORGANIZATION HAS DETERMINED IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2025 AND 2024.

**Part XIII** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**START EARLY**

Employer identification number

**36-3186328**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of nongovernment grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WINTERBRIDGE LLC - 800 WESTCHERS AVE, SUITE N-641, DAIGNEAULT DIGITAL LLC - 1400 WOODLAND HILL DR NE, ATLANTA,	PAID MEDIA AGENCY RUNNING PAID SEARCH ADS FOR OUR FUNDRAISING CONSULTANT WHO PROVIDES STRATEGIC AND		X	183,858.	212,500.	-28,642.
			X	12,012.	39,804.	-27,792.
<b>Total</b>				195,870.	252,304.	-56,434.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IA, IN, KS, KY, LA, ME, MD, MA, MI, MS, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	976,156.		976,156.
	2	Less: Contributions	951,586.		951,586.
	3	Gross income (line 1 minus line 2)	24,570.		24,570.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	25,143.		25,143.
	7	Food and beverages	45,727.		45,727.
	8	Entertainment			
	9	Other direct expenses	48,340.		48,340.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			119,210.
11	Net income summary. Subtract line 10 from line 3, column (d)			-94,640.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: WINTERBRIDGE LLC

(I) ADDRESS OF FUNDRAISER:

800 WESTCHERS AVE, SUITE N-641, RYE BROOK, NY 10573

(II) ACTIVITY: PAID MEDIA AGENCY RUNNING PAID SEARCH ADS FOR OUR DONOR ACQU

(I) NAME OF FUNDRAISER: DAIGNEAULT DIGITAL LLC

(I) ADDRESS OF FUNDRAISER: 1400 WOODLAND HILL DR NE, ATLANTA, GA 30324

(II) ACTIVITY: FUNDRAISING CONSULTANT WHO PROVIDES STRATEGIC AND CREATIVE S



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **START EARLY** Employer identification number **36-3186328**

**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
ACADEMY FOR GLOBAL CITIZENSHIP 4647 W. 47TH STREET CHICAGO, IL 60632	11-3748466	501(C)(3)	672,048.	0.			PROGRAM SUPPORT
ASIAN HUMAN SERVICES 2838 WEST PETERSON AVENUE CHICAGO, IL 60659	36-3005889	501(C)(3)	1,244,947.	0.			PROGRAM SUPPORT
AUNT MARTHA'S YSP 233 W. JOE ORR RD. CHICAGO HTS., IL 60411	23-7188150	501(C)(3)	423,768.	0.			HS/EHS & COMM BASED FAMILY SERVICES
CASA CENTRAL 1343 NORTH CALIFORNIA CHICAGO, IL 60622	36-2728618	501(C)(3)	2,205,660.	0.			HS/EHS PROGRAM
CATHOLIC CHARITIES 641 W. LAKE ST., STE 306 CHICAGO, IL 60661	36-2170821	501(C)(3)	1,059,627.	0.			COMM BASED FAMILY SERVICES
CHICAGO CHILD CARE SOCIETY 5467 S UNIVERSITY AVE CHICAGO, IL 60615	36-2166998	501(C)(3)	3,284,713.	0.			COMM BASED FAMILY SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 51.
- 3 Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

