Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public

$\overline{\Delta}$	For the	2012 cale	endar year, or tax year beg	inning		2012 2	nd ending			, 20	
_			C Name of organization The					1	D Employe	er identification n	ımber
В		applicable		Oominanity i	or open source when	Omiano			- Linpicy	45-3613178	
H	Address	•	Doing Business As Number and street (or P O b	av if mail is not	t dalayarad ta atroat addra	20)	Room/surte		E Tolonhor		
닖	Name cha	-	,	oox ii maii is noi	delivered to street addres	55)	Hoomvsuite		E Telephone number		
	Initial retu										
닏	Terminate	ed		te, and ZIP cod	е						
\sqcup	Amended		Edmonds, WA 98026						G Gross re		5,154.43
Ш	Application	on pending						H(a) Is this a	group return	for affiliates? 🔲 Yes	∠ No
			Craig Chelius, 19330 83rd	l Place West,	Edmonds, WA 98026	<u> </u>		4 ''		ncluded? LJYes	
<u>ı</u>	Tax-exen	npt status	✓ 501(c)(3)	501(c) () ◀ (insert no) 🔲 4947(a)(1) or	527	If "No	o," attach a	list (see instruction	ns)
<u>J</u>	Website:	► ww	w.openmf.org & www.mifo	os.org				H(c) Group	exemption	number ▶	
<u>K</u>	Form of o	rganization	Corporation Trust	Association 🗌	Other ►	L Yea	r of formation	2011	M State	of legal domicile	WA
P	art I	Summ	nary								
	1	Briefly de	escribe the organization's	s mission or	most significant act	ivities:	We educ	ate and pro	ovide too	ls to empower	
0		charitabl	e organizations and socia	l enterprises	to make financial inc	lusion	more affor	dable, avail	able, and	accessible to t	he poor.
Ĕ		Specifica	ally, we promote the use of	f information	communication tech	nology	(ICT) for fi	nancial inc	lusion.		
Ē											
Activities & Governance	2	Check th	is box ▶ 🗌 if the organiz	ation discor	ntinued its operation	s or di	sposed of	more than	25% of	its net assets	
Ğ	3	Number (of voting members of the	governing	body (Part VI, line 1a	a) .			3		6
S	1		of independent voting me		• •	-	line 1b)		4		4
ij	1		mber of individuals emplo						5		2
Ę	6	Total nun	mber of volunteers (estim	ate if neces	sarv)				6		50
⋖	7a	Total unr	related business revenue	from Part V	III. column (C), line 1	2 .			7a		0
	ł .		lated business taxable in			_			7b		0
				000	GEIVED	i		Prior Ye		Current Ye	ar
_	8	Contribut	tions and grants (Part VII		0	33	35,110.00				
Į.	9	Program	service revenue (Part VII		0		0				
Revenue			ent income (Part VIII, colu			1			0		44.43
æ	1		venue (Part VIII, column (, 11e)	·		0		0
			enue-add lines 8 through				ne 12)		0	33	35,154.43
_	_		nd sımılar amounts paid			11 1 77			ō		0
			paid to or for members (•					0		0
ιn.	1		other compensation, emp			lines !	5-10)		0		19,422.77
Expenses	i .		onal fundraising fees (Par	•	, , ,		· · · /		0		0
per	1		idraising expenses (Part I				0				 ,
ŭ			penses (Part IX, column						0	2!	3,975 57
			penses. Add lines 13–17			line 25	" . ⊢		0		3,398.34
		-	less expenses Subtract	-			"		0		1,756.09
10 8			ONDONIOGO OUDINOC			 -	Be	ginning of Cu		End of Ye	
Net Assets o	20	Total ass	sets (Part X, line 16)				F		0		6,482 66
Ass	21		oilities (Part X, line 26) .				· · ·		0	`	4,726.57
Set	22		ets or fund balances. Sub	tract line 21	from line 20		· ·		0	3	31,756.09
_	art II		ture Block	indot iiiio 2 i		•	• •			<u> </u>	1,1.00.00
	_		ry, I declare that I have-examp	ed this return in	activitino accompanyino s	chedules	and stateme	ents and to ti	ne hest of r	my knowledge and	helief it is
tr.	e, correct	, and comp	elete Declaration of preparer (oti	her than officer)	based on all informatio	n of which	ch preparer h	as any knowl	edge_	ny knowledge and	Delici, it is
									8-	15-20	3/3 —
Sig	an	Sign	nature of officer					Da	te.		
He	-	\ \ \ \ \ \ \ \	CRAIG S	CHEL	JUS E	XEC	UTILE	: /\	/LECT	TOK .	
		Type	e or print name and title	-//-/	14-1-	1	2//00	/~//	,11	<u> </u>	
_			/pe preparer's name	Prepar	er's signature		Date)	1	PTIN	
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	epare							T =		p.0,00	
Us	se Only		·····		-,				n's EIN ►		
Ma	v the ID		address • s this return with the pre	narer chown	ahove? (see instru	rtione)] Pho	ne no		
1419	y uie in	io discus	a ma return with the pre	parei Silowi	ו פאטאבי (פבב ווופנוענ	JUI 18)	· · ·		• • •	үе	S U No

