

4 Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2018

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

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<i>A</i>			D Empl	love- id	, 20 entification number
E	Checkifa	i la la companya di managana di managan		•	
F	_ Address ☐ Name ch	Sembarkore	E Tolor	hone n	1-1465719
ř	Initial retu	m	Lieser		
Ē	=	Typerminated 12033 Seattle Hill Road  City or town, state or province, country, and ZIP or foreign postal code	<u> </u>		5-337-3706
	Amendec	retum 1	F Grou	•	•
		n pending Snohomish, WA 98296		nber •	
					f the organization is not
	Website		•		ach Schedule B
_		npt status (check only one) —	(Form 9	90, 990	D-EZ, or 990-PF).
ŀ	(Form o	organization: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other			<del></del>
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	l assets		
(	Part II, co	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	
	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the			
_		Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>	
	1	Contributions, gifts, grants, and similar amounts received		1	197,596
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	16
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less: cost or other basis and sales expenses		ll	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than		]	
	9	\$15,000)			
	Revenue	Gross income from fundraising events (not including \$ of contribution)	าร	1	
	<u> </u>	from fundraising events reported on line 1) (attach Schedule G if the			
	<b>"</b>	sum of such gross income and contributions exceeds \$15,000)   6b	1,488		
S	c	Less: direct expenses from gaming and lateral events . 6c	1,100	1	
Ö	d	Net income or (loss) from gaming and funeral and exemps (add lines 6a and 6b and su	btract	1 1	
SCANNED	_	line 6c)		6d	1,488
S	7a	Gross sales of inventory, less returns and allowance 19			1,700
m	l 'a	Less: cost of goods sold		1 1	
D		Gross profit or (loss) from sales of inverton yeuptract time 7 strom line 7a)		7c	
$\triangleright$	c   8	Other revenue (describe in Schedule O)		8	
APR	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	199,100
<u> </u>	10	Grants and similar amounts paid (list in Schedule O)	· · · · ·	10	135,113
2	11	Benefits paid to or for members		11	133,113
2		Salanes, other compensation, and employee benefits		12	49,106
0	Ψį		• •	13	45,100
5	E   13	Professional fees and other payments to independent contractors		14	
	2 13 14 15	Occupancy, rent, utilities, and maintenance		15	
	1	Printing, publications, postage, and shipping		-	
	16	Other expenses (describe in Schedule O)		16	4,174
-	17	Total expenses. Add lines 10 through 16		17	188,393
	<u>بر</u> 18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	10,707
	ē   19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree and af year flower reported as prior year's return)		أمدا	
	Net Assets	end-of-year figure reported on prior year's return)		19	3,210
	5 20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	, ▶	21	13,917

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2018)



.∕Pa	rt II Balance Sheets (see the instructions f			· <u>-</u>		-
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u></u> :	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			3,210	22	13,917
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		[	3910		13,917
26	•			<del></del>	26	0
27	Net assets or fund balances (line 27 of column				27	13,917
Par	Statement of Program Service Accomp	•				Expenses
14/1	Check if the organization used Schedule		<del></del>		(Rec	quired for section
			ment in rural Cambo		501	(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise means benefited, and other relevant information for one	anner, describe the			orga	anizations, optional for ers.)
<u></u>	ons benefited, and other relevant information for ea	<del></del>				<del></del>
28	See Sch O. Funded elementary school, woodshop vo					
	training locals to raise diversified crops, and a foster	nome for orphans in	i rurai villages in Car	nbogia		
	(Grants \$ ) If this amount	includes foreign are	ants, check here .		28a	
20	See Sch O. Funded the construction and furnishings				200	54,113
23	to meet the increased enrollment demand totaling 32-					
	to meet the increased emoliment demand totaling 32	4 students, up nom	133 3144611(3 111 2017.			İ
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗇	29a	81.000
30						0.7,000
						İ
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	31a	1
32	Total program service expenses (add lines 28a t	hrough 31a)		•	32	135,113
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list eacl	n one even if not com	pensated—see the in	stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a		Part IV	<u></u>	🗸
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	110	Estimated amount of other compensation
Dani	el Olson					
Pres	ident, Treasurer, & Board Director	2	a		0	0
Ginn	y Bird					
Secn	etary & Board Director	4	0		0	0
Ranc	ly Bird					
Boar	d Director	0	0		0	0
Tim :	Scoville					
	d Director	1 1			0	0
	thy Ratzloff (see sch O)			ł		
	utive Director & Board Director	30	22,725	1,82	8	0
	ene Ratzloff (see sch O)					_
<u>Assi</u>	stant Executive Director	25	22,725	1,82	8	0
					+	
				ļ	+	
					+	
		· · · · · · · · · · · · · · · · · · ·	<del> </del>		+	
				'		
		-	<del> </del>		+	
				1		

