## Form **990**

\*\* PUBLIC DISCLOSURE COPY \*\*
turn of Organization Exempt From Income

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury

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

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

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

and ending A For the 2023 calendar year, or tax year beginning C Name of organization Check if applicable D Employer identification number X Address change JUMA VENTURES, INC. Name change 94-3203203 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 131 STEUART STREET 202 (415)371-0727 6,996,565. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN FRANCISCO, CA 94105 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ADRIANE ARMSTRONG Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.JUMA.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1993 M State of legal domicile: CA Part I Summary TO BREAK THE CYCLE OF POVERTY Briefly describe the organization's mission or most significant activities: Governance THROUGH THE OPERATION OF YOUTH DEVELOPMENT PROGRAMS. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 612 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 22 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 4,440,755, 4,411,335. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,545,992 1,790,017. Program service revenue (Part VIII, line 2g) 10,595. 10,367. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 192,491 102,829. 11 6,189,605 6,314,776. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 266,735 490,131. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,096,203, 5,539,362. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 893,600. 1,219,873. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,256,538. 7,249,366. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -66,933. -934,590. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 3,506,486 3,456,526. Total assets (Part X, line 16) 1,311,382 2,196,012. 21 Total liabilities (Part X, line 26) 三年 2,195,104. 1,260,514. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ADRIANE ARMSTRONG, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 10/16/2024 MAGA E. KISRIEV P01008919 Paid Firm's name HOOD & STRONG LLP 94-1254756 Preparer Firm's EIN 2580 N 1ST ST, STE 460 Use Only Firm's address Phone no.408.998.8400 SAN JOSE, CA 95131 Yes May the IRS discuss this return with the preparer shown above? See instructions No

#### Form **8868**

(Rev. January 2024)

# 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 for the latest information.

Electron	ic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of t	the forms	
listed bel	ow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Ce	ontracts. A	An extension	
request f	or Form 8870 must be sent to the IRS in a paper format (	see instru	ctions). For more details on the elect	ronic filing	g of Form	
	it www.irs.gov/e-file-providers/e-file-for-charities-and-non-p					
Caution:	If you are going to make an electronic funds withdrawal (	direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879-TE fo	r payment
instructio	ons.					
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts	
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.			
Part I - I	dentification					
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	r identification nun	nber (TIN)
Print						
File by the	JUMA VENTURES, INC.				94-3203203	
due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.			
filing your return. See	131 STEUART STREET, 201					
instructions.	City, town or post office, state, and ZIP code. For a fo	reign addı	ress, see instructions.			
	SAN FRANCISCO, CA 94105					
Enter the	Return Code for the return that this application is for (file	· ·	T			0 1
Applicat	ion Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	20 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990-T (trust other than above) 06 Form 5330 (individual)						13
	0-T (corporation)	07	Form 5330 (other than individual)			14
Form 10 <sup>4</sup>		08				
	ou enter your Return Code, complete either Part II or Part	t III. Part II	I, including signature, is applicable o	nly for an	extension of	
	le Form 5330.					
	application is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
	ın Name					
	In Number					
	In Year Ending (MM/DD/YYYY)		In American			
	utomatic Extension of Time To File for Exempt Organi ooks are in the care of ADRIANE ARMSTRONG	izations (s	see instructions)			
ine b	131 STEUART STREET, STE	#201 - S	AN FRANCISCO CA 94105			
Toloni	none No. (415)371-0727	"ZOI D	,			
	organization does not have an office or place of business	in tha I lai	Fax No.			
	is for a Group Return, enter the organization's four-digit (					
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of			
		VEMBER 1				
	e organization named above. The extension is for the organization			tile exell	ipi organization re	turrior
X	calendar year 20 <sup>23</sup> or	ar iizatiori 3	Totalii ior.			
	tax year beginning	20	and ending			20
		,	, and onding		<u> </u>	
2 If t	ne tax year entered in line 1 is for less than 12 months, cl	hack reaso	on: Initial return	Final retur	'n	
- ""	Change in accounting period	TOOK TOUSE		. man retul		
3a If ti	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax, less			
	/ nonrefundable credits. See instructions.	, critor trio	terrative tax, rese	За	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and		<b>*</b>	
	imated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa				7	
	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.
	acy Act and Paperwork Reduction Act Notice, see inst			•		(Rev. 1-2024)

