

SCANNED

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

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

Open to Public Department of the Treasury Internal Revenue Service Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning 20 17 2017, and ending January 1 December 31 C Name of organization The Mifos Initiative D Employer identification number Check if applicable. 45-3613178 \square Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/surte Name change PO Box 127 484.477.8649 Initial return City or town, state or province, country, and ZIP or foreign postal code П Final return/terminated Crescent City, CA 95531 G Gross receipts \$ Amended return **Edward Cable** F Name and address of principal officer: H(a) is this a group return for subordinates? Yes No Application pending 6777 Lower Lake Rd, Crescent City, CA 95531 H(b) Are all subordinates included? L... Yes No. If "No," attach a list. (see instructions) 501(c)(3)) ◀ (insert no.) ☐ 4947(a)(1) or 501(c) (Tax-exempt status. H(c) Group exemption number ▶ Website: ▶ http://mifos.org Form of organization 🗹 Corporation 🔲 Trust Association L Year of formation: M State of legal domicile WΑ Part I Summary Briefly describe the organization's mission or most significant activities: We provide education, training, and tools to enable charitable organizations and social enterprises to deliver financial services to the poor, making financial inclusion more Activities & Governance affordable, accessible, and effective to the 3 billion underbanked and unbanked in the world. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 7 Total number of volunteers (estimate if necessary) 6 6 150 Total unrelated business revenue from Part VIII columb (6) line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 1 3 2018 Ò Pnor Year **Current Year** Contributions and grants (Part VIII, line 1h) . 873,969.99 352,223.17 Revenue Program service revenue (Part VIII, line 2g) 49,819.39 133,926.87 Investment income (Part VIII, column (A), lines 8,4_and GOEN 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 0 0 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 923,789.38 486,150.04 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 203,812.61 124,524.96 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 839,078.26 336,998.15 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,042,890.87 461,523.11 19 Revenue less expenses. Subtract line 18 from line 12 -119,101.49 24,626.93 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 45,489.37 61,683.77 21 Total liabilities (Part X, line 26) . 13,036.29 4,603.75 Net assets or fund balances. Subtract line 21 from line 20 32,453.08 57,080.02 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and tribe (uble Print/Type preparer's name Preparer's signature **Paid** Check 🔲 ıf self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no.

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 99	0 (2017) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	We provide education, training, and tools to enable charitable organizations and social enterprises to deliver financial services to the poor, making financial inclusion and digital financial services more affordable, accessible, and effective to the 3 billion underbanked
	in the world.
	III the world.
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.
	tale total experience, and revenue, in any, for each program estimate reperience.
4a	(Code: Dev) (Expenses \$ 160,461.67 including grants of \$) (Revenue \$)
	Open Source Software Development (Dev)
	Mifos X is a free and open source financial software developed to build the complete range of financial services required for effective
	financial inclusion. The reference apps are examples of how to build microcredit and micro-savings applications using Mifos X. In
	2017, the core team led ongoing development of the Mifos X software platform on top of Apache Fineractand successfully guided the
	technical contributions from external partners, volunteers, and interns. This year, the focus of the community was on client-facing
	applications on top of the platform including a mobile banking app, mobile wallet app, and online banking app for clients, & version 4
	of our mobile app for field officers. New features developed including two factor authentication support, integration with credit bureau
	support for notifications, and campaigns via SMS, as well as a redesign of the user interface.
	Our team also finalized the design and released the initial microservices for a brand new cloud-native third generation architecture
	which will provide a reference framework to allow a wide range of digital financial service applications for financial inclusion
	to be built.
4b	(Code: Comm) (Expenses \$ 166,611.69 including grants of \$) (Revenue \$ 751.87)
	Community (Comm): Our global community is made up of financial institutions, local technology partners, & volunteers who use
	support & develop the software respectively. We provide the tools, framework, governance, and infrastructure for global collaboration
	and conduct outreach and advocacy to reach new users, recruit new partners, cultivate new solutions and attract new volunteers. We
	started 2017 with approximately 300 Mifos installations Installations reaching a total poor client base of 6M clients. By the end of 2017
	we had 350+ Mifos Installations reaching more than 8M clients. We grew this client base by more deeply engaging the communityy,
	focusing on new outreach within the fintech sector, emphasizing the impact of our ecosystem in building on top of open APIs and
	continued outreach to new markets in the Caribbean. We grew our partner program to more than 100 local deployment partners & 25
	platform partners building solutions to lift people out of poverty. This year as part of our sustainability efforts, we also took on more
	technical assistance projects, assisting with knowledge transfer and custom development for new solutions on Mifos X. We continued
	to leverage our network of volunteers, bringing on a higher percentage of product management volunteers and strategic advisors. We grew external contributions through increased participation in Internship programs like Google Summer of Code in which we
	we worked with 11 interns and Google Code-in educating high schoolers on how to contribute to open source projects.
4c	(Code: Edu) (Expenses \$ 117,640.15 including grants of \$) (Revenue \$ 133,175.00)
	Education (Edu):
	In 2017, our Financial Inclusion 2.0 initiative to educate the sector on the fast, low cost mobile delivery of digital financial services to
	the poor was at the heart of our outreach and advocacy to the fintech and financial inclusion sectors. We participated in the European
	Microfinance Platform, Global Washington, and hosted an event as part of the CFI's Financial Inclusion Week. To promote our mission
	To promote our mission and recruit volunteers within the open source space we attended multiple events including OSCON, Linux
	Fest NW, GSOC Mentors Summit and ApacheCon. To educate our interns open source and deepen their ability to contribute, we
	sponsored their travel to events including, Google Solve for India, Hack In Out Bangalore, the RBL Hackathon, Google Developer Day
	and the Springer Conference in addition to sponsoring Convoke 2.0 tech conference at Cluster Innovation Center in Delhi.
	We continue to enhance our web-based user manual, technical wiki, online question and answer portal, and library of training
	tutorials including efforts to transition over to GitHub Issues for our our issue tracking. We also published an extensive Powered by
A.4	Mifos case study to highlight the innovations in our ecosystem.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 444 713 51