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		٧.	
			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		✓
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
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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	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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<u> </u>		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	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 undersection 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	<u> </u>		
	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		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		1	
	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		ł	
	40c reimbursed by the organization		l	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		7
41	List the states with which a copy of this return is filed ▶			
42a	The digulation of books are in our of the		7-370	6
	Located at ► 12033 Seattle Hill Road, Snohomish, WA ZIP + 4 ►	98	296	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country	.		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		İ	ļ
_	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c	-	7
	If "Yes," enter the name of the foreign country ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	120	.1	
43	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		res	NO
44a	completed instead of Form 990-EZ	44a		7
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	Tra	<del> </del>	\ <u> </u>
b	completed instead of Form 990-EZ	44b	\ <del></del>	7
_	Did the organization receive any payments for indoor tanning services during the year?	44c	<del> </del>	<b>▼</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	<b>-</b>	<del> </del>	
•	explanation in Schedule O	44d	\ <del></del>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			Ť
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	AEL		

•								
Form 990-	EZ (2018)		·				F	Page 4
						<u> </u>	Yes	No
46 L	Old the organization engage, directly or it ocandidates for public office? If "Yes," of	ndirectly, in political c	ampaign activities	on behalf o	or in oppositi	on —	-	<b> </b> -
Part V		s Only					⊥ for lin	es
	Check if the organization used Sc	hedule O to respond	to any question i	n this Part \	VI			. 🗆
							Yes	No
	oid the organization engage in lobbying rear? If "Yes," complete Schedule C, Par		section 501(h) elec					<b>/</b>
48 I	s the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedule	E	48		<b>✓</b>
	old the organization make any transfers t	•	_					✓
<b>50</b> (	f "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	five highest compen	sated employees (d	other than o	fficers, directo	rs, truste	es, an	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit pla	alth benefits, ons to employee ins, and deferred opensation	(e) Estimat other coi		
None								
					1			
			<u> </u>			-		
		,	ı		-			
f T	otal number of other employees paid ov	rer \$100,000	. •	)				
51	Complete this table for the organization	's five highest comp	ensated independe	ent contract	ors who each	received	l more	than
\$	100,000 of compensation from the orga	anization. If there is no	one, enter "None."		<del></del>			
	(a) Name and business address of each independ	dent contractor	(b) Type of s	service	(c)	Compensat	ion	
			<u> </u>		<del></del>			
			†					
				•				
	••••••		1					
			4					
-					_			
			1					
d 1	otal number of other independent contra	actors each receiving	over \$100,000 .	.▶				
	Old the organization complete Scheduction	ule A? Note: Ali se	ection 501(c)(3) or	•		a ▶☑ Ye	s 🗆	No
Under per	alties of perjury, I declare that I have examined this ct, and complete. Doglaration of preparer (other that	return, including accompar	lying schedules and stat	ements, and to	the best of my kno	owledge an	d belief	, it is
	1 / 6 / 1/10/	l man			Feb	19 2	019	<del>,                                     </del>
Sign	Signature of officer	15W 1			Date	, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>	
Here	Daniel W Olson. President & Boar Type or print name and title	d Director			. <u></u>			
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		
Prepa	rer			<del></del>	self-employ			
Use O	nly Firm's name ▶				Firm's EIN ▶			
May the	Firm's address ▶  IRS discuss this return with the prepare	r shown above? See	instructions		Phone no.	► ☐ Ye		No
iviay tile	in to diacusa tina return with the prepare	- SHOWIT ADOVE F SEE			<u> </u>		<u>ب. ب</u>	110