LHA 323841 12-22-23

	1990 (2023) JUMA VENTURES, INC.	94-3203203	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
•	JUMA IS A NONPROFIT, YOUTH DEVELOPMENT ORGANIZATION THAT EMPOWERS		
	LOW-INCOME YOUTH TO MAKE SUCCESSFUL TRANSITIONS TO INDEPENDENCE IN		
	ADULTHOOD, JUMA OWNS AND OPERATES SOCIAL ENTERPRISE CONCESSIONS		
	BUSINESSES AT MAJOR SPORTS AND ENTERTAINMENT VENUES TO PROVIDE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Vas	X No
	prior Form 990 or 990-EZ?	res	NO I
•	If "Yes," describe these new services on Schedule O.		Y N.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	i 🔼 NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	ınd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,608,540. including grants of \$0. (Revenue	. \$17	<u>(2,371.</u> )
	BUSINESS EMPLOYMENT:		
	EARN: JUMA OPERATES CONCESSION BUSINESSES IN PROFESSIONAL SPORTS AND		
	ENTERTAINMENT VENUES TO PROVIDE MEANINGFUL EMPLOYMENT EXPERIENCES TO		
	YOUTH FROM UNDERSERVED COMMUNITIES. YOUTH ARE EMPLOYED FOR THE LENGTH		
	OF A SPORTS SEASON (APPROXIMATELY SIX MONTHS), COMPLETE APPROXIMATELY		
	150 HOURS WORK EXPERIENCE AND EARN AN AVERAGE OF \$2,000. WHILE AT JUMA,		
	THEY MASTER SOFT AND HARD SKILLS, AND BUILD CORE COMPETENCIES IN		
	CUSTOMER SERVICE SALES AND BUSINESS OPERATIONS.		
4b	(Code:) (Expenses \$2, 204, 665. including grants of \$490, 131. ) (Revenue	, \$1,81	4,561.
	WORKFORCE RESOURCES:		
	LEARN: ALONGSIDE THE JOB, YOUTH ARE SUPPORTED BY A PROGRAM COORDINATOR,		
	FOCUSED ON HELPING THEM OVERCOME PERSONAL BARRIERS TO SUCCESSFUL		
	PERMANENT EMPLOYMENT AND MASTERY OF CRUCIAL SKILLS LIKE COMMUNICATION,		
	PROFESSIONALISM, PERSONAL ACCOUNTABILITY, TEAMWORK, PROBLEM-SOLVING AND		
	LEADERSHIP SKILLS, ALL IN A GROWTH-MINDED FRAMEWORK. YOUTH PARTICIPATE		
	IN A SERIES OF JOB SEARCH SKILLS WORKSHOPS SUCH AS RESUME WRITING AND		
	MOCK INTERVIEWS AND GO ON CAREER TOURS THAT EXPOSE THEM TO A BROAD		
	RANGE OF CAREER PATHWAYS SUCH AS ADVANCED MANUFACTURING, HEALTHCARE AND		
	AVIATION. WITH THE SUPPORT OF THEIR PERSONAL COORDINATOR, YOUTH		
	IDENTIFY AND ATTAIN STRENGTHS-BASED SHORT-TERM AND LONG-TERM PERSONAL,		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)		
→u		١	
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses 4,813,205.		
<del>10</del>	Total program dervice expenses	<del></del>	200

# Form 990 (2023) Part IV Checklist of Required Schedules

			162	INO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9	х	
10	If "Yes," complete Schedule D, Part IV	9		
10		10		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	امدا		
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<del></del>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	·'		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
			222	

Form 990 (2023) JUMA VENTURES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 51		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		- 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	$\Omega\Omega\Omega$	

Form 990 (2023)

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

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	.,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCFN Form 114. Beneat of Foreign Bank and Financial Associate (FBAR)			
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ou		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12  Output VIII line 10 for public use of old to favilities  10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

JUMA VENTURES INC. Form 990 (2023) 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 Section A. Governing Body and Management No Yes 17 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure CA List the states with which a copy of this Form 990 is required to be filed

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 Upon request Other (explain on Schedule O)

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 ADRIANE ARMSTRONG - (415)371-0727

131 STEUART STREET, STE #202, SAN FRANCISCO, CA 94105

Form 990 (2023) JUMA VENTURES, INC. 94-3203203 Page **7** 

## 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.

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

- 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.

(A)	(B)	I	IIIZA		<u> </u>	ірсп	isatt	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson is	s both	n an	compensation	compensation	amount of
	week (list any					T		from the	from related organizations	other compensation
	hours for	ndividual trustee or director				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		oyee	om pe		1099-NEC)	,	and related
	below	vidua	itutio	cer	Key employee	hest c	ner			organizations
	line)	lndi	Inst	Officer	Key	High	Former			
(1) ADRIANE ARMSTRONG	40.00									
CEO				Х				189,959.	0.	24,713.
(2) ABDIEL CERRUD	40.00									
CHIEF DEVELOPMENT OFFICER						Х		127,099.	0.	19,105.
(3) MASON MOOREHEAD	40.00									
CHIEF IMPACT OFFICER						Х		144,344.	0.	144.
(4) CASSANDRA YEE	40.00									
CHIEF PEOPLE OFFCR & GENERAL COUNSEL						Х		119,881.	0.	24,255.
(5) TARA DEROSA	40.00									
CHIEF PROGRAM & GRANTS OFFICER						Х		126,561.	0.	0.
(6) LUCIA FERNANDEZ-PALACIOS	40.00									
EXEC. DIRECTOR OF EXTERNAL RELATIONS						Х		110,404.	0.	863.
(7) MARK BREIMHORST	40.00									
COO/CFO (THRU 5/31/23)				Х				72,507.	0.	0.
(8) SUSAN HOPKINSON	1.00									
CHAIR		Х		Х				0.	0.	0.
(9) CHERYL K. HOUSE	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) JANE THORNTON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(11) STEVE WOLFE	1.00									
TREASURER		Х		Х				0.	0.	0.
(12) MICHAEL WINNICK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DAMAUNE JOURNEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) GAIL MOODY-BYRD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ANDREW BONDALE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) ALI PACE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) CYNTHIA BURKS	1.00									_
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2023)

