990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2017

	Dena	rtment of the Treasury	▶ Do not enter social security i	numbers on this form as it may	y be made pul	JIIC	oen to Public Inspection
	Intern	al Revenue Service	<u> </u>	DEZ for instructions and the la	test informati	on.	
			lar year, or tax year beginning	, 2017,	and ending		, 20
	_	neck if applicable. ddress change	C Name of organization			D Employer identi	
	=	ocress change	Jumpah.org Number and street (or P.O. box, if mail is not de	Invered to street address)	Room/suite	81-1 E Telephone numb	465719
		ntial return		iivered to sueet address)	110011730110	·	
	_	inal return/terminated	City or town, state or province, country, and ZIF	or foreign postal code		F Group Exemp	37-3706
	=	mended retum pplication pending		or rorogin postar codo	3	P Group Exemp	tion
		ccounting Method:	Snohomish, WA 98296 Cash Accrual Other (specify)	.			e organization is not
		•	pah.org			required to attach	
			eck only one) — 📝 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or	 -	(Form 990, 990-E	
				Association Other			
	L A	dd lines 5b, 6c, and	7b to line 9 to determine gross receipts. If	gross receipts are \$200,000 or n	nore, or if total	assets	
	(Parl	II, column (B) belo	w) are \$500,000 or more, file Form 990 inste	ead of Form 990-EZ		> \$	
′වෙ	Pá	rt I Reveni	ue, Expenses, and Changes in Ne	t Assets or Fund Balanc	es (see the	instructions fo	or Part I)
2018		Check	f the organization used Schedule O to	respond to any question i	n this Part I	<u> </u>	🗹 🕥
-			ons, gifts, grants, and similar amounts			1	39,154
		•	service revenue including government f	ees and contracts		2	
~	1		nip dues and assessments			3	
APR		4 Investmer				4	
			ount from sale of assets other than inve	· ·			
			t or other basis and sales expenses .		<u> </u>	——————————————————————————————————————	
	l	·	oss) from sale of assets other than invel and fundraising events	itory (Subtract line 5b from i	ine sa)	· · 5c	
CANNED		_	come from gaming (attach Schedule	G if greater than			
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φ	Ē	· ·	omo from fundraiosa ovente (not inclus				
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		50 and	51.				
			the organization used Schedule O to	respond to any question in	n this Part VI		🗆
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Part III Salance Sheets (see the instructions for Part II)		2 (2017) Page 2							
22 Cash, savings, and investments 100 22 3,210 23 Land and buildings 0 24 24 Other assets (describe in Schedule O) 25 25 Total assets . 0 25 26 Total liabilities (describe in Schedule O) 0 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 27 3,210 Part III Statement of Program Service Accomplishments (see the instructions for Part III) 0 27 3,210 What in the assemblation used Schedule O to respond to any question in this Part III 2 Expenses (Required for section)	Par								
22 Cash, savings, and investments 100 22 3,210 23 Land and buildings 0 23 24 Other assets (describe in Schedule O) 25 3,210 25 Total assets		Check if the organization used Schedule O to respond to any question in this	sPartII	🔲					
23 And and buildings. 24 Other assets (describe in Schedule O) 25 Total assets. 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Statement of Program Service Accomplishments (see the instructions for Part III) 29 Check if the organization used Schedule O to respond to any question in this Part III 20 Expenses Expenses (Required for section			(A) Beginning of year	(B) End of year					
23 And and buildings. 24 Other assets (describe in Schedule O) 25 Total assets. 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Statement of Program Service Accomplishments (see the instructions for Part III) 29 Check if the organization used Schedule O to respond to any question in this Part III 20 Expenses Expenses (Required for section	22	Cash, savings, and investments	100	22 3,210					
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25 Total assets	24								
Total liabilities (describe in Schedule O) The assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III What is the assessment assessed as a second as a sec									
Net assets or fund balances (line 27 of column (B) must agree with line 21)									
Check if the organization used Schedule O to respond to any question in this Part III									
Check if the organization used Schedule O to respond to any question in this Part III . Expenses (Required for section				27 3,210					
What in the asservation adment aurocast. Education & June 10 and	Part	,		_					
		Check if the organization used Schedule O to respond to any question in thi	s Part III 🗹						
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No_
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
ь 39 а	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	}	•	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1 ✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			

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	46	Did the organization engage, directly or indirectly, in political campaign activities on hehalf of or in opposition	Yes No
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	c	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 seems at that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attreguirement (see instructions). You must complete Part IV. Sections A and D. and Part V.	janızation(s) entiveness
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	7 23 2						
			ed a written determination nctionally integrated sup				li, Type III
f Enter the num	ber of supported	organizations					
g Provide the fo	llowing informatio	n about the su	pported organization(s).				
·			listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No		
(A)							
(B)							

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

(C)

(D)

(E) Total

Cat No. 11285F

Schedule A (Form 990 or 990-EZ) 2017

Schedul	le A (Form 990 or 990-EZ) 2017		Page	2
Part	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 1 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization Part III. If the organization fails to qualify under the tests listed below, please complete	faile	ed to qualify under	
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)	14		%
15	Public support percentage from 2016 Schedule A, Part/II, line 14	15		%
16a	331/2% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 box and stop here. The organization qualifies as a publicly supported organization			
b	331/23% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 this box and stop here. The organization qualifies as a publicly supported organization			
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 10 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box a Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	ınd s	top here. Explain ın	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 1 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check to Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization	this bon qu	oox and stop here.	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check	k this	box and see	_

Schedule A (Form 990 or 990-EZ) 2017

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Schedule	Α	(Form	990	Of 1	990-	ŧΖ	2017	