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

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ABUSE COUNCIL 525 WEST 16TH ST. MOLINE, IL 61265	36-2937848	501(C)(3)	273,533.	0.			COMM BASED FAMILY SERVICES
CHILD TRENDS, INC. 7315 WISCONSIN AVE STE 1200W BETHESDA, MD 20814	13-2982969	501(C)(3)	99,951.	0.			NATIONAL CENTER ON PARENT, FAMILY, AND COMMUNITY ENGAGEMENT
CHILDREN'S DEVELOPMENT CENTER 650 NORTH MAIN STREET ROCKFORD, IL 61103	36-2643791	501(C)(3)	640,679.	0.			COMM BASED FAMILY SERVICES
CHILDREN'S HOME + AID/CHILDREN'S SOCIETY OF IL - 125 S WACKER DR. FL. 14 - CHICAGO, IL 60606	36-2167743	501(C)(3)	1,279,149.	0.			HS/EHS & COMM BASED FAMILY SERVICES
CLAYRTON EARLY LEARNING INSTITUTE 3751 MARTIN LUTHER KING BLVD DENVER, CO 80205	84-0432238	501(C)(3)	66,718.	0.			PROGRAM SUPPORT
DBA/EDUCARE OF WASHINGTON DC 640 ANACOSTIA AVE. NE WASHINGTON, DC 20019	27-2481956	501(C)(3)	108,338.	0.			PROGRAM SUPPORT
EDUCARE LINCOLN, NE 1111 N 13TH ST OMAHA, NE 68102	46-0568146	501(C)(3)	80,608.	0.			PROGRAM SUPPORT
EDUCARE OF OMAHA 2123 PAUL STREET OMAHA, NE 68102	80-0015385	501(C)(3)	191,806.	0.			PROGRAM SUPPORT
SPRINGFIELD OPERATIONS ECS INC DBA EDUCARE SPRINGFIELD - 100 HICKORY STREET - SPRINGFIELD, MA 01109	82-3148338	501(C)(3)	128,703.	0.			PROGRAM SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCARE WEST DUPAGE 851 PEARL ROAD WEST CHICAGO, IL 60185	26-2259307	501(C)(3)	176,044.	0.			PROGRAM SUPPORT
EL HOGAR 1710 S. LOOMIS STREET CHICAGO, IL 60608	36-2749858	501(C)(3)	3,118,820.	0.			PROGRAM SUPPORT
FAMILY FOCUS, INC 310 S. PEORIA ST. STE 401 CHICAGO, IL 60607	36-2884042	501(C)(3)	2,288,127.	0.			COMM BASED FAMILY SERVICES
FAYETTE COUNTY HEALTH DEPT. 416 W EDWARDS ST. VANDALIA, IL 62471	36-6000800	GOVERNMENT ENTIT	203,132.	0.			COMM BASED FAMILY SERVICES
FIRST STEP CHILD CARE CENTER 22025 GOVERNORS HWY RICHTON PARK, IL 60471	36-4241883	501(C)(3)	650,060.	0.			HS/EHS PROGRAM
FOX VALLEY VNA 400 N. HIGHLAND AVE. AURORA, IL 60506	36-2182095	501(C)(3)	271,825.	0.			COMM BASED FAMILY SERVICES
ILLINOIS MASONIC 2025 WINDSOR DRIVE OAK BROOK, IL 60523	36-3196629	501(C)(3)	389,431.	0.			COMM BASED FAMILY SERVICES
KENNEBAC VALLEY COMMUNIATION ACTION - 97 WATER STREET - WATERVILLE, ME 04901	01-0277678	501(C)(3)	62,670.	0.			PROGRAM SUPPORT
KINGSLEY HOUSE INC. 1600 CONSTANCE STREET NEW ORLEANS, LA 70130	72-0408940	501(C)(3)	136,703.	0.			PROGRAM SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFT, INC. 999 NORTH CAPITOL ST NE, SUITE 310 WASHINGTON, DC 20002	52-2168409	501(C)(3)	223,495.	0.			NATIONAL CENTER ON PARENT, FAMILY, AND COMMUNITY ENGAGEMENT
LONG BEACH UNIFIED 1515 HUGHES WAY LONG BEACH, CA 90810	95-6001888	LONG BEACH UNIFI	51,198.	0.			PROGRAM SUPPORT
MACON-PIATT 1690 HUDSON DRIVE DECATUR, IL 62526	37-0985257	501(C)(3)	402,898.	0.			PROGRAM SUPPORT
MARILLAC SOCIAL CENTER 212 SOUTH FRANCISCO CHICAGO, IL 60612	36-2109717	501(C)(3)	3,707,485.	0.			COMM BASED FAMILY SERVICES
METROPOLITAN FAMILY SERVICES 1 N. DEARBORN, SUITE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	738,483.	0.			COMM BASED FAMILY SERVICES
NEW MOMS 2825 WEST MCLEAN CHICAGO, IL 60647	36-3265804	501(C)(3)	602,943.	0.			COMM BASED FAMILY SERVICES
NEXT DOOR FOUNDATION 2545 N. 29TH STREET MILWAUKEE, WI 53210	39-1162969	501(C)(3)	90,608.	0.			PROGRAM SUPPORT
ONE HOPE UNITED 215 N. MILWAUKEE AVE LAKE VILLA, IL 60046	36-2181967	501(C)(3)	2,456,810.	0.			HS/EHS & COMM BASED FAMILY SERVICES
PILSEN-LITTLE VILLAGE 2319 SOUTH DAMEN AVENUE CHICAGO, IL 60608	36-2836998	501(C)(3)	335,118.	0.			COMM BASED FAMILY SERVICES

