### \*\* PUBLIC DISCLOSURE COPY \*\*

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. 1545-0047 6

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

А	FOI THE	e 20 to calendar year, or tax year beginning and e	enaing		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		] 94-3	203203
	Initial return		Room/suite	E Telephone numbe	r
F	Final return/		201	(415	371-0727
	termin ated	City or town, state or province, country, and ZIP or foreign postal code			8,095,912.
	Ameno			H(a) Is this a group re	
	Applic			for subordinates	
	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i	—
$\overline{\mathbf{T}}$	Ταν.αν	empt status: X 501(c)(3)	r 527	1	list. (see instructions)
		e: ► WWW.JUMA.ORG	021	H(c) Group exemption	,
		organization: X Corporation Trust Association Other ►	I Vear		M State of legal domicile: CA
	art I	Summary	L Tour	oriorination. 23391	VI Otate of logal dofficie. 022
		Briefly describe the organization's mission or most significant activities: TO BF	REAK T	HE CYCLE OF	POVERTY
Activities & Governance	'	THROUGH THE OPERATION OF YOUTH DEVELOPMEN	JT PRO	GRAMS.	1012111
nar		Check this box if the organization discontinued its operations or dispos			nooto
Ver				l	21
င္ဟ		Number of independent voting members of the governing body (Part VI, line 1b)			21
ళ		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			1316
ij	1				800
ξį		Total number of volunteers (estimate if necessary)			0.
¥		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····	Prior Year	
		Contributions and grants /Part VIII line 1h		3,496,338.	Current Year 3,883,962.
ne	1	Contributions and grants (Part VIII, line 1h)		526,412.	1,409,449.
Revenue	1	Program service revenue (Part VIII, line 2g)		2,697.	2,702.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,152,619.	1,213,127.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,178,066.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		176,750.	203,779.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		3,850,252.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  849,68		· ·	0.
Ä	_ D			1,122,592.	1,167,337.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,149,594.	6,311,559.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,472.	
<u>_ v</u>	19	Revenue less expenses. Subtract line 18 from line 12			· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		Tabel accepts (Dayl V. Bas 40)	Ве	ginning of Current Year 3,662,116.	End of Year 4,085,959.
\SSE Bala	20	Total assets (Part X, line 16)		1,088,389.	1,314,352.
let /	21	Total liabilities (Part X, line 26)		2,573,727.	2,771,607.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		2,313,121.	2,771,007.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ante and to the heet of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y kilowieuge allu bellet, it is
uuc	,	t, and complete. Declaration of preparer (other than officer) is based on an information of wir	icii pi chai ci	las any knowledge.	
ei.	ın	Signature of officer		I Date	
Sig		MARC SPENCER, CEO			
He	e	Type or print name and title			
			П	Date Check	PTIN
Pai	d	Print/Type preparer's name  MAGA E. KISRIEV  Preparer's signature		if	
	u parer	Firm's name HOOD & STRONG LLP		self-employ	94-1254756
	Only	Firm's address 275 BATTERY ST, STE 900		Firm's EIN	74 1474/30
USE	, Unity	SAN FRANCISCO, CA 94111		Dhona na /11	5.781.0793
<u> </u>	ا - مالد .			Phone no. 4 1	
ıvla	y the II	RS discuss this return with the preparer shown above? (see instructions)			🔼 Yes 📖 No

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# **Application for Automatic Extension of Time To File an Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

#### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 94-3203203 JUMA VENTURES, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 131 STEUART STREET, NO. 201 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SAN FRANCISCO, CA 94105 Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11

-orr	n 990-T (trust other than above)				12	
	MARC SPENCER					
	The books are in the care of $ ightharpoonup$ $131$ STEUART STREET, STE $\sharp 201$ - SAN FRAN	CIS	CO,	CA	94106	
٦	elephone No. ► (415)371-0727 Fax No. ►					
•	the organization does not have an office or place of business in the United States, check this box				▶ □	
•	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	is is fo	r the w	hole gr	roup, check th	his
oox	▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and EINs of all	memb	ers the	exten	sion is for.	
1	I request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the	e exem	pt org	anizatio	on return	
	for the organization named above. The extension is for the organization's return for:					
2	➤ X calendar year 2016 or   ➤ tax year beginning , and ending   If the tax year entered in line 1 is for less than 12 months, check reason:  Change in accounting period  The initial return in the in	al retur	 n			
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions.	3a	\$			0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$			0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$			0.