Page 3

Section A- Public Support Calendar year (or fiscal year beginning in) = (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 (f) gards, combined, and membership less received, (i) on tindude any "nursus grants.") 2 (ross recepts from damassors, merchandies solid or services performed, or fiscalities for fiscal year performed.		(Form 990 or 990-EZ) 2017						Page 3
Section A Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2015 (d) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2016 (e) 2017 (f) Total fiscal year beginning grints) (a) 2016 (e) 2017 (f) 2016 (f)	Part III		ations Descr	ibed in Sect	ion 509(a)(2)			
Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifs, grants, contributions, and membership fees reserved, (Do not include any "unusal grants.") 2 Gross receipts from admissions, merchandles sold or services performed, or facilities		(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nızation faile	d to qualify un	der Part II.
Calendar year (or fiscal year beginning in) Notal 1 disk grants, contributions, and membeshe (see received, ID not include any "unexual grants.") 2 discons receipts from damissions, merchandes sold or services performed, or facilities 1 disk grants, contributed any "unexual grants.") 2 discons receipts from damissions, merchandes sold or services performed, or facilities			under the te	sts listed bel	ow, please co	omplete Part	11.)	
1 Gifts, grants, contributions, and membership (ess received, (Do not include any funsual grants.) 2 Gross receipts from admissions, merchandise sold or services performed, or facilities								
receved (D not include any 'unusual grants.') 2 Gross recepts from admissions, mechanises sold or services performed, or facilities 10 10 10 10 10 10 10 10 10 10 10 10 10 1			(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2 Gross performed, or facilities sold or services performed, or facilities for services performed, or facilities for services performed for services for s							1	
2 Gross recepts from admissions, merchandses sold or services performed, or facilities of the services performed or facilities perform	rea	erved. (Do not include any "unusual grants.")					40,427	40,427
	2 Gr	oss receipts from admissions, merchandise						
	SO fee	ld or services performed, or facilities		1	1			
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Part IV Supporting Organizations

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

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 ın section 509(a)(1) or (2).

	Yes	No
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Schedule	А	(Form	990	œ	990-	ŧΖì	201	7

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			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		•	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		,]	
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	,			
	•			
	•			
Secti	on E. Type III Functionally Integrated Supporting Organizations			
Secti 1	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ction	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ction	s).
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below.	instru	ction	s).
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in the content of the conten			ions
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Test. Answer (a) and (b) below.		struci	ions
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		struci	ions
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Test. Answer (a) and (b) below. 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		struci	ions
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		struci	ions

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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	6		
emergency temporary reduction (see instructions).	1		<u> </u>
7 Check here if the current year is the organization's first as a non-functional instructions).	ıy In	tegrated Type III suppor	ung organization (sec

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets	····	-	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		- "	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
<u> </u>	From 2013			
c	From 2014			
<u>d</u>	From 2015			
е	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			·
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
ь	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE 0 (Form 990 or 990-EZ)

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.

2017 ▶ Attach to Form 990 or 990-EZ. Open to Public Inspection

OMB No. 1545-0047

Employer identification number

81-1465719

Department of the Treasury Internal Revenue Service

Jumpah.org

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

Part 1 - Line 12: In 2017 Tim and Dar Ratzloff, the executive directors of Jumpah.org, continued as staff employees for Mountain Vies
Community Church as in proceeding years. They worked exclusively for Jumpah.org in advancing its program goals. Jumpah.org only
began operating as an independent entity the 2nd half of 2017. The expense listed on line 12 is what Jumpah.org reimbursed Mountain View
Community Church for Ratzloff's compensation and employer related taxes for the last 3.5 months of 2017. The church paid earlier months.
Part 1 - Line 16: other costs include \$1,293 for office supplies, accounting software, licenses & fees, banking fees, and internet promotion
costs. Also, travel expenses totaling \$1,065 was for a board member to visit the project in Cambodia to confirm proper use of funds and help
in planning and direction.
Part III – Line 28: JUMPAH SCHOOL - Jumpah partially funded the operational costs (teacher salaries, school supplies, drinking water, etc)
of the Jumpah School that provided a high quality and loving education to children from nine neighboring rural villages.
The Jumpah School is a private Cambodian government accredited school offering classes pre-school through sixth grade to children that
otherwise have little opportunity to receive even a basic education (reading, writing, math, etc.) in the local "public" schools. The enrollment
has increased from 140 students in 2016 to 197 in 2017. Each family pays \$10 tuition per student each month and Jumpah.org funds the
balance of the school's costs.
Part III – Line 28: WOOD SHOP & FARM – Jumpah.org also provided funds to develop the vocational training & employment for at least 8
local villagers at the wood shop. Jumpah also funded the expansion of a model farm that demonstrates economical methods in successfully
raising a variety of vegetable crops to supplement their single crop of rice. The farm employed 8 local residents.
Part III – Line 28: FOSTER HOME – Jumpah.org also funded all the staffing, living, and housing expenses of 10 orphan children whose
parents died from complications of HIV Aids. These are the remaining children from a high of over 40 children in the home just a few
years ago.
IPart III – Line 28: COMMUNITY DEVELOPMENT – Jumpah.org also provided sanitation and personal hygiene classes to the local village.
It also provided clean well water to the homes in the local village.
Jumpah.org transferred the above funds through a Cambodian government licensed non-profit local NGO (non-government organization)
under the same name "Jumpah".

Name of the organization	Employer identification number
Jumpah.org	81-1465719
Part IV regarding Tim & Dar Ratzloff's activity: Though the Ratzloff's serve	d as Executive Directors for Jumpah.org, they continued to work
directly with the Jumpah program both at the project in Cambodia and from	
direction and advice to the leadership and staff in Cambodia as they have f	or past several years.