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT EAGLE 444 MINNESOTA AVE, STE. 100 KANSAS CITY, KS 66101	48-1108830	501(C)(3)	89,608.	0.			PROGRAM SUPPORT
PUBLIC HEALTH FOUNDATION OF NW IL 10 WEST LINDEN STREET FREEPORT, IL 61032	11-3676983	501(C)(3)	794,408.	0.			COMM BASED FAMILY SERVICES
PUGET SOUND EDUCATIONAL SERVICES 800 S OAKESDALE AVE., SW RENTON, WA 98057	91-0851413	N/A	67,288.	0.			PROGRAM SUPPORT
SANGAMON COUNTY DEPT OF PUBLIC HEALTH - 2833 S. GRANT AVE, E. - SPRINGFIELD, IL 62073	37-6002039	SANGAMON COUNTY	623,322.	0.			COMM BASED FAMILY SERVICES
SGA YOUTH & FAMILY SERVICES 11 E. ADAMS, STE 1500 CHICAGO, IL 60603	36-2167916	501(C)(3)	1,412,403.	0.			COMM BASED FAMILY SERVICES
SHELTERING ARMS EDUCARE ATLANTA 385 CENTENNIAL OLYMPIC PARK DR NW ATLANTA, GA 30313	58-0566236	501(C)(3)	85,108.	0.			PROGRAM SUPPORT
SOUTHWESTHUMAN DEVELOPMENT ARIZONA 2850 NORTH 24TH STREET PHOENIX, AZ 85008	86-0407179	501(C)(3)	55,703.	0.			PROGRAM SUPPORT
SUNBEAM FAMILY SERVICES INC 1100 NW 14TH STREET OKLAHOMA CITY, OK 73106	73-0590119	501(C)(3)	131,208.	0.			PROGRAM SUPPORT
TEEN PARENT CONNECTION 739 ROOSEVELT RD. GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	630,837.	0.			COMM BASED FAMILY SERVICES

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S HOME 2130 N KNOXVILLE AVE PEORIA, IL 61603	37-0662601	501(C)(3)	1,361,477.	0.			COMM BASED FAMILY SERVICES
THE CHILDREN'S PLACE ASSOCIATION 3059 W. AUGUSTA BLVD CHICAGO, IL 60622	36-3641017	501(C)(3)	1,090,150.	0.			HS/EHS PROGRAM
TULSA EDUCARE INC 2190 S. 67TH EAST AVE. TULSA, OK 74129	20-1232950	501(C)(3)	211,302.	0.			PROGRAM SUPPORT
UNITED METHODIST CHILDREN'S HOME 2023 RICHVIEW ROAD MT. VERNON, IL 62864	37-0673515	501(C)(3)	918,350.	0.			COMM BASED FAMILY SERVICES
UNITED WAY OF MIAMI 3250 SW 3RD AVENUE MIAMI, FL 33129	59-0830840	501(C)(3)	133,608.	0.			PROGRAM SUPPORT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE - 104 AIRPORT DRIVE, SUITE 2200, CB1350 - CHAPEL HILL, NC 25799	56-6001393	501(C)(3)	20,621.	0.			NATIONAL CENTER ON PARENT, FAMILY, AND COMMUNITY ENGAGEMENT
WINNEBAGO TRIBE OF NEBRASKA PO BOX 687 WINNEBAGO, NE 68071	47-0489118	N/A	59,673.	0.			PROGRAM SUPPORT
YMCA OF CHICAGO 1030 W VAN BUREN ST CHICAGO, IL 60607	36-2179782	501(C)(3)	780,104.	0.			PROGRAM SUPPORT
YWCA - HARRIS 360 N WABASH AVE. STE 800 CHICAGO, IL 60601	36-2179765	501(C)(3)	647,708.	0.			COMM BASED FAMILY SERVICES