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

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 3,033,242. including grants of \$ 0.) (Revenue \$ 1,011,499.)
	BUSINESS EMPLOYMENT: FOR MOST YOUTH, JUMA IS A FIRST JOB AND OUR SOCIAL ENTERPRISE CONCESSIONS BUSINESSES SERVE AS A LEARNING LABORATORY FOR
	YOUTH TO GAIN SKILLS, CONFIDENCE AND WORK EXPERIENCE, LAYING A
	FOUNDATION FOR FUTURE EMPLOYMENT AND INDEPENDENT ADULTHOOD. EMPLOYMENT
	OPPORTUNITIES ARE OFFERED YEAR-ROUND AND PROVIDE TRAINING AND HANDS-ON
	SKILL BUILDING IN CUSTOMER SERVICE, CASH TRANSACTIONS, WORK READINESS,
	PERSONAL RESPONSIBILITY, SALES, AND SUPERVISION. FOR HIGH PERFORMING
	YOUTH, JUMA ADMINISTERS A YOUTH MANAGEMENT TRAINING PROGRAM THAT
	POSITIONS YOUTH FOR SHIFT SUPERVISORY ROLES PAYING HIGHER WAGES. IN
	2016, JUMA EMPLOYED 1,150 YOUTH IN SAN FRANCISCO, OAKLAND, SANTA CLARA,
	ATLANTA, NEW ORLEANS, NEW YORK, SACRAMENTO AND SEATTLE. YOUTH EARNED
	\$1.6 MILLION IN WAGES WITH NET REVENUE OF \$3.4 MILLION ACROSS ALL
4b	(Code: ) (Expenses \$ 1,687,333 • including grants of \$ 203,779 • ) (Revenue \$ 1,409,448 • )
ΗIJ	WORKFORCE READINESS: 1) EDUCATION: JUMA'S COLLEGE ACCESS AND EDUCATION
	SUPPORTIVE SERVICES HELP YOUTH TO ADDRESS ACADEMIC WEAKNESSES, FINISH
	HIGH SCHOOL, ACCESS AND PERSIST IN COLLEGE, AND DEVELOP CAREER GOALS
	THAT WILL SET THEM ON A PATH FOR LIFELONG SUCCESS. IN THE BAY AREA,
	JUMA PARTICIPANTS RECEIVE CASE-MANAGEMENT AND DEVELOP AN EDUCATION PLAN
	WITH THE SUPPORT OF THEIR YOUTH DEVELOPMENT COORDINATOR. YOUTH
	PARTICIPATE IN COLLEGE AND CAREER TOURS WITH MAJOR EMPLOYERS THAT AID
	YOUTH IN UNDERSTANDING THE RELEVANCE OF COLLEGE. JUMA SPECIFICALLY
	PROVIDES ASSISTANCE WITH COLLEGE AND FINANCIAL AID APPLICATIONS, AS
	WELL AS STANDARDIZED TESTING PREPARATION, AFTER SCHOOL TUTORING, AND
	CAREER WORKSHOPS WITH PANELISTS FROM VARIOUS INDUSTRIES THAT ENCOURAGE
	COLLEGE COMPLETION. OUTSIDE OF THE BAY AREA, JUMA PARTNERS WITH 'BEST
4c	(Code:) (Expenses \$177,004 • including grants of \$0 • (Revenue \$76,966 • )
	REPLICATION: JUMA'S REPLICATION EFFORTS COMPRISE THE ESTABLISHMENT OF
	NEW ENTERPRISE AND PROGRAMMATIC OPERATIONS IN NEW AND EXISTING MARKETS.
	KEY REPLICATION ACTIVITIES INCLUDE STAFF TRAVEL, INFRASTRUCTURE
	DEVELOPMENT, AND START-UP OF NEW SOCIAL ENTERPRISE OPERATIONS AT MAJOR
	SPORTS AND ENTERTAINMENT VENUES. JUMA'S LEADERSHIP TEAM TRAVELS TO
	PROSPECTIVE MARKETS FOR PURPOSES OF FUND DEVELOPMENT AND OVERSIGHT OF
	SOCIAL ENTERPRISE START-UP AND OPERATIONS. DIRECT STAFF ALSO TRAVEL TO
	THE SAN FRANCISCO HEADQUARTERS FOR ORIENTATION AND TRAINING AS PART OF
	JUMA'S NEW SITE DEVELOPMENT PROCESS. IN 2012, JUMA OPENED A NEW OFFICE
	IN NEW ORLEANS TO OPERATE AT THE SUPERDOME AND NEW ORLEANS ARENA. IN
	2013, JUMA OPENED A NEW OFFICE IN SEATTLE TO OPERATE AT CENTURYLINK
	FIELD, SAFECO FIELD, AND KEYARENA. IN 2014, JUMA LAUNCHED A NEW SOCIAL
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
4e	Total program service expenses ► 4,897,579.
	Form <b>990</b> (2016)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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 Revenue Procedure 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	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,"			v
	complete Schedule G, Part III	19		X

Form **990** (2016)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		X
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	X	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<u> 2</u> Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OFF		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			177
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	mail and refuse as exception of management of manageme	,		

Form **990** (2016)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1006. Enter- 0- if not applicable   1a   2.3		Check if Schedule O contains a response of note to any line in this Part V					Ш
b Enter the number of Forms W2G included in line 1a. Enter 0-th not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field of the celendary year ending with or within the year covered by this return  2b If at least one is reported on line 2a, idit the organization file all required federal employment tax returns?  Abot. If the sum of lines 1a and 2a is greater than 250, you may be required to effects employment tax returns?  Abot. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file esin instructions)  1b If Yas, 1 has 1 filed a form 900 Thor this year If 17%. To file 8b, provide an explanation in Schedule O  1b If Yas, 1 has 1 filed a form 900 Thor this year If 17%. To file 8b, provide an explanation in Schedule O  1b If Yas, 1 has 1 filed a form 900 Thor this year If 17%. To file 8b, provide an explanation in Schedule O  1b If Yas, 1 has 1 filed a form 900 Thor this year If 17%. To file 8b, provide an explanation in Schedule O  1b If Yas, 1 has 1 filed a form 900 Thor this year If 17%. To file 8b, provide an explanation in Schedule O  3c If Yas, 1 file is filed a form 900 Thor this year If 17%. To file 9b, provide an explanation in Schedule O  3c If Yas, 1 file is filed a form 900 Thor this year If 17%. To file 9b, provide an explanation in Schedule O  3c If Yas, 1 file is filed a form 900 Thor this year If 17%. To file 9b, provide an explanation in Schedule O  3c If Yas, 1 file is filed a form 900 Thor this year If 17% to file 9b, provided an explanation in Schedule O  3c If Yas, 1 file is filed a form 900 Thor this year If 17% to file 9b, provided and provided on the province of 17% to file 9b, provided on the province of 17% to file 9b, provided 9b, provid						Yes	No
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Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this return    1316	С					7,7	
file all continues are are unique with or within the year covered by this return   2a   1316   2			 I	 I	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bit the organization have unrelated business gross income of \$1,000 or more during the year?  31 bit "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  32 bit "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  33 bit at a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  34 bit and a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  35 bit and a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  36 bit and a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  36 bit and a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  37 bit "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  38 bit and the organization shall be a prohibited tax shelter transaction at any time during the tax year?  39 bit "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  39 bit "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited any contributions or gifts were not tax deductible?  30 bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  30 bit if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  30 bit the organization seleve a payment in excess of \$75 made party as a contribution of party for goods and services provided to the payor?  30 bit the organization seleve a payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a contribution of payment in excess of \$75 made party as a co	2a			1216			
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c d If "Yes," indicate the number of Forms 8282 filed during the year  Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  1 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on Part VIII, line 12  1 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Initiation fees and capital contributions included on Part VIII, line 12  1 Gross income from members or shareholders  1 Initiation fees and capital contributions included on Part VIII, line 12 for public use of club facilities  1 Initiation fees and capital contributions included on Part VIII, line 12 for public use of club facilities  1 Initiation fees and capital contributions included on Part VIII, line 12 for public use of club facilities  1 Initiation fees and capital fees from 990 in lieu of Form 1041?  1 Section 501(c)(12) organizations. Enter:  2 Initiation fees and capital fees from 990 in lieu of Form 1041?  2 Initiation fees from them.  3 Section 501(c)(129) qualified nonprofit health insurance iss						Х	
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14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b	^						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				l	14a		X
	b	11 100, That it filed a 1 offit 120 to report these payments: If 190, provide an explanation in schedul				990	/2016