Form 990 (2023) JUMA VENTUR	ES, INC.								94-320320	3	Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Key Emp	oloy	ees,	and	l Hi	ghes	t Co	pmpensated Employee	s (continued)		
(A) Name and title	(B) Average hours per	box	not cl	Pos heck i ss per	more rson i	than o	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	( <b>F</b> ) Estima amou	ated
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated Lary		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	oth compen from organiz and re organiza	sation the ation lated
(18) JASON PEARL	1.00										
BOARD MEMBER		Х						0.	0.		0.
(19) PAUL CLEMMONS	1.00										
BOARD MEMBER		Х						0.	0.		0.
(20) LORENZO F. ROBLETO	1.00										
BOARD MEMBER		Х						0.	0.		0.
(21) TERRELL DAVIS	1.00										
BOARD MEMBER		Х						0.	0.		0.
(22) CAROLINE DECHERT	1.00										
BOARD MEMBER		Х						0.	0.		0.
(23) WILLIE ALFORD II	1.00										
BOARD MEMBER (THRU APRIL 2023)		Х						0.	0.		0.
(24) JAMIE BRANDT	1.00										
BOARD MEMBER (THRU AUGUST 2023)		Х						0.	0.		0.
(25) ANGELA DU	1.00										
BOARD MEMBER		х						0.	0.		0.
(26) CHRISTOPHER LEE	1.00										
BOARD MEMBER		х						0.	0.		0.
1b Subtotal	•							890,755.	0.	6	9,080.
c Total from continuation sheets to Part							-	0.	0.		0.
d Total (add lines 1b and 1c)								890,755.	0.	6	9,080.
Total number of individuals (including but								ceived more than \$100.	000 of reportable		
compensation from the organization						,		<b>,</b>			6
										Ye	s No
3 Did the organization list any former office	er, director, trust	ee. k	ev e	lame	ove	e. or	hial	nest compensated empl	lovee on		
line 1a? If "Yes," complete Schedule J for		-	•		•		•		•	3	х

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 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

#### **Section B. Independent Contractors**

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	NONE	<b>(B)</b> Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Tru		nplo	vee	s. aı	nd H	liah	est (	Compensated Employ	ees (continued)	
(A)	(B)		,,,,		C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	(cl	heck	all '	that		ly)	compensation from	compensation from related	amount of other
	week (list any	tor				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	Individual trustee or director				ted em		(W-2/1099-MISC)	( = ,	organization
	related	ustee c	truste		90	ben sa				and related
	organizations below	dual tru	Institutional trustee	١.	Key employee	stcom	_			organizations
	line)	Individ	Institu	Officer	Key er	Highe	Former			
(27) PATRICE MARTIN	1.00									
BOARD MEMBER (THRU JULY 2023)		Х						0.	0.	0
(28) AHSHA (MERSON) HAGGART	1.00									
BOARD MEMBER (THRU AUGUST 2023)	1 00	Х						0.	0.	0
(29) LORI RIANDA BOARD MEMBER (THRU APRIL 2023)	1.00	x						0.	0.	,
BOARD MEMBER (INKO AFRIL 2023)		^						0.	0.	0
						$\vdash$				
	ı	1		·	ı		1			
otal to Part VII, Section A, line 1c										

Form 990 (2023)

Part VIII Statement of Revenue

		Check if Schedule O co	ntains a	response o	or note to any line	e in this Part VIII			
					-	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lanction revenue	basiness revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
ē,	С	Fundraising events		1c	560,920.				
ar A		Related organizations		1d					
s, G		Government grants (contrib		1e	2,066,429.				
Šiš		All other contributions, gifts, gr							
her		similar amounts not included a		1f	1,783,986.				
풀	g		•••	1g \$	15,763.				
Sor	-	Total. Add lines 1a-1f		-31+	,	4,411,335.			
					Business Code				
Φ	2 a	STAFFING SERVICES			561300	1,790,017.	1,790,017.		
<u>K</u>	b								
Ser	c								
E S	d								
Beg	е.								
Program Service Revenue	f	All other program service re	evenue						
	a.	<b>-</b>				1,790,017.			
	3	Investment income (includir							
	•					10,595.			10,595.
	4	Income from investment of				•			,
	5	Royalties		-					
	•			) Real	(ii) Personal				
	6 a	Gross rents	6a	20,838.					
	b	***************************************	6b	0.					
			6c	20,838.					
	q	Net rental income or (loss)	001	,		20,838.			20,838.
		Gross amount from sales of	(i) S	ecurities	(ii) Other	,			,
	, u		7a		( )				
	h	Less: cost or other basis							
<u>o</u>			7b						
Revenue	c		7c						
ě.		Net gain or (loss)	_						
ther F		Gross income from fundraising							
₽	0 4	including \$56							
Ĭ		contributions reported on li		- I					
		Part IV, line 18	•	I	145,595.				
	h				270,217.				
		Net income or (loss) from fu			, ,	-124,622.			-124,622.
		Gross income from gaming	_						
	- 4	Part IV, line 19			9,917.				
	h	Less: direct expenses							
		Net income or (loss) from ga				9,698.			9,698.
		Gross sales of inventory, les				,			,
		and allowances		I .	583,724.				
	h	Less: cost of goods sold		I .					
		Net income or (loss) from sa			, , ,	172,371.	172,371.		
$\neg$				· · · · · · · · · · · · · · · · · · ·	Business Code	,			
snc	11 a	OTHER INCOME			900099	24,544.	24,544.		
Miscellaneous Revenue	b			_					
elle	С								
<u>iš</u> c	d	All other revenue							
2		Total. Add lines 11a-11d				24,544.			
	12	Total revenue. See instruction				6,314,776.	1,986,932.	0.	-83,491.