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer identification number

Jump	pah.org					81-140		_
Par				<del></del>			ns.	
The o	organization is not a private foundat						. 0	
1	A church, convention of church						09	
2	A school described in section						<b>O</b> (	
3	A hospital or a cooperative hos							
4	A medical research organization hospital's name, city, and state	:						
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit described	in
6 7	☐ A federal, state, or local govern ☐ An organization that normally r described in section 170(b)(1)(	receives a subs	tantial part of its supp				the general pub	lic
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	An agricultural research organizer or university or a non-land-granuniversity:	nt college of agr	culture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fui income and uni	nctions—subject to co related business taxal	ertain exc ole incom	ceptions, ie (less se	and (2) no more that ection 511 tax) from	า 33¹/₃% of its	
11	An organization organized and							
12	An organization organized and						ry out the purpos	es
	of one or more publicly support Check the box in lines 12a through	rted organization	ns described in secti	on 509(a	)(1) or se	ction 509(a)(2). See	e section 509(a)(	3).
а								
_	the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ijonty of t			
b	Type II. A supporting organ	nzation supervis	sed or controlled in co	nnection	with its s	upported organizati	on(s), by having	
	control or management of to organization(s). You must o	he supporting o complete Part I	rganızatıon vested in V, Sections A and C.	the same	persons	that control or mana	age the supported	
С	Type III functionally integreits supported organization(s						illy integrated wit	h,
d	Type III non-functionally in that is not functionally integ	ntegrated. A su	pporting organization	operated	d in conne a distribu	ection with its suppo ition requirement an	rted organization d an attentivenes	(s) s
	requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, an	d Part V.		
8	functionally integrated, or T	ype III non-func					e II, Type III	,
f		-						
g	· · · · · · · · · · · · · · · · · · ·			r			4.7. 4	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota		- ೧೯೯೭ ರ್ಷ	· 海上一点	1¢	1 34			_

Part							•
	(Complete only if you checked the Part III. If the organization fails to						amy under
Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	/(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		/				
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 1.0 Gross receipts from related activities, etc First five years. If the Form 990/is for the					12	on 501(c)(3)
13	organization, check this box and <b>stop he</b>						
Sect	ion C. Computation of Public Suppor						
14	Public support percentage for 2018 (line			11, column (f))		14	%
15	Public support percentage from 2017 Sch					15	9/
16a	331/3% support test—2018. If the organi box and stop here. The organization qua	lifies as a pub	licly supported	lorganization			🕨 [
b	331/3% support test—2017. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	tion		🕨 [
17a	10%-facts-and-circumstances test—20 10% or more and if the organization me Part VI how the organization meets the " organization	eets the "facts	s-and-circumst	ances" test, c	heck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—2 15 s 10% or more, and if the organization r	ation meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.
46	supported organization	 	hov on k== 40		o or 17h ob-	 ok thic box as =	▶ [  cee
18	Instructions						

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				40,427	199,100	239,527
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		-			İ	
	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						
	organization'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				40,427	199,100	239,527
7a	Amounts included on lines 1, 2, and 3					ļ	
	received from disqualified persons		ļ				
b	Amounts included on lines 2 and 3		1				
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· ·						
С 8	Add lines 7a and 7b						0
·	line 6.)						239,527
Secti	on B. Total Support	<u> </u>			L		235,327
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				40,427	199,100	239,527
10a	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		1				
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business				]		
	activities not included in line 10b, whether					l	
	or not the business is regularly carried on						
12	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,			<u> </u>	<del> </del>		<del> </del>
	and 12.)				40,427	199,100	239,527
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth			
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppor	rt Percentag	je				
15	Public support percentage for 2018 (line		•			15	%
16	Public support percentage from 2017 Sci				<u></u>	16	%
	on D. Computation of Investment In					· <del></del>	
17	Investment income percentage for 2018 (		* * * *	•		17	<u>%</u>
18	Investment income percentage from 2017					18	<u> </u>
19a	331/3% support tests—2018. If the organ	ization did not	check the box	k on line 14, a	nd line 15 is m	ore than 331/3%	o, and line
_	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organization 18 is not more than 331/3%, check this						
00			=				=
20	Private foundation. If the organization di	и посспеска	DOX ON IINC 11	, 190, OF 180, 1	CHOCK THE DOX	มาน ระชากรเกิด	LIUTIS F