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check it Schedule O contains a response or note to any line in this Part VI			21
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21	<u>.</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<del>                                    </del>		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3		
000	tion b. 1 onoics (mis section b requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110		11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1 Ia		
120		120	х	
12a		12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	12b	-22	
С		40-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	17	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v
1.	taxable entity during the year?	16a		X
D	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	401		
800	exempt status with respect to such arrangements?	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed CA	ovoile!	Jo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallaD	ii C	
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website  Another's website  X Upon request  Other (explain in Schedule O)			
40	, , , , , , , , , , , , , , , , ,	-1 e:	-1-1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	a tinan	cial	
00	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: ► MARC SPENCER - (415)371-0727			
	131 STEUART STREET, STE #201, SAN FRANCISCO, CA 94105			
	IJI DIEUMKI DIKEEI, DIE #ZUI, DAM FRANCIDCU, CA 34103			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C Pos	C) ition	`		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the organization	organizations	compensation
	hours for related	e or d	stee			Highest compensated employee		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trust	Institutional trustee		oyee	ompe		,		and related
	below	vidual	itutior	ser	Key employee	hest co	Former			organizations
	line)	ib	Inst	Officer	Key	High	-F			
(1) SCOTT GARELL	1.00	,,							0	0
CHAIR	1 00	Х						0.	0.	0.
(2) JASON TRIMIEW	1.00	\ \							0	0
VICE CHAIR	1 00	Х						0.	0.	0.
(3) ARTHUR JOHNSON	1.00	х						0.	0.	0.
TREASURER	1.00	^				-		0.	0.	0.
(4) STEPHEN ROGERS SECRETARY	1.00	Х						0.	0.	0.
(5) ARA CHACKERIAN	1.00	^						0.	0.	0.
BOARD MEMBER (THRU 6/2016)	1.00	Х						0.	0.	0.
(6) AMY SCHIOLDAGER	1.00							•	0.	0.
BOARD MEMBER (THRU 6/2016)	1:00	х						0.	0.	0.
(7) DAVID COREY	1.00									
BOARD MEMBER (THRU 6/2016)		x						0.	0.	0.
(8) ANTHONY RODRIGUEZ	1.00							-		<u> </u>
BOARD MEMBER (THRU 9/2016)		х						0.	0.	0.
(9) KEITH BELLING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JIM BILDNER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JAMIE BRANDT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DAN BRISKIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ELLA CHAU	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(14) PAUL CLEMMONS	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) MAISIE GANZLER	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) COURTNEY HALL	1.00	٦,							_	^
BOARD MEMBER	1 00	Х			_			0.	0.	0.
(17) CAROLYN HOLT	1.00	Х						0.	0.	0.
BOARD MEMBER 632007 11-11-16		Λ	<u> </u>		<u> </u>	<u> </u>		1 0.	U •	Form <b>990</b> (2016)

632007 11-11-16

Form **990** (2016)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	a Hi	ıgne	st C	ompensated Employe	es (continuea)			
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amour	ated nt of
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	C i	othe ompen from organiz and rel organiza	sation the ation lated
(18) PATRICE MARTIN	1.00		=	0	<u>×</u>	王高	Œ			+		
BOARD MEMBER	1 00	Х						0.	0	<u>.</u>		0.
(19) JOHN MCNEIL	1.00	<b>.</b> ,							•	.		0
BOARD MEMBER (THRU 9/2016) (20) GAIL MOODY-BYRD	1.00	Х				-		0.	0	+		0.
BOARD MEMBER	1.00	Х						0.	0			0.
(21) JASON PEARL	1.00									┿	-	
BOARD MEMBER		х						0.	0			0.
(22) ROBIN RICHARDS DONOHOE	1.00									1		
BOARD MEMBER		Х						0.	0	<u>.</u>		0.
(23) KIM VU	1.00							_	_			
BOARD MEMBER	4 00	Х						0.	0	<u>-</u>		0.
(24) JAMES WHITE	1.00	,,						0	•	.		0
BOARD MEMBER	1.00	Х						0.	0	<del>-</del>		0.
(25) MICHAEL WINNICK BOARD MEMBER	1.00	X						0.	0	.		0.
(26) SYLVIA HARRIS	1.00	25				$\vdash$		0.		+		
BOARD MEMBER		x						0.	0			0.
1b Sub-total							▶	0.	0	•		0.
c Total from continuation sheets to Part VI							<b></b>	396,098.		•		576.
d Total (add lines 1b and 1c)							<b></b>	396,098.	0	•	6,	576.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			0
compensation from the organization											Ye	2 s No
3 Did the organization list any <b>former</b> officer.	director or tru	ıoto	م اده		mala		۰	highest componented o	mnlavaa an		Te	S NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•			•	•	•		mignest compensated e	. ,	3		Х
4 For any individual listed on line 1a, is the su										.		
and related organizations greater than \$150	•							•	and organization	4	ı X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .				. 5	<u>;                                    </u>	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										nsatio	n from	1
the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitri	or w	/Itmir	the organization's tax (B)	year.		(C)	
Name and business	address	N	INC	3				رق) Description of s	ervices	Com	pensat	tion
							$\dashv$		+			
							$\dashv$		+			
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi	zation 🕨		-			0	~					
SEE PART VII, SECTION	N A CONT	rIl	NUZ	TF	ſΟΙ	N S	SH:	EETS		For	m <b>990</b>	(2016)