SCANNED SEP 1 1 2013

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

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Part	
4	Check if Schedule O contains a response to any question in this Part III
1	We educate and provide tools to empower charitable organizations and social enterprises to make financial inclusion more
	affordable, available, and accessible to the poor. Specifically, we promote the use of information communication technology (ICT)
	for financial inclusion
	TOT INIGICIAL ITICIUSION
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?
	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.
	, and an analysis and an analy
4a	(Code. Mifos) (Expenses \$ 223,752.00 including grants of \$ 0) (Revenue \$ 0)
	In 2012 we maintained the original Mifos software and documentation with active releases to provide a viable solution for our MFI
	users. To make our technology more accessible and more responsive to the needs of the poor, we embarked on a major initiative.
	Our core team of five paid developers re-architected and re-wrote the Mifos software. This completely new version is called Mifos X
	Mifos X is a cloud-based extended platform for financial services for the poor. We published an application program interface (API)
	and reference apps for Grameen-lending, individual lending, and savings. IT specialists, microfinance IT departments, and
	volunteers can use the API and reference apps to configure or customize apps for particular microfinance banks, methods, or
	TARONI STATIONS
	www.mifos.org
4b	(Code: Comm) (Expenses \$ 51,701.49 including grants of \$ 0) (Revenue \$ 0)
	We successfully managed the transition from the Grameen Foundation to an independent non-profit and achieved momentum with
	volunteer contributors. We stabilized our existing base of MFI users, more actively involving them within the community through
	bi-weekly online meetings. We were a featured project of Random Hacks of Kindness, partnering with HP & Social Coding for Good.
	We inititated various corporate volunteer partnerships including an Expedia Day of Caring volunteer day, acceptance into the
	ThoughtWorks Humanitarian Software Program, and support from Google for our global conference in October 2012
_	
4c	(Code: Conf) (Expenses \$ 25,771.87 including grants of \$ 0) (Revenue \$ 0)
	We organized and conducted our first-ever global gathering of the Mifos community at our 2012 Mifos Summit in Bangalore, India.
	There were 42 people in attendance from a dozen countries including 11 IT specialists, 20 microfinance practitioners, and
	11 contributors and strategic partners.
	http://www.openmf.org/2012-mifos-summit-recap/
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ▶ 301,225.36

Part	V Checklist of Required Schedules	•		raye
rall	Checklist of nequired 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	1	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	1	
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	\	1
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		1
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		✓
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	10		•
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		✓
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		→
	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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
Ь	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	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Part	V Checklist of Required Schedules (continued)			-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		✓
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 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		,
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	25b 26		1
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	35b		✓
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? <i>If "Yes," complete Schedule R,</i>	36		
38	Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✔	l