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

Secil	on 501(c)(3) and 501(c)(4) organizations must complications.  Check if Schedule O contains a respons				
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	400,430.	400,430.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	89,701.	89,701.		
3	Grants and other assistance to foreign		·		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	287,179.	186,002.	38,046.	63,131.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,470,038.	2,932,807.	552,176.	985,055.
8	Pension plan accruals and contributions (include			·	·
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	358,174.	148,127.	128,832.	81,215.
10	Payroll taxes	423,971.	288,546.	49,173.	86,252.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21,438.		21,438.	
	Accounting	46,100.		46,100.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
_	column (A), amount, list line 11g expenses on Sch O.)	198,857.	84,921.	96,185.	17,751.
12	Advertising and promotion	36,552.	8,701.	10,941.	16,910.
13	Office expenses	112,181.	69,176.	22,218.	20,787.
14	Information technology	121,989.	19,567.	85,226.	17,196.
15	Royalties				
16	Occupancy	422,020.	421,052.	968.	
17	Travel	55,200.	31,134.	6,364.	17,702.
18	Payments of travel or entertainment expenses				_
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	47,677.	23,094.	11,900.	12,683.
20	Interest	11,936.		11,936.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,727.	1,485.	7,242.	
23	Insurance	49,462.	26,593.	22,869.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	TRAINING/SUPPLIES/OTHER	87,734.	81,869.	5,865.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,249,366.	4,813,205.	1,117,479.	1,318,682.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				5 990 (2222)

Form 990 (2023)
Part X Balance Sheet

Pai	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to any line	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			842,959.	1	1,073,509.
	2	Savings and temporary cash investments			539,203.	2	169,787.
	3	Pledges and grants receivable, net			1,324,871.	3	1,329,495.
	4	Accounts receivable, net			402,283.	4	339,648.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ıbstantial contrik	outor, or 35%			
		controlled entity or family member of any of	hese persons			5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descri	bed in section 4	958(c)(3)(B)		6	
ιχ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			55,019.	8	36,760.
As	9	Duran sid as an analysis defends all also seems			60,031.	9	53,439.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		153,275.			
	b	Less: accumulated depreciation		136,875.	16,218.	10c	16,400.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lii				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			265,902.	15	437,488.
	16	Total assets. Add lines 1 through 15 (must e			3,506,486.	16	3,456,526.
	17	Accounts payable and accrued expenses		704,014.	17	814,528.	
	18	Grants payable		18			
	19	Deferred revenue		269,911.	19	397,327.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			69,842.	21	69,842.
Ø	22	Loans and other payables to any current or f	ormer officer, dir	rector,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial contrib	outor, or 35%			
abil		controlled entity or family member of any of	hese persons			22	
Ë	23	Secured mortgages and notes payable to un			0.	23	500,000.
	24	Unsecured notes and loans payable to unrel	ated third parties	s [		24	
	25	Other liabilities (including federal income tax	payables to rela	ated third			
		parties, and other liabilities not included on I	nes 17-24). Com	plete Part X			
		of Schedule D			267,615.	25	414,315.
	26	Total liabilities. Add lines 17 through 25			1,311,382.	26	2,196,012.
		Organizations that follow FASB ASC 958,	check here	X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			123,868.	27	6,193.
Ba	28	Net assets with donor restrictions	2,071,236.	28	1,254,321.		
пd		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fur			29		
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,195,104.	32	1,260,514.
	33	Total liabilities and net assets/fund balances			3,506,486.	33	3,456,526.

Form **990** (2023)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	1990 (2023) 50M1 VM10KBB, INC.	J		Pag	ye 🛂
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6 ,	314,	776.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	249,	366.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	934,	590.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2 ,	195,	104.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	260,	514.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	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?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**ZUZ3**Open to Public

Inspection

**Employer identification number** 

JUMA VENTURES 94-3203203 TNC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	3,874,613.	5,517,099.	4,951,843.	4,440,755.	4,411,335.	23,195,645.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					1,000.	1,000.
4	Total. Add lines 1 through 3	3,874,613.	5,517,099.	4,951,843.	4,440,755.	4,412,335.	23,196,645.
	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)						2,077,260.
6	Public support. Subtract line 5 from line 4.						21,119,385.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3,874,613.	5,517,099.	4,951,843.	4,440,755.	4,412,335.	23,196,645.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	530.	554.	4,925.	19,293.	31,433.	56,735.
9	Net income from unrelated business			,	•	,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	417,544.		32,979.	18,581.	155,512.	624,616.
11	Total support. Add lines 7 through 10	,		,		,	23,877,996.
	Gross receipts from related activities,	etc (see instructio	ne)			12	8,487,327.
	<b>First 5 years.</b> If the Form 990 is for th	•	,	ourth or fifth tax v	ear as a section 5	· · · · · · · · · · · · · · · · · · ·	, , .
	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publi	_					
	Public support percentage for 2023 (li			olumn (f))		14	88.45 %
	Public support percentage from 2022					15	86.38 %
	33 1/3% support test - 2023. If the c					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c		~				
	and <b>stop here.</b> The organization quali						
17a							
	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	ū	•				
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		
	The state of the s	o. 1001. a t		., ,	, DOX a		/Form 000\ 0003

## Schedule A (Form 990) 2023 JUMA VENTURES, INC. 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Schedule A (Form 990) 2023 JUMA VENTURES, INC. 94-3203203 Page 4

#### 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**

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

	Yes	No
4		
1		
2		
3a		
3b		
_		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
U		
7		
8		
8		
9a		
Ol-		
9b		
9с		
40-		
10a		
10b		

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	_ 3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	_		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JUU		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
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 mu		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2023

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		Continu	<i>100</i> /	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	<u> </u>		
2							
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3			
4	Amounts paid to acquire exempt-use assets	•		4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5				
_6_	Other distributions (describe in Part VI). See instructions.			6			
_7_	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
_3_	Excess distributions carryover, if any, to 2023						
a	From 2018						
b	From 2019						
c	From 2020						
<u>d</u>	From 2021						
е	From 2022						
f_	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2023 distributable amount						
<u>_i</u>	Carryover from 2018 not applied (see instructions)						
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D, line 7:						
a	Applied to underdistributions of prior years						
	Applied to 2023 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
•	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2019						
	Excess from 2020						
С	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023 JUMA VENTURES, INC.	94-3203203	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	l and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
GROSS INCOME FROM FUNDRAISING EVENTS		
2019 AMOUNT: \$ 417,544.		
2021 AMOUNT: \$ 32,979.		
2022 AMOUNT: \$ 11,545.		
2023 AMOUNT: \$ 145,595.		
GROSS INCOME FROM RAFFLE ACTIVITIES		
2022 AMOUNT: \$ 7,036.		
2023 AMOUNT: \$ 9,917.		