Form 990 JUMA VEN	rures, .	LNC							94-320	3203
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average			Pos	ition Reportable Reportable				Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	ь				Highest compensated employee		the	organizations	compensation
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ee or	stee			nsate		(** 2/ 1000 1/1100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	ompe				organizations
	below	vidua	tutior	Je.	Key employee	nest c	ner			
	line)	ibdi	Inst	Officer	Key	High	Former			
(27) MARC SPENSER	40.00									
CEO				Х				187,027.	0.	2,580.
(28) ADRIANE ARMSTRONG	40.00								_	
C00				Х				99,811.	0.	1,811.
(29) RICHARD MARTINEZ	40.00			l				100 000		
CHIEF OF SOCIAL ENTERPRISE				Х				109,260.	0.	2,185.
		1								
		$\vdash$								
		1								
Total to Part VII, Section A, line 1c	<u></u>	<u></u>		<u></u>			<u></u>	396,098.		6,576.
							_			

Form 990 (2016) JUMA VE

		Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part VIII			
		Officer if Schedule O conti	airis a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0.40						revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
g al	b	Membership dues	1b					
An An	С	Fundraising events	1c	87,364.				
a	d	Related organizations	1d					
i,	е	Government grants (contribut	ions) <b>1e</b>	447,205.				
r S	f	All other contributions, gifts, grant	ts, and					
t per		similar amounts not included above	/e <b>  1f</b>	3,349,393.				
들의	a	Noncash contributions included in lines		23,045.				
a S	_	Total. Add lines 1a-1f			3,883,962.			
				Business Code	, ,			
o l	2 a	STAFFING SERVICES		561300	1,409,449.	1,409,449.		
Ş.					_,,	_,,		
Ser	b							
ž Š	C							
gra Re	d							
Program Service Revenue	e							
_		All other program service reve			1 100 110			
$\rightarrow$		Total. Add lines 2a-2f			1,409,449.			
	3	Investment income (including						
		other similar amounts)			2,702.			2,702.
	4	Income from investment of tax		t t				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
ø	8 a	Gross income from fundraising	g events (not					
ne		including \$ 87	,364. of					
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	а	197,464.				
Ě∣	b	Less: direct expenses	b	72,801.				
١	С	Net income or (loss) from fund	Iraising events		124,663.			124,663.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	2,525,370.				
	b	Less: cost of goods sold		1,513,871.				
	С	Net income or (loss) from sale	s of inventory		1,011,499.	1,011,499.		
		Miscellaneous Revenu	e	Business Code				
1	11 a	REFUNDS/REBATES/CASH B	ACK REWARDS	900099	64,563.	64,563.		
	b	ADMINISTRATIVE SERVICE	S SALES	900099	12,402.	12,402.		
	С							
	d							
		Total. Add lines 11a-11d			76,965.			
	12	Total revenue. See instructions.			6,509,240.	2,497,913.	0	. 127,365.

#### Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> 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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	203,779.	203,779.		
3	Grants and other assistance to foreign				
Ü	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,				
Ĭ	trustees, and key employees	536,505.	365,131.	78,953.	92,421
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	3,703,424.	2,896,922.	305,398.	501,104
8	Pension plan accruals and contributions (include	, ,	, ,	,	. ,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	298,369.	229,288.	25,731.	43,350
10	Payroll taxes	402,145.	309,036.	34,681.	58,428
11	Fees for services (non-employees):	102,2100	30370301	31,0010	30,120
'' a					
	Г	2,500.	1,929.	404.	167
	Legal	52,525.	40,522.	8,496.	3,507
	Accounting	32,323.	10,522.	0,100	3,301
	Lobbying Professional fundraising services. See Part IV, line 17				
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	256,695.	198,033.	41,521.	17,141
	column (A) amount, list line 11g expenses on Sch O.)	45,038.	2,536.	41,521.	42,502
12	Advertising and promotion	123,366.	101,460.	11,101.	10,805
13	Office expenses	123,300.	101,400.	11,101.	10,003
14	Information technology				
15	Royalties	289,338.	243,792.	23,763.	21,783
16	Occupancy	114,088.	92,496.	1,357.	20,235
17	Travel	114,000.	94,490.	1,337.	20,233
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	70,234.	61,295.	3,312.	5 627
19	Conferences, conventions, and meetings	10,434.	01,233.	3,314.	5,627
20	Interest				
21	Payments to affiliates	25,869.	5,584.	20,285.	
22	Depreciation, depletion, and amortization	42,410.	39,433.	1,727.	1,250
23	Insurance Other avainable Avainable Avainable	44,410.	33,433.	1,/4/•	1,430
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TOTT DMENIO	33,187.	28,806.	2,451.	1,930
h	BAD DEBT EXPENSES	28,000.	==,,,,,,,,	=,	28,000
	PROJECT COSTS	23,635.	22,320.	1,041.	274
d	UNION FEES	8,544.	8,544.		
	A.I	51,908.	46,673.	4,077.	1,158
е >5	Total functional expenses. Add lines 1 through 24e	6,311,559.	4,897,579.	564,298.	849,682
25 26	Joint costs. Complete this line only if the organization	0,011,000	1,00,,010.	504,250	040,000
.O	reported in column (B) joint costs from a combined				
	. , , ,				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (201)