**Part III** **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**  
**START EARLY MONITORS THE USE OF GRANT FUNDS THROUGH ESTABLISHED PROCEDURES WRITTEN IN OUR AGREEMENTS WITH SITES. THROUGHOUT THE FISCAL YEAR, START EARLY STAFF ROUTINELY MONITORS THE ANNUAL BUDGETS, QUARTERLY EXPENSE REPORTS, AND PROGRESS REPORTS FROM SITES. CLOSE MONITORING OF THEIR FINANCIAL REPORTS ENSURES THAT PROGRAM FUNDS ARE EFFICIENTLY EXPENDED. ANNUAL FISCAL AND PROGRAM REPORTS ARE REVIEWED AND APPROVED BY START EARLY'S FISCAL AND PROGRAM STAFF.**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**START EARLY**

Employer identification number

**36-3186328**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <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 .....

**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? .....

**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 type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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) SARAH RITTLING EXECUTIVE DIRECTOR, FFYF	(i)	343,426.	0.	0.	23,147.	62,292.	428,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL HOFFMAN CHIEF OPERATING OFFICER	(i)	360,286.	0.	0.	23,162.	1,784.	385,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DONNA IWANSKI CHIEF FINANCIAL OFFICER UNTIL 12/24	(i)	333,728.	0.	0.	18,102.	12,281.	364,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AISHA GAYLE TURNER CHIEF DEVELOPMENT OFFICER	(i)	292,576.	0.	0.	19,582.	17,672.	329,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TERRENCE ROCHE VP, PROFESSIONAL SERVICES UNTIL 11/2	(i)	285,907.	0.	0.	11,565.	17,370.	314,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CYNTHIA JACKSON EXECUTIVE DIRECTOR, ELN UNTIL 1/25	(i)	268,040.	0.	0.	17,596.	9,685.	295,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHANNA VETTER CHIEF MARKETING OFFICER	(i)	260,000.	0.	0.	16,770.	1,784.	278,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) VALISA SMITH EXECUTIVE DIRECTOR, SEWA UNTIL 05/25	(i)	221,251.	0.	0.	15,213.	39,645.	276,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CLARISSA LOVE SENIOR VP, PEOPLE & CULTURE	(i)	211,317.	0.	0.	14,319.	40,503.	266,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) YVETTE SANCHEZ FUENTES SENIOR VP, GOVT RELATIONS AND RESEAR	(i)	236,972.	0.	0.	15,727.	2,833.	255,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL OWENS VP, INFORMATION TECHNOLOGY	(i)	211,898.	0.	0.	13,738.	4,058.	229,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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:**

**DONNA IWANSKI: SEVERANCE OF \$210,490**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>START EARLY</b>	Employer identification number <b>36-3186328</b>
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ADVOCATING FOR AND PROVIDING THE HIGHEST QUALITY CARE AND EDUCATION  
FROM BIRTH TO AGE FIVE.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
DIVERSE SITES, SERVING NEARLY 2,000 YOUNG CHILDREN, PREGNANT WOMEN, AND  
THEIR FAMILIES.**