Part				_
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	:	3.	
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		_	
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			- ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
	,	4a		V
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
E o		F- 1		,-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		∀
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
O.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua_		<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
9	organization, have excess business holdings at any time during the year?	8		ļ
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			1
_	_		,	
C 140	Enter the amount of reserves on hand	44-		,
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	ın Schedule O. S	ee ins		ons.			
Secti	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	·····	V			
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 6	-	4 . 4				
	If there are material differences in voting rights among members of the governing body, or		•	<u> </u>				
	if the governing body delegated broad authority to an executive committee or similar			*	•			
	committee, explain in Schedule O.		ì	3				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	elationship with						
_	any other officer, director, trustee, or key employee?		2		✓_			
3	Did the organization delegate control over management duties customarily performed by or u		_		,			
	supervision of officers, directors, or trustees, or key employees to a management company or other	· ·	3 4		✓			
4								
5		is assets?.	5		√			
6 7a	Did the organization have members or stockholders?	lect or appoint	6		-			
	one or more members of the governing body?	• •	7a		1			
b	Are any governance decisions of the organization reserved to (or subject to approval				•			
_	stockholders, or persons other than the governing body?		7b		✓			
8	Did the organization contemporaneously document the meetings held or written actions und							
	the year by the following:	g						
а	The governing body?		8a	√				
b	Each committee with authority to act on behalf of the governing body?		8b	✓				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	✓				
Secti	on B. Policies (This Section B requests information about policies not required by the	Internal Reven	ue Co					
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓_			
ь	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemp		405					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		10b 11a					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ming the form,	11a	✓.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12b	√				
c	Did the organization regularly and consistently monitor and enforce compliance with the p			•				
	describe in Schedule O how this was done		12c	✓				
13	Did the organization have a written whistleblower policy?		13		√			
14	Did the organization have a written document retention and destruction policy?		14		1			
15	Did the process for determining compensation of the following persons include a review ar							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?						
а	The organization's CEO, Executive Director, or top management official		15a	✓				
b	Other officers or key employees of the organization		15b	✓				
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	·						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	ar arrangement	مة					
L			16a		✓			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to		1					
	organization's exempt status with respect to such arrangements?		16b	-	-			
Secti	on C. Disclosure				ш.			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an	d 990-T (Section	501(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.				- *			
	☑ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Sch							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents of the control o	ments, conflict o	finter	est p	olicy,			
	and financial statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the bo organization: Craig Chelius, 19330 83rd Place West, Edmonds, WA 98026	oks and records	of the	;				

Part VII	VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	compensated Employees, and
	Independent Contractors	

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.

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

Check this box if neither the organization no	any related	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	, or trustee
				(0	C)				1	
(A)	(B)	١.,			ition			(D)	(E)	(F)
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	옥호	5	Q	ž	8 ₹	7	from the	related organizations	other compensation
	related	물호	1	Officer	y e	등등	Former	organization	(W-2/1099-MISC)	from the
	organizations	S d La	ğ		ם	yee c	=	(W-2/1099-MISC)		organization
	below dotted	ੋ ਵੁੱ	2 *		Key employee	ğ				and related organizations
	,	Individual trustee or director	Institutional trustee		"	ens				Ü
			#		_	Highest compensated employee				
(1) Craig Chelius	16									!
Executive Director		1		1				8,000	0	0
(2) Edward Cable	40									
Director of Community Programs		✓		✓		1		37,000	0	0
(3) Zaheda Bhorat	2			[
Director		1	<u> </u>	L.			_	0	0	0
(4) James Dailey	2		1							_
Director		✓		<u> </u>		ļ	ļ	0	0	0
(5) Suresh Krishna	2								_	_
Director	ļ	✓	<u> </u>	ļ		<u> </u>		0	0	0
(6) Dave Neary	2	,								
Director		/	┝	<u> </u>	 	-	┝	0	0	0
(7)	 		ļ							
(8)										
			<u> </u>	<u> </u>	<u> </u>	ļ .	<u> </u>	<u> </u>		
(9)	 	-								
(10)			┝		┢	-	\vdash			
(10)	†	1				İ				
(11)										
			┡	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>		
(12)	 	ł								
(13)				\vdash	╁	1	╁		<u> </u>	
	<u> </u>	1								
(14)										
	1		1	1	1					

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	/ees	s, a	nd F	lighe	st C	ompensated E	mployees (c	ontını	ied)		
	(A) Name and title	(B) Average hours per week (list any	box.	unles	Pos neck ss pe	rson	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation related		Esti: amo	(F) mated ount of ther	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M		composition from the compositi	ensation in the nization related izations	1
(15)														
(16)										_				
(17)					-								=	_
(18)													•	
(19)					-									
(20)						_								
(21)														
(22)									<u> </u>		+			
(23)														
(24)														
(25)														
1b c d	Sub-total	-				 		▶ ▶	45,000 0 45,000		0			0
2	Total number of individuals (including bur reportable compensation from the organi		to th							ore than \$10		of		- 0
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>	ficer, direc	tor, c							est comper	nsated		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of rep greater tha	portal an \$1	ole (150,	con	nper 1? <i>I</i> :	nsatio	n a s,"	nd other comp	edule J for	such	, 🗀		<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	mpe	nsat	tion	fro	m any	un un	related organiz	ation or ind	ıvıdua			<u>, </u>
Section	on B. Independent Contractors	<u> </u>							,	<u> </u>		0	L	<u>. V</u>
1	Complete this table for your five highest compensation from the organization. Repyear.													×
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation	
NONE								NO	NE					0
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	-			