Form **990** (2016)

# Form 990 (2016) Part X | Balance Sheet

Pai	τχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,498,016.	1	3,309,839.
	2	Savings and temporary cash investments			153,859.	2	155,189.
	3	Pledges and grants receivable, net			750,559.	3	343,530.
	4	Accounts receivable, net			88,211.	4	118,950.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		[		7	
Ä	8	Inventories for sale or use			24,097.	8	18,937.
	9				68,545.	9	85,905.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	320,329.			
	b	Less: accumulated depreciation	10b	293,687.	52,512.	10c	26,642.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			26,317.	15	26,967.
	16	Total assets. Add lines 1 through 15 (must equ			3,662,116.	16	4,085,959.
	17	Accounts payable and accrued expenses	381,933.	17	483,018.		
	18	Grants payable				18	
	19	Deferred revenue			414,985.	19	508,677.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D	291,471.	21	322,657.
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables 1	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			1 000 000	25	1 21 4 250
	26	Total liabilities. Add lines 17 through 25			1,088,389.	26	1,314,352.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			100 000		401 000
anc	27	Unrestricted net assets			199,072.	27	421,929.
Fund Balances	28	Temporarily restricted net assets			2,374,655.	28	2,349,678.
pu	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	s), check here			
SO		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			0 570 707	32	0 771 607
_	33	Total net assets or fund balances			2,573,727.	33	2,771,607.
	34	Total liabilities and net assets/fund balances			3,662,116.	34	4,085,959.

Form **990** (2016)

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	6,50	9,2	40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,31	1,5	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		7,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,57	3,7	27.
5	Net unrealized gains (losses) on investments	5		1	<u>99.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,77	1,6	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	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	ne 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 in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization JUMA VENTURES. INC. 94-3203203 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (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 No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,621,197.	3,931,845.	3,311,101.	3,496,338.	3,883,962.	18,244,443.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,621,197.	3,931,845.	3,311,101.	3,496,338.	3,883,962.	18,244,443.
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)						3,895,229.
6	Public support. Subtract line 5 from line 4.						14,349,214.
Sec	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	3,621,197.	3,931,845.	3,311,101.	3,496,338.	3,883,962.	18,244,443.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	7,286.	6,886.	3,738.	2,697.	2,702.	23,309.
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.)	30,971.	196,782.	44,660.		197,464.	469,877.
11	<b>Total support.</b> Add lines 7 through 10						18,737,629.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 15	,347,486.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publ						
14	Public support percentage for 2016 (I					14	76.58 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	70.73 %
16a	33 1/3% support test - 2016. If the o	•		·		•	
	stop here. The organization qualifies						►X
b	33 1/3% support test - 2015. If the o						is box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - <b>2015.</b> If the org	anization did not cl	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b,	, check this box a	nd see instructions	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2016

### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness 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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	, ,						
	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether 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, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (	line 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2016. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20							

# 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 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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).
- 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).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10h		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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		
Sec	tion 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			
	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			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		İ
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			
	the supported organization(s).	1		<u> </u>
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			1
	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			1
	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 in (2), did the organization's supported organizations have a			1
	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			
	supported organizations played in this regard.	3		
	tion 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 yea(see instructions).			
a	The organization satisfied the Activities Test. Complete <b>line 2</b> 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 inst	ructions		Na
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> those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	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			1
	that these activities constituted substantially all of its activities.	2a		
h	·	Za		
b	Did the activities described in (a) 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. <i>Answer (a) and (b) below.</i>	ZIJ		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		Ju		
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
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 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		
Sect	ion 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			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	izations, in excess of income from activity			
3		nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8		outions to attentive supported organizations to which the	ne organization is responsive	e	
		de details in <b>Part VI</b> ). See instructions	3		
9	(1	outable amount for 2016 from Section C, line 6			
		amount divided by Line 9 amount			
<del></del>	2,110 0	amount arriada by Emo o amount	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Dietrih	outable amount for 2016 from Section C, line 6			
		rdistributions, if any, for years prior to 2016 (reason-			
_		ause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
	EXCES	s distributions carryover, if any, to 2016.			
a b					
	From	2012			
	From				
	From				
		of lines 3a through e			
	• • •	ed to underdistributions of prior years			
		ed to 2016 distributable amount			
<u> </u>		over from 2011 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2016 from Section D,			
	line 7:	·			
	• • •	ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		inder. Subtract lines 4a and 4b from 4			
5		ining underdistributions for years prior to 2016, if			
	-	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions			
6		ining underdistributions for 2016. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		1. See instructions			
7	Exces	ss distributions carryover to 2017. Add lines 3j			
	and 4	С			
8	Break	down of line 7:			
а					
b	Exces	s from 2013			
С	Exces	s from 2014			
d	Exces	s from 2015			
е	Exces	s from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: FUNDRAISING EVENTS 2012 AMOUNT: \$ 30,971. 2013 AMOUNT: 196,782. 2014 AMOUNT: 41,535. 2015 AMOUNT: 0. 2016 AMOUNT: 197,464. GAMING ACTIVITIES 2012 AMOUNT: 0. 2013 AMOUNT: 0. 2014 AMOUNT: 3,125. 0. 2015 AMOUNT: 0. 2016 AMOUNT: \$

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

JUMA VENTURES INC. 94-3203203 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_ 
\$ \_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Name of organization Employer identification number

JUMA VENTURES, INC. 94-3203203

Part I	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  - \$ 300,000.	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
5		\$\$	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		\$ 450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

JUMA VENTURES, INC. 94-3203203

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 80,000.	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
8	Name, address, and ZIF + 4	\$ 183,000.	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
9		- \$\$100,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions  - \$ 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
11		\$ 167,821.	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
12	Hume, addi 535, and Zir T T	\$ 107,691.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

94-3203203

Part I	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$138,195.	Person X Payroll
(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.)
(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.)