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

	94-3203203				
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	•			
Special Rules					
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 7, line 1. Complete Parts I and II.	d that received from any one			
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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ng requirements of Schedule B (Form 990).	<i>"</i>			
For Paperwork Reduction Ac	t Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Name of organization

Employer identification number

JUMA VENTURES, INC.

94-3203203

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	315,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	150,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	100,000.	Person X Payroll

Name of organization

Employer identification number

JUMA VENTURES, INC.

94-3203203

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional transfer of the contributors (see instructions).	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,428,922.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

94-3203203

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

Name of or	rganization			Employer identification number
JUMA VEN	TURES, INC.			94-3203203
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through <b>(e)</b> and the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	try. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of git	ft	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of git	ft	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of git	ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

Name of the organization

JUMA VENTURES, INC.

**Employer identification number** 

94 - 3203203Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? \_\_\_\_\_\_ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. 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 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: Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	edule D (Form 990) 2023 JUMA VENTU							94-320		Pa	age <b>2</b>
Pa	rt III Organizations Maintaining C	collections of Ar	t, Histor	rical Tre	asures, or	Other S	Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	ny of the f	ollowing that	make sigr	nificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	C	d 🗌 Lo	oan or exc	hange progra	m					
b	Scholarly research	6	• 🔲 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	/ further th	e organizatio	n's exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical treas	ures, or othe	r similar as	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran	gements Comple	ete if the or	ganization	answered "\	es" on Fo	rm 990,	, Part IV, lii	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian, or other intermed	diary for co	ontribution	s or other as	sets not in	cluded				
	on Form 990, Part X?		•						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	·	ū						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F							Х	Yes		No
b	If "Yes," explain the arrangement in Part XIII.					-			_	X	İ
	rt V Endowment Funds Complete if										
	•	(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back (c	Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1a.	column (a)	) held as:						
а	Board designated or quasi-endowment	,	%		,						
b	Permanent endowment	%	<b>—</b> /~								
c		<u></u>									
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	•	ation that a	are held an	d administer	ed for the					
	organization by:								ſ	Yes	No
	<b>(1)</b>								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV, I	ine 11a. S	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other (other)	(c) Acc	cumulate eciation	<b>I</b>	(d) Boo	k value	,
1a	Land	· · · · · · · · · · · · · · · · · · ·			<u> </u>						
	Buildings										
	Leasehold improvements										
_			<del></del>		153,275.			875.		16,4	

Schedule D (Form 990) 2023

16,400.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 JUMA VENTURES,	INC.	9	4-3203203	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes	_			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u> (8)				
(9)				
Total. (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) DEPOSITS				46,289.
(2) OPERATING LEASE				391,199.
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
Total. (Column (b) must equal Form 990, Part X, line 15, c	o/ /P))			437,488.
Part X Other Liabilities	OI. (D))		ı	
Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) LEASE LIABILITY				414,315.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

414,315.

(9)

Pa	rt XI Reconciliation of Revenue per Audited Financial Staten		evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1				1	6,705,291.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	• • • • • • • • • • • • • • • • • • • •			-	
b					
С	1 , 0				
d	,	2d			
е	9			2e	0.
3	Subtract line 2e from line 1			3	6,705,291.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	, , , , , , , , , , , , , , , , , , , ,		200 515	-	
b	,		-390,515.		200 515
C				4c	-390,515.
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  rt XII   Reconciliation of Expenses per Audited Financial State	mente With F	Evnences per E	5 Coturn	6,314,776.
Га	·		zypenses per r	returri	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:				7 620 001
1	Total expenses and losses per audited financial statements			1	7,639,881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا			
а				1	
b		1 4 1		1	
C			390,515.	1	
d	, , , , , , , , , , , , , , , , , , , ,		•		390,515.
e	9			2e 3	7,249,366.
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	7,245,500.
-		40			
a b				1	
	,			40	0.
5				4c 5	7,249,366.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information			<u> </u>	,,,,
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h ar	nd 2h: Part V line 4	· Part X lir	ne 2: Part XI
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	•	•	, 1 alt 7, 111	ic z, i ait Xi,
	Za ana 45, ana 1 art xiii, iinoo Za ana 45. 7 iioo oompoto ano part to provide any a	aantona miomic			
PART	F IV, LINE 2B:				
IN 2	2006, AS PART OF ITS PATHWAYS PROGRAM, JUMA ESTABLISHED IDA S	SAVINGS			
ACC	OUNTS FOR HIGH SCHOOL STUDENTS WHICH ENABLED PARTICIPANTS TO	SAVE			
EARI	NED INCOME FOR POST-SECONDARY EDUCATION OR TRAINING. EVERY DO	OLLAR			
DEPO	OSITED INTO PARTICIPANTS' IDA ACCOUNTS WAS MATCHED BY JUMA US	SING FUNDS			
FROM	M PUBLIC AND PRIVATE GRANTS AWARDED FOR THIS PURPOSE. IN 2020	0, JUMA			
DISE	BANDED ITS IDA PROGRAM AFTER 14 YEARS OF SUCCESSFUL ASSET BU	ILDING			
PROC	GRAMMING, DUE IN LARGE PART TO THE CONCLUSION OF THE PUBLIC 1	МАТСН			
PORT	TION. BECAUSE THE IDA ACCOUNTS ARE OWNED BY (ALUMNI) PROGRAM				
PART	FICIPANTS, UNCLAIMED FUNDS ARE BEING HELD UNTIL CLAIMED. AS (	OF DECEMBER			
31,	2023, TOTAL IDA ACCOUNTS HELD FOR YOUTH WAS \$69,842. TODAY,	JUMA'S			
WORE	KFORCE DEVELOPMENT PROGRAM IS KNOWN AS YOUTHCONNECT AND IS TA	ARGETED TO			