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
START EARLY PARTNERS WITH EDUCARE NETWORK SCHOOLS TO SUPPORT THE  
RESPONSIBLE USE OF PRIVATE PHILANTHROPIC INVESTMENTS. THROUGH  
COLLABORATIVE PLANNING, REPORTING AND COMMUNICATION. WE WORK TO ALIGN  
RESOURCES WITH SHARED GOALS AND GRANT COMMITMENTS FOSTERING  
TRANSPARENCY AND CONTINUOUS LEARNING ACROSS THE NETWORK. ONE AVENUE FOR  
SHARING THIS EXPERTISE IS THROUGH THE ESSENTIAL PRACTICES OF EDUCARE  
PROFESSIONAL DEVELOPMENT AND LEARNING OPPORTUNITIES. THIS PROFESSIONAL  
DEVELOPMENT SERIES PROVIDES PRACTICAL INSTRUCTION TO HELP CENTER- AND  
SCHOOL-BASED PROGRAM LEADERS, TEACHERS AND FAMILY ENGAGEMENT STAFF TO  
FOCUS THEIR TIME AND RESOURCES ON CROSS-CUTTING PRACTICES THAT DRIVE  
IMPROVEMENTS AT THE INDIVIDUAL CHILD, CLASSROOM, FAMILY AND PROGRAM  
LEVELS. START EARLY'S NATIONAL POLICY TEAMS PROVIDE CONSULTING,  
ADVISING, AND EDUCATION SERVICES TO COMMUNITY, STATE, AND FEDERAL  
LEADERS. WITH DECADES OF EXPERIENCE IN POLICY, PROGRAMS, AND RESEARCH,  
WE SUPPORT SYSTEMS LEADERS AND ENGAGE FAMILIES AND PROVIDERS TO BUILD  
HIGH-QUALITY EARLY CHILDHOOD SYSTEMS THAT REACH CHILDREN AND FAMILIES  
NATIONWIDE.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
PROFESSIONAL LEARNING NETWORK & WASHINGTON STATE: OUR PROFESSIONAL  
LEARNING NETWORK DESIGNS AND DELIVERS PROFESSIONAL LEARNING SERVICES  
AND PROGRAM SUPPORTS THROUGH TRAINING, TECHNICAL ASSISTANCE (TA) AND  
COACHING FOR MORE THAN 350 HOME VISITING AND CENTER-BASED PROGRAMS  
ACROSS ILLINOIS REPRESENTING MULTIPLE EVIDENCE-BASED MODELS AND FUNDING  
SOURCES.  
EXPENSES \$ 6,450,600. INCLUDING GRANTS OF \$ 863,479. REVENUE \$ 443,243.**

**THE NATIONAL CENTER ON PARENT, FAMILY, AND COMMUNITY ENGAGEMENT  
(NCPFCE) PROMOTES EXCELLENCE THROUGH THE DEVELOPMENT OF HIGH-QUALITY  
TRAINING AND TECHNICAL ASSISTANCE (TTA) AND PRACTICAL RESOURCES THAT  
REFLECT CURRENT EVIDENCE, ARE RESEARCH-INFORMED, AND PROMOTE BEST  
PRACTICES IN PROFESSIONAL DEVELOPMENT AND ADULT LEARNING.  
EXPENSES \$ 5,067,846. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**THE QUALITY, SOLUTIONS, AND IMPACT TEAM RESEARCHES, DEVELOPS AND PILOTS  
NEW STRATEGIES TO IMPROVE QUALITY WITHIN HEAD START, EARLY HEAD START  
AND HOME VISITING PROGRAMS.  
EXPENSES \$ 4,558,862. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**FIRST FIVE YEARS FUND WORKS TO PROTECT, PRIORITIZE, AND BUILD  
BIPARTISAN SUPPORT FOR QUALITY CHILD CARE AND EARLY LEARNING PROGRAMS  
AT THE FEDERAL LEVEL.  
EXPENSES \$ 4,303,722. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization <b>START EARLY</b>	Employer identification number <b>36-3186328</b>
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ILLINOIS POLICY TEAM: THROUGH ADMINISTRATIVE, LEGISLATIVE AND GRASSROOTS ADVOCACY, OUR POLICY TEAM INFORMS, CREATES AND STRENGTHENS CONDITIONS THAT ENSURE INCLUSIVE ACCESS TO HIGH-QUALITY EARLY LEARNING AND CARE EXPERIENCES FOR ILLINOIS' YOUNGEST CHILDREN, THEIR FAMILIES AND THOSE WHO CARE FOR THEM.