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response to any quest				<u> </u>
'			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ıts	1a	Federated campaigns 1a 0				
ara	b	Membership dues 1b 0				
s, C Am	С	Fundraising events 1c 0	1			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d 0				
ıs, (imi	е	Government grants (contributions) 1e 0				
ttor er S	f	All other contributions, gifts, grants,				
ibu		and similar amounts not included above 1f 335,110.00	1			
ontr od C	g	Noncash contributions included in lines 1a-1f \$0				
	h	Total. Add lines 1a–1f	335,110 00			
Ę	_	Business Code				
eve	2a					
e E	b					
ξ	C					
လ္မွ	d					
Jran	e f	All other program convex revenue	-			
Program Service Revenue	g	All other program service revenue . Total. Add lines 2a-2f	0		<u> </u>	
	3	Investment income (including dividends, interest,			<u> </u>	
		and other similar amounts)	44.43			
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	0			
		(i) Real (ii) Personal	·			
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses .				
	C	Gain or (loss)		·		
	ď	Net gain or (loss)	0			
enne	8a	Gross income from fundraising events (not including \$ 0				
Other Reve		of contributions reported on line 1c). See Part IV, line 18				
the	ь	Less: direct expenses b				
0	c	Net income or (loss) from fundraising events .	- - - - - - - - -			
		Gross income from gaming activities. See Part IV, line 19				
	ь	Less: direct expenses b				
	c	Net income or (loss) from gaming activities .	0	_		
	_	Gross sales of inventory, less				
		returns and allowances a				
	ь	Less: cost of goods sold b	}			
	С	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code				<u> </u>
	11a		0			
	b		0			
	С		0			
	d	All other revenue	0			
	е	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions.	335 154 43	0	l n	n

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-		ın thıs Part IX		
	nt include amounts reported on lines 6b, 7b, n, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o	0		
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
6	trustees, and key employees	45,000	45,000.00	0	0
	persons described in section 4958(c)(3)(B)	0	<u> </u>	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	4,422.77	4,422.77	0	0
11 a	Fees for services (non-employees): Management	o	0	o	0
b	Legal	0	0	0	
c	Accounting	0	0	0	
d	Lobbying	0	0	0	
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees .	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	223,752.00	223,752.00	0	0
12	Advertising and promotion	_	0	0	0
13	Office expenses	868.89	0	868.89	0
14	Information technology	1,153.42	1,153 42	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	1,125 83	1,125.83	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	o	0	o	
19	Conferences, conventions, and meetings	25,771.87	25,771.87	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0		0	0
23	Insurance	0	0	0	0
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 O.)				
а	Government Fees and Licenses	1,303.56	0	1,303.56	0
b					
С					
d					
е	All other expenses				
_25	Total functional expenses. Add lines 1 through 24e	303,398.34	301,225.89	2,172.45	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) End of year Beginning of year 0 1 6.438.23 Cash—non-interest-bearing 1 0 2 30,044.43 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets 7 7 Inventories for sale or use 8 8 Q Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . 10c b 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11. 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34). Ωl 16 36,482.66 Accounts payable and accrued expenses 17 17 4,726.57 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 n 26 4,726.57 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets . 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🕜 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds n 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds . 0 32 36,482.66 Net 0 33 33 31,756.09 0 36,482.66 Total liabilities and net assets/fund balances .

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Page		4

01111 33					га	ge 12	
Part	XI Reconciliation of Net Assets		-				
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			335,1	54 43	
2	Total expenses (must equal Part IX, column (A), line 25)	2					
3	Revenue less expenses. Subtract line 2 from line 1	3			31,7	56 09	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4					
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10			31,7	56.09	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ [,	1		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın	-			
	Schedule O.		ļ			_	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? .						
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled	or	,	Ł		
	reviewed on a separate basis, consolidated basis, or both:		1				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?					✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a				
	separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis		.				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or						
of the audit, review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O			`	ļ	l	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set						
	the Single Audit Act and OMB Circular A-133?			3a		✓	
b			ne				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts		3b			
				For	n 990	(2012)	

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Community for Open Source Microfinance