Schedule D (Form 990) 2023 JUMA VENTURES, INC.		94-3203203	Page <b>5</b>
Part XIII Supplemental Information (continued)			
LOW-INCOME, TRANSITION-AGED YOUTH (AGES 16-24) WHO ARE AT	RISK OF		
DISCONNECTION FROM SCHOOL AND WORK AND RECEIVE FINANCIAL	CAPABILITY		
PROGRAMMING WITHOUT THE IDA ACCOUNT PRODUCT.			
,			
PART X, LINE 2:			
JUMA VENTURES HAS BEEN DETERMINED TO BE EXEMPT FROM FEDER	AL AND STATE		
INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNA	L REVENUE CODE		
AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION	CODE.		
ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR SUCH TAXES IN	THE FINANCIAL		
STATEMENTS.			
MANAGEMENT EVALUATED JUMA'S TAX POSITIONS AND CONCLUDED T	HAT JUMA HAD		
MAINTAINED ITS TAX-EXEMPT STATUS AND HAD NOT TAKEN UNCERT	AIN TAX POSITIONS		
THAT REQUIRED ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIA	L STATEMENTS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD RECLASSIFIED TO REVENUE	-411,353.		
RENTAL INCOME RECLASSIFIED TO REVENUE	20,838.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-390,515.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD RECLASSIFIED TO REVENUE	411,353.		
RENTAL INCOME RECLASSIFIED TO REVENUE	-20,838.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	390,515.		

#### SCHEDULE G (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number JUMA VENTURES, INC. 94-3203203 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. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

Page 2

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 PATH TO SAC BRIGHT (add col. (a) through FUTURES POSSIBILITY col. (c)) (event type) (event type) (total number) 635,451. 25,531. 45,533. 706,515. 1 Gross receipts 2 Less: Contributions 505,387. 21,523. 34,010. 560,920. 3 Gross income (line 1 minus line 2) 130,064. 4,008. 11,523. 145,595. 4 Cash prizes 5 Noncash prizes Direct Expenses 37,460. 1,242. 6,811. 45,513. 6 Rent/facility costs 130,064. 4,008. 145,595. 11,523. **7** Food and beverages 4,700. 4,700. 8 Entertainment 70,488. 1,218. 2,703. 74,409. 9 Other direct expenses 270,217. **10** Direct expense summary. Add lines 4 through 9 in column (d) -124,622. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor No 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? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

	JUMA VENTURES, INC	•		94-	3203203	Page 3
11 Does the organization condu	ct gaming activities with nonme	embers?			Y	es 🔲 No
12 Is the organization a grantor,	beneficiary or trustee of a trust	t, or a member of a pa	rtnership or other er	ntity formed		
	ing?				Y	es No
13 Indicate the percentage of ga	aming activity conducted in:					
a The organization's facility					13a	%
<b>b</b> An outside facility					13b	%
14 Enter the name and address	of the person who prepares the	e organization's gamir	ng/special events bo	oks and records:		
Name						
Address						
<b>15a</b> Does the organization have a	contract with a third party fron	n whom the organizat	ion receives gaming	revenue?	<b> Y</b>	es No
<b>b</b> If "Yes," enter the amount of	gaming revenue received by th	e organization \$		_ and the amount		
of gaming revenue retained b	y the third party \$					
c If "Yes," enter name and add	ress of the third party:					
Name						
Address						
16 Gaming manager information	i.					
Name						
Gaming manager compensat	ion \$					
Description of services provide	bet					
Dinastan/affican	- Faralaura	landon on dont				
Director/officer	Employee	Independent	contractor			
17 Mandatory distributions:						
a Is the organization required u	ınder state law to make charital	ble distributions from	the gaming proceed	s to		
retain the state gaming licens			0 01		Y	es 🔲 No
<b>b</b> Enter the amount of distribut	ions required under state law to	be distributed to oth	er exempt organizat	ions or spent in the		
organization's own exempt a		\$	. •	•		
	nformation. Provide the exp	lanations required by	Part I, line 2b, colun	nns (iii) and (v); and Pa	art III, lines	9, 9b, 10b,
	b, as applicable. Also provide a					

332083 09-13-23 Schedule G (Form 990) 2023

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

JUMA VENTURES,	INC.						94-3203203
Part I General Information on Grants ar							_
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro     Part II Grants and Other Assistance to I	tance? cedures for monit Domestic Organiz	oring the use of grant	funds in the United	I States. Complete if the organization			Yes No
recipient that received more than \$  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
3STRANDS GLOBAL FOUNDATION 3941 PARK DR STE 20-200 EL DORADO HILLS, CA 95762	27-4594317	501(C)(3)	400,430.	0.			CALIFORNIA VIOLENCE INTERVENTION AND PREVENTION (CALVIP) GRANT PROGRAM
2 Enter total number of section 501(c)(3) ar	•					1	
3 Enter total number of other organizations	s listed in the line 1	table					U.