## 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v	<u>.)                                    </u>	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		ļ	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>		
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u> </u>	
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
oa	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b	_	
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		<u> </u>
С	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)	<u> </u>		اــــا
_	purposes.	4c		<b>.</b>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			'
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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			i
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- 00	-	<u> </u>
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1.	-	
	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	<b></b>	1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<del> </del>	-
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 <b>Part VI</b> .	9a	<del> </del>	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	ya_	<del> </del>	<del> </del>
U	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		<del> </del>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	<del>"</del>	<del>                                     </del>	<del>                                     </del>
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		<b> </b>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		<b> </b>	<u> </u>
. 44	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	<u> </u>	_	_
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1.

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ĺ		[
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		—	
L	below, the governing body of a supported organization?	11a	<b> </b> -	├
	A family member of a person described in (a) above?	11b	<del> </del>	
	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		
occu	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		165	1
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ł		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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			
	<b>VI</b> how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
O 45		2		Ĺ <u> </u>
Section	on C. Type II Supporting Organizations		Va-	A1 -
1	Many a majorith, of the grammatical administration of the state of the		Yes	No
	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			!
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		L	<u> </u>
			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		<b> </b>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			İ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			<b>├</b> ───
2		2		
3	By reason of the relationship described in (2), 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		, <u></u>	
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	☐ 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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ın		
2	Activities Test, Answer (a) and (b) 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 <b>Part VI identify</b>	ľ	}	
	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></b> -
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-	<del> </del>	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 (a) and (b) below.			<u> </u>
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	}	_

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	ain ın Part VI). See
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	1 -	(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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
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	et mile to the season	*
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		1	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	tegrated Type III supporting	ng organization (see

	lle A (Form 990 or 990-EZ) 2018			Page
Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations	
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 whice (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С				
d	From 2016		•	
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
$\overline{\mathbf{j}}$	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

	Form 990 or 990-EZ) 2018 Page
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 O (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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Jumpah.org 81-1465719 Part 1 - Line10 See Part III Lines 28 & 29 for details. Part 1 - Line 12: In 2018 Tim and Dar Ratzloff, the executive directors of Jumpah.org, continued as staff employees for Mountain View Community Church as in proceeding years. They worked exclusively for Jumpah.org in advancing its program goals. 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 entire year of 2018. Part 1 - Line 16: other costs include \$4,174 for office supplies, accounting software, licenses & fees, banking fees, and internet promotion costs. This amount also includes partial reimbursement for the executive director's travel costs to Cambodia to inspect the project and to advise and encourage the leadership and staff engaged in the program work in Cambodia. 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 197 students in 2017 to over 324 in 2018. Each family pays \$10 - \$13 tuition per student each month and Jumpah.org funds the balance of the school's costs. Part III - Line 28: JUMPAH SCOOL NEW CLASSROOM BLDG: In reponse to increased enrollment, Jumpah.org was able with a help of a grant to fund the construction of a new classroom building on the campus. The building includes 6 classrooms and a large open covered assembly/meeting room. This has allowed the school to accept more than 120 additional students in 2018. 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 about 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. The need now has decreased to the point that the 6 remaining children will be placed in another high quality orphanage in eary 2019 Jumpah.org transferred the above funds through a Cambodian government licensed non-profit local NGO (non-government organization) under the same name "Jumpah".

Schedule O (Form 990 or 990-EZ) (2018)	Page 2		
Name of the organization	Employer identification number		
<u>Jumpah.org</u>	81-1465719		
Part IV regarding Tim & Dar Ratzloff's activity: Though the Ratzloff's served as Executive Directors for Ju	mpah.org, they continued to work		
directly with the Jumpah program both at the project site in Cambodia and from their office in the US. They acted as consultants giving			
direction and advice to the leadership and staff in Cambodia as they have for past several years.			
Also regarding the board of directors, Roland Classen resigned as President of Jumpah.org due to failing health. Daniel Olson was elected			
by the board to the position of President as well as Treasurer of Jumpah.org. Finally, Tim Scoville was elected as a board director.			
He and his wife, Kristine, have supported the Jumpah project in Cambodia for many years.			
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