JUMA VENTURES, INC.

94-3203203

Part II	Noncash Property (See instructions). Use duplicate copies of P	art 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
		<b></b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3453 10-18-		Sahadula B (Farra	990, 990-EZ, or 990-PF) (2

Employer identification number

Name of organization

	ENTURES, INC.			94-3203203
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the follo is, charitable, etc., contributions of \$1,000 or	wing line entry. For organizatior	s
(a) No	Ose duplicate copies of Part III if addition	lai space is needed. I		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I	(b) i di pode di giit	(0) 000 01 gill	(4) 2000	The state of the s
		(e) Transfer of gif	t	
	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 gif		
-	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 gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	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.

OMB No. 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

JUMA VENTURES TNC. **Employer identification number** 94 - 3203203

Pai	t I Organizations Maintaining Donor Advise		or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			··· <b>p</b>
	, ,	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impor	tant land area
	Protection of natural habitat	Preservation of a certif	fied historic s	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	ements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easemer	nts during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	-		
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes t	he organizat	ion's accounting for
Pai	conservation easements.  t III   Organizations Maintaining Collections o	f Art Historical Transuras or Ot	hor Simil	ar Accata
Fai	Complete if the organization answered "Yes" on Form	-		ai Assets.
			ont and hala	anno aboat warks of art
ıa	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	· · · · · · · · · · · · · · · · · · ·	ice or public	service, provide, in Part Alli,
h	the text of the footnote to its financial statements that describes a parallel the arganization elected, as parallel under SEAS 116 (AS		and halanaa	shoot works of art. historical
D	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of put	nic service, p	brovide the following amounts
	relating to these items:		_ (	<b>†</b>
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	(ii) Assets included in Form 990, Part X			*
~	the following amounts required to be reported under SFAS 1	•	gairi, provid	<b>C</b>
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	\$
	Assets included in Form 990, Part X			
U	, locale morales and office of the contraction of t		🔽 🔻	Ψ

632051 08-29-16

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

Schedule D (Form 990) 2016

	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	r Similar A	ssets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	at are a sig	nificant use	of its co	lection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	ion's exem	npt purpose ii	n Part >	CIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on I	orm 990, Pa	rt IV, lir	ie 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not i	ncluded			
	on Form 990, Part X?							🔲	Yes	X No
b	If "Yes," explain the arrangement in Part XIII									
								F	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabilit	:y?	X	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII.							<u></u>		X
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo						
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (	d) Three years	back (	<b>(e)</b> Four ye	ears 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	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organizatio	n	_	
	by:								-	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				) 				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o			t or other		cumulated	(	d) Book v	/alue
		basis (investr	nent)	basis	(other)	depi	reciation	_		
	Land							-		
	Buildings			^	1 600		00 010	+-		771
	Leasehold improvements				84,692.		82,918			<u>,774.</u>
d	Equipment				8,746.		68,316			,430.
	Other		· ·		66,891.		42,453	+		,438.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual ⊦orm 990, Part	X, colur	nn (B), line 1	1UC.)			1	۵ کے	,642.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 JUMA VENTURE	ES, INC.		94-	-3203203	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11b. See Form 990	, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end-	of-year market v	/alue
(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, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11c. See Form 990.	, Part X, line 13.		
(a) Description of investment	(b) Book value		valuation: Cost or end-	of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11d. See Form 990	, Part X, line 15.		
	Description	,	, ,	(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)				
Part X Other Liabilities.	,		•		
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11e or 11f. See For	m 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
— · ·			1		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

(8)

Sche	edule D (Form 990) 2016 JUMA VENTURES, INC.			94-	3203203 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	8,023,310
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	199.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d		2d			
е				2e	199
3	Subtract line 2e from line 1			3	8,023,111
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-1,513,871.		
С	Add lines 4a and 4b			4c	-1,513,871
_5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	6,509,240
Da	rt XII Reconciliation of Expenses per Audited Financial Statem	ante V	Vith Evnences ner	Dati	ırn

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•			
1	Total expenses and losses per audited financial statements			1	7,825,430.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С		2c			
d		2d	1,513,871.		
е	Add lines 2a through 2d			2e	1,513,871.
3	Subtract line 2e from line 1			3	6,311,559.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,311,559.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART IV, LINE 2B:

JUMA CURRENTLY OPERATES ONE OF THE LARGEST INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PROGRAMS FOR YOUTH IN THE U.S. THE IDA PROGRAM ENABLES JUMA YOUTH TO ESTABLISH SAVINGS ACCOUNTS, BEGIN TO SAVE MONEY FROM THEIR PAYCHECKS, OBTAIN MONEY MANAGEMENT EDUCATION, AND RECEIVE MATCHING FUNDS TO ACCELERATE THEIR SAVINGS TOWARD COLLEGE-RELATED EXPENSES. MONEY SAVED AND MATCHED IN A JUMA IDA CAN BE USED ONLY FOR COLLEGE-RELATED EXPENSES AND IS USUALLY ISSUED DIRECTLY TO THE COLLEGE. AS OF DECEMBER 31, 2016, TOTAL IDA ACCOUNTS HELD FOR YOUTH WAS \$322,657.

#### PART X, LINE 2:

JUMA VENTURES HAS BEEN DETERMINED TO BE EXEMPT FROM FEDERAL AND STATE

94-3203203 Page 5 JUMA VENTURES, INC. Schedule D (Form 990) 2016 Part XIII | Supplemental Information (continued) INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. JUMA VENTURES FOLLOWS THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY FASB ASC TOPIC 740. AS OF DECEMBER 31, 2016, MANAGEMENT EVALUATED JUMA'S TAX POSITIONS AND CONCLUDED THAT JUMA HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. PART XI, LINE 4B - OTHER ADJUSTMENTS: COST OF GOODS SOLD RECLASSED TO REVENUE -1,513,871.PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD RECLASSED TO REVENUE 1,513,871.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
--------------------------

JUMA VENTURES, INC.