JUMA VENTURES, INC. 94-3203203

Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 0 GRANTS AND OTHER ASSISTANCE (YOUTH INCENTIVES) 490 88,684, WORK ATTIRE, PERSONAL SUPPLIES, HOUSING AND WORK SEA YOUTH DIRECT ASSISTANCE 0. 854 ACTUAL COST ELIGIBILITY SUPPORT AWARDS & STIPENDS 163. 0. 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: JUMA SERVES AS THE PASS-THROUGH ORGANIZATION FOR CALVIP FUNDS AWARDED TO 3STRANDS GLOBAL FOUNDATION, A SUB-GRANTEE UNDER THE GRANT AWARDED TO JUMA. AS A RESULT. 3STRANDS IS RESPONSIBLE FOR THE MONITORING AND USE OF GRANT FUNDS. SCHOLARSHIPS, FINANCIAL ASSISTANCE AND TRAINING STIPENDS ARE GRANTED TO

Schedule I (Form 990) 2023

STUDENTS BASED ON COMBINATION OF MERIT AND FINANCIAL NEED. AS WELL AS

FUNDER RESTRICTIONS. INCENTIVE DEPOSITS ARE CONDITIONAL. AND ARE GIVEN TO

#### SCHEDULE J (Form 990)

**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.

**ZUZ3** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

JUMA VENTURES, INC.

Employer identification number 94-3203203

As 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.    First-class or charter travel	D	rrt I Questions Regarding Compensation	-3203203		
ta 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.  First-class or charter travel  Travel for companions  Payments for business use of personal use  Payments for business use of personal residence  Payments for business use of personal residence  Payments for business use of personal residence  Personal services (such as maid, chauffeur, other)  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  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  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or remaining or allowing expenses incurred by all directors, tust explain the compensation of the organizations of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization's CEO/Executive Director, but explain in Part III.  S compensation committee  Written employment contract  Written employment contract  Written employment contract  Written employment contract  A population or a related organization:  A peacevie a severance payment for an asypptement and payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retir	1 6	art   Quoduono negaranig compendation		Vos	No
Part VII, Saction A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	10	Check the appropriate box(as) if the organization provided any of the following to ar for a person listed on Form 990		162	NO
First-class or charter travel	la				
Travel for companions   Payments for business use of personal residence   Health or social club dues or initiation fees   Discretionary spending account   Personal services (such as maid, chauffeur, chef)					
Tax indemnification and gross-up payments					
Discretionary spending account					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a?  2 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.  2 Compensation committee  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 committee  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation are negative organization to the revelve payment from a supplemental nonqualified retirement plan?  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  4 During the year, did any person is any person and provide the applicable amounts for each item in Part III.  5 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 net earnings of:  a The organization?  5 The organization?  6 A X  Any related organization?  6 A X  6					
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?  2 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.  X Compensation or for the CEO/Executive Director, but explain in Part III.  X Compensation committee  Written employment contract  Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  X 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?  4 Participate in or receive payment from an equity-based compensation arrangement?  4 Participate in or receive payment from an equity-based compensation arrangement?  4 Pres' 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?  5 A The organization?  6 A X  5 Any related organization?  6 A T The organization?  7 A T Person line 6a or 6b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Fermi Payment		Discretionary spending account Fersonal services (such as maid, chauneur, cher)			
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?  2 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.  2 Compensation or the CEO/Executive Director, but explain in Part III.  3 Compensation committee  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the compensation of the organization to establish the compensation of the organization of the CEO/Executive Director, but explain in Part III.  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:  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?  4 De Participate in or receive payment from a supplemental nonqualified retirement plan?  4 De Participate in or receive payment from a supplemental nonqualified retirement plan?  4 De Participate in or receive payment from a supplemental nonqualified retirement plan?  4 De Participate in or receive payment from a supplemental nonqualified retirement plan?  4 De Participate in or receive payment from a supplemental nonqualified retirement plan?  5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
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 committee			1b		
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.	2				
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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.  X Compensation committee  Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  X 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 filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  4a					
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.  X Compensation committee  Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  X 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 filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  4a	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee   Written employment contract     Independent compensation consultant   X   Compensation survey or study     Form 990 of other organizations   X   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 filling organization or a related organization:   a   Receive a severance payment or change-of-control payment?   4a   X     b   Participate in or receive payment from an equity-based compensation arrangement?   4b   X     c   Participate in or receive payment from an equity-based compensation arrangement?   4c   X     if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.     Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.     5   For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:     a   The organization?   5a   X     b   Any related organization?   5b   X     if "Yes" on line 5a or 5b, describe in Part III.     6   For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:     a   The organization?   6a   X     b   Any related organization?   6a   X     b   Any related organization?   6a   X     c   For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III   7   X     8   Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   8   X     9   If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_				
X   Compensation committee					
Independent compensation consultant					
Form 990 of other organizations  X 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 filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 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.  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?  if "Yes" on line 5a or 5b, describe in Part III.  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?  if "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III  7 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  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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?  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?  if "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  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?  f "Pes" 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 pay or accrue any compensation contingent on the net earnings of:  a The organization?  f "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  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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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.  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?  ff "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?  ff "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  7 We 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	а		4a		х
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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?  f "Yes" on line 5a or 5b, describe in Part III.  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?  ff "Yes" on line 6a or 6b, describe in Part III.  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  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  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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?  ff "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?  ff "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	Ŭ				
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?  f "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?  c Any related organization?  f "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  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		The feet to daily of lines to o, not the persons and provide the approache amounts for each term in the time.			
contingent on the revenues of:  a The organization?  b Any related organization?  f "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?  f "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  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
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  8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		contingent on the revenues of:			
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	а	The organization?	5a		Х
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.  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	b				Х
contingent on the net earnings of:  a The organization?  b Any related organization?  f "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.  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
contingent on the net earnings of:  a The organization?  b Any related organization?  f "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.  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
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					
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  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а	The organization?	6a		Х
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	b		6b		Х
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  8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
not described on lines 5 and 6? If "Yes," describe in Part III 7 X  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
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  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			7		Х
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	8				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			8		Х
	9				
		Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 JUMA VENTURES, INC. 94-3203203 Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation			compensation			reported as deferred on prior Form 990	
(1) ADRIANE ARMSTRONG	(i)	189,959.	0.	0.	0.	24,713.	214,672.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0,	0.	
	(i)								
	(ii)								
	(i)								
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#### SCHEDULE O (Form 990)