EXPENSES \$ 3,664,472. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RESEARCH-PRACTICE PARTNERSHIP: OUR RESEARCH AND EVALUATION TEAM BUILDS THE CAPACITY AND EXPERTISE OF EARLY CHILDHOOD EDUCATION PROFESSIONALS AND FAMILIES OF YOUNG CHILDREN TO TRANSFORM PRACTICE SOLUTIONS, SYSTEMS, AND POLICIES AT SCALE.

EXPENSES \$ 612,107. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS PREPARED BY A NATIONAL PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. AFTER MANAGEMENT REVIEW, THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND COMMENTS ON THE DRAFT FORM 990. THE FULL BOARD SUBSEQUENTLY RECEIVES THE DRAFT FORM 990 PRIOR TO ITS ELECTRONIC FILING WITH THE IRS.

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

START EARLY'S REGULAR AND CONSISTENT CONFLICT MONITORING AND ENFORCEMENT PROCESS INCLUDES:

- 1.DUTY TO SELF-DISCLOSE (ONGOING, NOT ANNUAL): EMPLOYEES MUST DISCLOSE ACTUAL OR POTENTIAL CONFLICTS WHEN THEY ARISE AND PROMPTLY REPORT CHANGES IN CIRCUMSTANCES OR NEW INTERESTS. DISCLOSURES INCLUDE CURRENT AND ANTICIPATED FUTURE AFFILIATIONS.
- 2.RECUSAL REQUIREMENT: EMPLOYEES INVOLVED IN PROCUREMENT OR OTHER DECISION-MAKING MAY NOT PARTICIPATE IN THE SELECTION, AWARD, OR ADMINISTRATION OF A CONTRACT WHERE A REAL OR APPARENT CONFLICT EXISTS AND MUST RECUSE AS APPLICABLE.
- 3.REVIEW AND DECISION-MAKING CONTROLS: DISCLOSURES ARE EVALUATED BY THE DESIGNATED OFFICIAL(S) (DIRECTOR, COMPLIANCE & RISK MANAGEMENT; PEOPLE & CULTURE; AND/OR OTHER DESIGNEES AS APPROPRIATE), AND EMPLOYEES ARE NOT EXPECTED TO DETERMINE UNILATERALLY WHETHER A CONFLICT EXISTS.
- 4.DOCUMENTATION AND RETENTION: DETERMINATIONS INCLUDE WHETHER A CONFLICT EXISTS AND ANY MITIGATION STEPS (RECUSAL, FIREWALLS, INDEPENDENT REVIEW, ETC.) AND ARE MAINTAINED IN WRITING IN THE EMPLOYEE'S PERSONNEL RECORD.
- 5.ENFORCEMENT AND CORRECTIVE ACTION: IF THERE IS REASONABLE CAUSE TO BELIEVE AN INTERESTED PERSON FAILED TO DISCLOSE A CONFLICT, THE POLICY PROVIDES FOR REVIEW AND INVESTIGATION AND CORRECTIVE ACTION, INCLUDING REMOVAL FROM DECISION-MAKING ROLES OR DISCIPLINARY ACTION.

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

WHISTLEBLOWER POLICY

THIS POLICY AIMS TO PROVIDE AN AVENUE FOR EMPLOYEES TO RAISE CONCERNS AND REASSURANCE THAT THEY WILL BE PROTECTED FROM REPRISALS OR VICTIMIZATION FOR WHISTLEBLOWING IN GOOD FAITH.