Employer identification number
94-3203203

Part I Fundraising Activities required to complete this part	Complete if the organization answett.	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal			<b></b>			
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.						

Schedule G (Form 990 or 990-EZ) 2016

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

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 gr	oss income on Form 990	J-EZ, lines 1 and 6b. List 6	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MATCH THE	SEATTLE	NONE	1 ' '
			PROMISE	ALL-STAR		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue			265 120	1		200 620
Ze,	1	Gross receipts	265,138.	15,494.		280,632.
_						
	2	Less: Contributions	80,921.	4,836.		85,757.
	3	Gross income (line 1 minus line 2)	184,217.	10,658.		194,875.
		· · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
	•	Cuch ph200				
	5	Nanagah prizas				
Š	3	Noncash prizes				
nse		D 1/6 333	14 564	1 262		15 027
be	6	Rent/facility costs	14,564.	1,263.		15,827.
<b>Direct Expenses</b>			1	0 014		17 606
ec	7	Food and beverages	15,412.	2,214.		17,626.
ä						
	8	Entertainment				
	9	Other direct expenses	30,728.	1,435.		32,163.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		<b>&gt;</b>	65,616.
	11	Net income summary. Subtract line 10 from I				129,259.
Pa	rt	III Gaming. Complete if the organization		n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			( ) 5:	(b) Pull tabs/instant	( ) ( ) (	(d) Total gaming (add
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Re		Cross revenue				
	1	Gross revenue				
<b>Direct Expenses</b>	2	Cash prizes				
ens						
άx	3	Noncash prizes				
ct E						
ji e	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)			
		The garming moome sammary. Subtract line i	monnine i, column (d)			
9	En-	ter the state(s) in which the organization cond	uete gamina activities:			
		• • • • • • • • • • • • • • • • • • • •	-	-1-10		Yes No
		the organization licensed to conduct gaming a				. L tes L No
b	IT "	No," explain:				
		ere any of the organization's gaming licenses r			year?	Yes Mo
b	If "	Yes," explain:				

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 JUMA VENTURES, INC.	94-3203203 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	140-1
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	enue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	d the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
c	
Name ▶	
Name	
Address	
40. October and the state of th	
16 Gaming manager information:	
<b>.</b>	
Name	
Gaming manager compensation  \$	
Description of services provided	
-	
Director/officer Employee Independent contractor	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations	s or spent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	d (v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	

### SCHEDULE I (Form 990)

**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.

Internal Revenue Service

Department of the Treasury

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

JUMA VENT	URES, INC						94-3203203
Part I General Information on Grants a	and Assistance						
Does the organization maintain records criteria used to award the grants or assi	stance?						
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can		tional space is nee	ded.	(6) Mathandas		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>		4 1 1 1					<b>&gt;</b>

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

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INANCIAL ASSISTANCE	331	145,657.	0.		
PRAINING STIPENDS	715	55,122.	0.		
RANTS AND OTHER ASSISTANCE	6	3,000.	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:

SCHOLARSHIPS, FINANCIAL ASSISTANCE AND TRAINING STIPENDS ARE GRANTED TO

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

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

STUDENTS BASED ON THE COMPLETION OF SPECIFIC PROGRAM REQUIREMENTS. THESE

ARE OUTLINED IN THE MEMORANDUM OF UNDERSTANDING (MOU) FOR EACH PROGRAM.

# **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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

JUMA VENTURES, INC. Employer identification number 94-3203203

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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		<u> </u>
3	Indicate which, if any, of the following the filing 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant 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:			77
а		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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			
Ü	contingent on the revenues of:			
а		5a		х
h	The organization? 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			
٠	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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-MI	SC compensation	(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	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) MARC SPENSER (i)	187,027.	0.	0.	0.	2,580.	189,607.	0.
CEO (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

INC.

OMB No. 1545-0047

**2016** 

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

JUMA VENTURES,

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number** 

94-3203203

Pai	t I   Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		_	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ıtion ar	nount	ts
1	Art - Works of art		Items contributed	Tommood, rare vini, iinic rg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	6	3,274.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		_					
25	Other (TICKETS)	X	5					
26	Other $\blacktriangleright$ ( $\overline{\text{GIFT CERTIFIC}}$ )	X	4	7,725.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization		•				^	
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	•				37
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties		_	· ·				<sub>v</sub>
	contributions?					32a		X
	If "Yes," describe in Part II.	-l ( ) *						
33	If the organization didn't report an amount in c	oiumn (c) fo	r a type of propert	y tor which column (a) is che	ескеа,			
	describe in Part II.							

632141 08-23-16

LHA

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

Schedule M (Form 990) (2016)

is	reporti	na in F	Part I.	colur	nn (b).	the nur	vide the informati mber of contributi	on requir	ed by Part I, ling number of iten	nes 30 ns rece	b, 32b, and 33, eived, or a comb	and whe	ether the organi of both. Also co	zation mplete
SCHEDULI	Supplemental Information. Provide the information required by Part I, ines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b, the rumber of contributions, the number of filems received, or a combination of both. Also complete this part for any additional information.  CHEDULE M, PART I, COLUMN (B):  "HE NUMBER OF CONTRIBUTORS REFLECTS THE NUMBER OF DONORS, NOT THE NUMBER OF ITEMS DONATED.  UMBER OF ITEMS DONATED.													
THE NUM	BER	OF	CON	ITR:	IBUI	ORS	REFLECTS	THE	NUMBER	OF	DONORS,	NOT	THE	
NUMBER (	OF I	TEM	S I	ONZ	ATEI									
														222) (22.12

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

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

JUMA VENTURES, INC.