## 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.

**Employer identification number** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

JUMA VENTURES, INC. 94-3203203 PART III LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MEANINGFUL EMPLOYMENT AND WORKFORCE DEVELOPMENT TRAINING OPPORTUNITIES TO YOUTH FROM LOW-INCOME BACKGROUNDS. THROUGH INNOVATIVE PROGRAMS THAT INTEGRATE EMPLOYMENT IN SOCIAL ENTERPRISES WITH COLLEGE PREPARATION CAREER SERVICES FINANCIAL CAPABILITY TRAINING ASSET-BUILDING SERVICES AND LEADERSHIP DEVELOPMENT, JUMA ENSURES THAT YOUNG PEOPLE HAVE THE TOOLS TO BREAK THE CYCLE OF POVERTY. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FINANCIAL, EDUCATION AND CAREER GOALS IN AN INDIVIDUAL DEVELOPMENT PLAN (IDP). CONNECT: TO CONNECT YOUTH TO THEIR NEXT JOB AND SUSTAINED EMPLOYMENT JUMA PARTNERS WITH CORPORATIONS PRIMARILY IN THE RETAIL, HOSPITALITY FOOD SERVICE AND LOGISTICS INDUSTRIES SUCH AS AMAZON, COSTCO, CVS HEALTH, GAP INC., MOD PIZZA, SOUTHWEST AIRLINES, STARBUCKS, AND UPS. ONCE A YOUNG ADULT IS HIRED, JUMA'S CAREER COACH PROVIDES 90 DAYS OF CONTINUED SUPPORT TO ENSURE RETENTION SUCCESS. RETENTION SUPPORT TAKES THE FORM OF CONTINUED SOFT SKILLS COACHING, AND UNDERSTANDING OUR INDUSTRY PARTNER'S CAREER MOBILITY PATHWAYS. BY ENSURING THAT YOUTH UNDERSTAND THE JOB EXPECTATIONS, MANAGE ANY BUDDING CONFLICTS, AND RECEIVE PROPER TRAINING. JUMA IS ABLE TO INCREASE THE CHANCES THAT OUR YOUTH WILL SUCCEED. FORM 990, PART VI, SECTION B, LINE 11B:

THE CEO AND JUMA GOVERNANCE COMMITTEE REVIEWED THE FORM 990 FOR ACCURACY TO

Schedule O (Form 990) 2023 Page **2** 

Name of the organization  JUMA VENTURES, INC.	Employer identification number 94-3203203
REFLECT CURRENT BOARD PRACTICE. THE FORM 990 WAS DISTRIBUTED TO THE ENTIRE	
JUMA BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE JUMA BOARD REVIEWS ITS CONFLICT OF INTEREST POLICY ANNUALLY. EACH JUMA	
BOARD MEMBER AFFIRMATIVELY ACKNOWLEDGES THE BOARD'S CONFLICTS POLICY AND	
DISCLOSES ANNUALLY IN WRITING ANY CONFLICTS. BOARD MEMBER WRITTEN CONFLICT	
DISCLOSURES ARE MONITORED AND REVIEWED BY THE JUMA BOARD CHAIR. IF THERE	
ARE ANY BOARD MEMBER CONFLICTS OF MATERIAL SIGNIFICANCE, THE BOARD CHAIR	
AND THE AFFECTED JUMA BOARD MEMBER WILL RESOLVE THE CONFLICTS IN AN	
APPROPRIATE MANNER TO ENSURE NO HARM TO THE AGENCY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE JUMA BOARD CHAIR AND THE GOVERNANCE COMMITTEE ANNUALLY REVIEW THE JUMA	
CEO'S COMPENSATION AS PART OF THE CEO'S ANNUAL OVERALL PERFORMANCE	
MANAGEMENT PROCESS. THE CEO'S PERFORMANCE IS REVIEWED ANNUALLY BY THE	
BOARD'S GOVERNANCE COMMITTEE VS. STATED WRITTEN PERFORMANCE GOALS. BASED	
UPON THE BOARD COMMITTEE'S DETERMINATION OF THE CEO'S PERFORMANCE FOR THE	
YEAR, THE COMMITTEE THEN EVALUATES THE CEO'S COMPENSATION BY REVIEWING	
COMPARABLE COMPENSATION DATA FOR OTHER SAN FRANCISCO BAY AREA NON-PROFIT	
CEOS/EXECUTIVE DIRECTORS FOR ORGANIZATIONS WITH SIMILAR BUDGET SIZE. THIS	
ANNUAL JUMA CEO COMPENSATION REVIEW INCLUDES BOTH BASE SALARY AND INCENTIVE	
COMPENSATION. THE JUMA GOVERNANCE COMMITTEE THEN RECOMMENDS TO THE FULL	
JUMA BOARD, AND THE FULL BOARD APPROVES, THE APPROPRIATE COMPENSATION	
TREATMENT FOR THE JUMA CEO. THE JUMA BOARD ALSO PERIODICALLY CONDUCTS A	
SIMILAR NON-PROFIT EXECUTIVE COMPARABLE COMPENSATION REVIEW FOR OTHER JUMA	
SENIOR STAFF.	

332212 11-14-23 Schedule O (Form 990) 2023