Employer identification number 45-3613178

Par	General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.								
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization gibility for the	maintain reco	ords to substantiate the amisstance, and the selection	ount of its grants and other a criteria used to award the				
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for monr	toring the use of its grant	ts and other			
3	Activities per Region. (The fo	ollowing Part I	l, line 3 table o	can be duplicated if addition	nal space is needed.)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1)	Poland	0	1	Program services	Software development	79,170.00			
(2)	Ireland	0	1	Program services	Software development	66,666.00			
(3)	Australia	0	1	Program services	Software development	66,666.00			
(4)	India	o	1	Program services	Software development	11,250.00			
(5)									
(6)						:			
(7)									
(8)									
(9)									
(10)									
(11)			- "						
(12)									
(13)									
(14)									
(15)									
(16)									
(17)						- "			
3a b	Total from continuation		-			223,752.00			
С	sheets to Part I					223,752.00			

Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(l) Method of valuation (book, FMV, appraisal,	other)															
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance																
(f) Manner of cash disbursement																
(e) Amount of cash grant																
Tati iv, life 13, 10f any recipient wito received fillore than \$5,000. Fat till call be duplicated it additional space is freeded. (a) Purpose of (a) Amount of (b) Manner of (b) Amount of (b) Amount of (cash of non-cash of non-cash (if applicable) assistance (if applicable)																
(c) Region																
(b) IRS code section and EIN (if applicable)																
(a) Name of organization																
-	LΞ	<u>(2</u>	(<u>3</u>)	(4)	(2)	(ĝ)	Ē	(8)	(6)	(10)	(44)	(12)	(43)	(14)	(15)	(1ê)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

N

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of

(g) Description of non-cash assistance appraisal, other)																		
(f) Amount of non-cash of non-cash																		
(e) Manner of cash disbursement								-	-		,							
(d) Amount of cash grant															-			
(c) Number of recipients								-										
(b) Region														į.				
(a) Type of grant or assistance (b) Region (c) Number of recipients	(1)	(2)	(6)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	☑ No

Part V	Supplemental Information
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or 990-EZ.

The Community for Open Source with offinance	45-3613176				
Part VI Governance, Management, and Disclosure - Section A. Governing Body and Management					
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing					
address? If "Yes," provide the names and addresses in Schedule O .					
Ed Cable, 6777 Lower Lake Road Crescent City, CA 95531					
James Dailey, 1752 NW Market Street, #105 Seattle, WA 98107					
Suresh Krishna, Grameen Financial Services Pvt. Ltd, #26, Srinıvasa Archada, Srinidhi Layout, Chun	chanaghatta, Bangalore - 560078 India				
Dave Neary, 29 rue des Lilas, 69630 Chaponost, France					
Zaheda Bhorat, 750 N Shoreline Blvd, #124, Mountain View, CA 94043					
Part VI Governance, Management, and Disclosure - Section B Policies					
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	••••••				
This Form 990 was emailed to all board members for review and comment.					
12a Did the organization have a written conflict of interest policy? YES 12c. Did the organization reg	ularly and consistently monitor and				
enforce compliance with the policy? YES. If "Yes," describe in Schedule O how this was done					
The policy is reviewed and renewed once each year by the board at the Annual Meeting Throughout	the year, the two employees -				
the Executive Director and the Director of Community Programs - evaluate business transactions, ag	reements, and relationships for				
compliance with the policy					
15. Did the process for determining compensation of the following persons include a review and appr	oval by independent persons,				
comparability data, and contemporaneous substantiation of the deliberation and decision?					
a. The organization's CEO, Executive Director, or top management official YES.					
b. Other officers or key employees of the organization YES.					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
Our board are experienced non-profit and open source program executives with significant knowledge	e of current pay rates in the non-profit				
and open source sectors. They used this knowledge to determine that COSM compensation is approx	oriate.				

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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization The Community for Open Source Microfinance	Employer identification number 45-3613178
Part VI Governance, Management, and Disclosure - Section C Disclosure	
19. Describe in Schedule O whether (and if so, how), the organization made its governing	documents, conflict of interest policy,
and financial statements available to the public during the tax year.	
We post such documents to our website, www.openmf.org	
Part IX Statement of Functional Expenses	
11g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g e	xpenses on Schedule O.)
See Schedule F: Statement of Activities Outside the United States. The detailed expenses	s are:
Poland - Program services - Software development - SolDevelo - 79,170.00	
Australia - Program services - Software development - JWoodlock - 66,666.00	
Ireland - Program services - Software development - KWoodlock - 66,666.00	
India - Program services - Software development - Hugo & Conflux - 11,250.00	
•	