Employer identification number 94-3203203

FORM 990, 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 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SITES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IN CLASS' ORGANIZATIONS THROUGH A COLLECTIVE IMPACT MODEL TO PROVIDE JUMA YOUTH WITH EDUCATION, COLLEGE ACCESS AND OTHER SUPPORTIVE SERVICES. IN 2016, 99% OF JUMA'S HIGH SCHOOL SENIORS GRADUATED FROM HIGH SCHOOL, 92% ENROLLED IN POSTSECONDARY EDUCATION AND 65% OF OUR INAUGURAL COLLEGE COHORT (CLASS OF 2010) GRADUATED FROM COLLEGE IN FIVE YEARS OR LESS. THIS IS AN INCREDIBLE ACCOMPLISHMENT GIVEN THAT ONLY 1 IN 10 OF YOUTH FROM SIMILAR SOCIOECONOMIC BACKGROUNDS GO ON TO OBTAIN A COLLEGE DEGREE. 2) FINANCIAL CAPABILITY: JUMA PROVIDES YOUTH WITH THE OPPORTUNITY TO DEVELOP LIFELONG SAVINGS HABITS AND MONEY MANAGEMENT SKILLS. YOUTH COMPLETE A COMBINATION OF ONLINE AND IN-PERSON FINANCIAL LITERACY WORKSHOPS AND COLLEGE-BOUND YOUTH OPEN MATCHED SAVINGS ACCOUNTS THAT ALLOW THEM TO LEVERAGE THEIR EARNED INCOME. FOR EVERY DOLLAR SAVED, JUMA PROVIDES A 2:1 MATCH, TURNING \$500 INTO \$1,500 THAT CAN BE USED FOR COLLEGE EXPENSES. IN 2016, JUMA YOUTH SAVED \$126,553 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization JUMA VENTURES, INC.

Employer identification number 94-3203203

(PRE-MATCH) TOWARDS COLLEGE EXPENSES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ENTERPRISE IN SANTA CLARA AT LEVI'S STADIUM. IN 2015, JUMA BEGAN

OPERATING AT YANKEE STADIUM IN NEW YORK CITY. IN 2016, JUMA EXPANDED

INTO ATLANTA AT TURNER FIELD, THE GEORGIA DOME AND WORLD CONGRESS

CONVENTION CENTER, AND SACRAMENTO AT THE GOLDEN 1 CENTER. ALL OF THESE

A MAJOR STEPS TOWARDS REALIZING JUMA'S VISION TO ALIGN CORPORATE SOCIAL

RESPONSIBILITY STRATEGIES OF MAJOR SPORTS FRANCHISES, NATIONAL VENDING

AND CONCESSIONS COMPANIES, FINANCIAL INSTITUTIONS, AND OTHER CORPORATE

PARTNERS TOWARD A COMMON VISION: TO CREATE JOBS FOR LOW-INCOME YOUNG

PEOPLE THROUGHOUT THE COUNTRY.

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

THE CEO AND JUMA GOVERNANCE COMMITTEE PERIODICALLY REVIEW THE FORM 990 FOR ACCURACY TO REFLECT CURRENT BOARD PRACTICE. ANNUALLY, THE FORM 990 IS REVIEWED BY 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:

Name of the organization **Employer identification number** JUMA VENTURES, INC. 94-3203203 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/EXEC. 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. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE IN A BINDER IN THE SAN FRANCISCO OFFICE LOCATED AT 131 STEUART STREET #201, SAN FRANCISCO, CA 94105 FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  JUMA VENTURES	, INC.				E	Employer identific 94-32032	cation nu	ımber
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year	asset	s Direct c	( <b>f)</b> ontrolling itity	J
Identification of Related Tax-Exempt Organiz	Tations Complete if the exemination	answored "Vos" on Form 000	Dort IV line 24	occause it had one o	ar mor	re related toy eye	mnt	
organizations during the tax year.		answered tes on Form 990	, Part IV, line 34 i	Jecause It Had one t	JI IIIOI	re related tax-exer		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dir	<b>(f)</b> rect controlling entity	Section 5 contr ent	
				501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule		
		country)		00000110 0 12 0 1 1)			res	NO	101 (FOITH 1005)	resin	)
-											
	1										
											<del>                                     </del>
-	1										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l contr ent	(b)(13) trolled tity?
		country)		,				Yes	No
JUMA TRUST - 47-6501512									
131 STEUART STREET, SUITE 201	SAVINGS ACCOUNTS		JUMA VENTURES,						
SAN FRANCISCO, CA 94105	CUSTODIAN	DE	INC.	TRUST	0.	143,248.	100.00%	X	
	1								
	1								
	1								
	1								
	1								
	1								
	1								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**b** Gift, grant, or capital contribution to related organization(s)

Х

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	d Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	X
g	g Sale of assets to related organization(s)				1g	X
h	n Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	C Lease of facilities, equipment, or other assets from related organization(s)				1k	X
	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
					10	X
р	Reimbursement paid to related organization(s) for expenses				1p	X
	Reimbursement paid by related organization(s) for expenses				1q	X
r	Other transfer of cash or property to related organization(s)				1r	X
	S Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	plete th	is line, including covered	relationships and transaction thresholds.		
	(a) (b)  Name of related organization Transactio	on	(c) Amount involved	(d) Method of determining amount in	volved	
	type (a-s)		, another mivored	method of determining difficult in		
1)						
2)						
3)						
4)						
5)						
6)						
32163	63 09-06-16 49			Schedule	R (Form 9	990) 2016

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	Are a partners 501(c orgs	)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	ali s sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percentag
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c	)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	partn	r? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	10
			,	163	140			163	INO	,	1631	<u>'</u>
								_			$\sqcup$	
				$\vdash$				$\vdash$	-		$\vdash$	
				$\dashv$				+			$\vdash$	
				$\Box$							$\Box$	
										1		
											П	
										1		