THE WHISTLEBLOWING POLICY IS INTENDED TO COVER SERIOUS CONCERNS THAT COULD HAVE A LARGE IMPACT ON START EARLY, SUCH AS ACTIONS THAT:

- MAY LEAD TO INCORRECT FINANCIAL REPORTING;
- ARE UNLAWFUL;
- ARE NOT IN LINE WITH ORGANIZATION POLICY; OR,
- OTHERWISE AMOUNT TO SERIOUS IMPROPER CONDUCT.

Name of the organization <b>START EARLY</b>	Employer identification number <b>36-3186328</b>
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**DOCUMENT RETENTION POLICY**

ANY RECORDS THAT ARE ESSENTIAL TO OPERATIONS DURING AN EMERGENCY AND ANY RECORDS REQUIRING PERMANENT RETENTION SHOULD BE BACKED UP WITH A COPY MAINTAINED AT AN OFFSITE RECORD STORAGE FACILITY. EACH DIVISION IS RESPONSIBLE FOR THE CONTINUING PROCESS OF IDENTIFYING RECORDS THAT HAVE MET ITS REQUIRED RETENTION PERIOD AND SUPERVISING THE DESTRUCTION PROCESS. THE DESTRUCTION OF CONFIDENTIAL PAPER RECORDS MUST BE CONDUCTED BY SHREDDING. THE DESTRUCTION OF ELECTRONIC RECORDS MUST BE COORDINATED WITH THE IT DEPARTMENT AND MUST BE CLEARED ACCORDING TO NIST PUBLICATION 800-88 STANDARDS SO THAT DATA CANNOT BE RETRIEVED. A RECORD DESTRUCTION LOG MUST BE COMPLETED TO MAINTAIN AN INVENTORY OF OFFSITE OR DESTROYED RECORDS. THE LOG SHOULD BE MAINTAINED BY SITE FACILITY MANAGERS OR A DESIGNEE.

**COMPENSATION**

IN PREPARATION FOR THE BUDGET EACH YEAR, THE PERFORMANCE AND COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, REVIEWS AND APPROVES THE PROPOSED COMPENSATION FOR START EARLY PRESIDENT, COO, AND ALL OTHER KEY EMPLOYEES USING CONTEMPORANEOUS DOCUMENTATION WHICH IS MEASURED AGAINST COMPARABLE DATA FROM THE MARKET. AN INDEPENDENT COMPENSATION FIRM PROVIDED MARKET DATA TO ASSIST START EARLY IN DETERMINING THE REASONABLENESS OF THE COMPENSATION PROVIDED TO MEMBERS OF START EARLY'S EXECUTIVE TEAM, CONSISTENT WITH GUIDANCE IN TREASURY REGULATIONS UNDER INTERNAL REVENUE CODE (IRC) SECTION 4958. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2025.

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

THE ANNUAL REPORT, WHICH INCLUDES AUDITED FINANCIAL STATEMENTS, IS POSTED ON START EARLY'S WEBSITE. THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

**FORM 990, PART XII, LINE 2C:**

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**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.

OMB No. 1545-0047

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **START EARLY** Employer identification number **36-3186328**

**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
FIRST FIVE YEARS FUND LLC - 85-4329600 33 W MONROE SUITE 1200 CHICAGO, IL 60603	CHILD PROGRAM	DELAWARE	6,881,629.	1,823,754.	START EARLY

**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
FIRST FIVE ACTION FUND - 85-1075023 50 F ST NW SUITE 740 WASHINGTON, DC 20005	ADVOCATE FOR HIGH-QUALITY EARLY CHILDHOOD EDUCATION	DISTRICT OF COLUMBIA	501(C)(4)		START EARLY		X

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	

**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

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) FIRST FIVE ACTION FUND	O	130,694.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.