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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	~	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	V	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
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		~
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		V
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		V
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		١
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		>
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		>
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.			
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		>
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		~
đ	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		7
	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		y
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		·
þ	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		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		/
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	,	
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		~
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		~
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		,
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		_
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		~
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Part	Checklist of Required Schedules (Continued)			
00	Did the survey in the survey has been in the side of the side of the survey of the sur	00:	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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		~
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		,
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 25a	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 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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," complete Schedule L, Part II	26		٧
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		V
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		V
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		v
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	29 30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		v
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		V
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		v
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
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		~
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		·
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	V	
		For	n 990	(2017)

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	ļ
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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	ļ
	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" to line 3b, provide an explanation in Schedule O	3b	ļ	
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)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	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		~
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		_	_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	///		
•	sponsoring organization have excess business holdings at any time during the year?	8	—	
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
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:			
.,	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
Cooti	Check if Schedule O contains a response or note to any line in this Part VI	<u>····</u>	•	. <u>v</u>
Secu	on A. Governing body and ividiagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	Γ		
ıu	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 4			
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		V
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		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		,
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	L
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	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			$oxed{oxed}$
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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	ļ	~
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?			
a	The organization's CEO, Executive Director, or top management official	15a	1	ļ
b	Other officers or key employees of the organization	15b	~	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		_	
2004	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
	✓ Own website ✓ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest (policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Edward Cable 6777 Lower Lake Rd, Crescent City, CA 95531 484.477.8649	cords	>	

Form 990 (2017)

Form	990	(201	7)
COLLII	330	1201	

Part VII	Compensation of O	officers, Directors,	Trustees, Ke	ey Employees,	Highest Compen	sated Employees,	anc
	Independent Contra	actors					

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	r any relate	d org	aniz			ompe	nsa	ited any currer	t officer, director	r, or trustee.
					C)			•		
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles er and	s pe dad	rson	e than one than or trust	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Edward Cable	40									
President/CEO		~		~	<u> </u>	~		88,180	0	
(2) James Dalley	8									· · · · · · · · · · · · · · · · · · ·
Director, Chairman of the Board		~		~			L_	0	0	
(3) Zaheda Bhorat	2									
Director		~						0	0	
(4) Suresh Krishna	2									
Director		~						0	0	
(5) Dave Neary Director, Secretary	2	,		,				o	o	·
(6)										
(7)										
(8)	 									
(9)										
(10)										
(11)										
(12)										
(13)										- ,
(14)										

Part	(A)	(B)			(o Pos	c) rtion	than o		(D)	(E)			(F)
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	office or directo				Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportati compensatio related organizati (W-2/1099-N	n from	amo o comp froi orgai and	mated punt of ther ensation m the nization related izations
(15)													
(16)													
(17)				-									
(18)								-					
(19)								_					
(20)													
(21)													
(22)													
(23)								_					
(24)												<u>. </u>	· · · · · · · · ·
					ļ								
(25)									00.400				
1b c d	Sub-total							>	88,180 0 88,180				
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received me	ore than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc							-	est compe		1 3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	150,	000	? //	f "Ye	s, "	complete Sch	edule J fo	r such	,	
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mpe	nsat	ion	fror	n any	un	related organiz	ation or inc	dividual		
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation
2	Total number of independent contracto	re (includin	na bi	ıt n	nt I	ımit	ed to	th	nee lieted abo	wel who			
~	received more than \$100,000 of compens							, ui	OSE IISTEU ADT	VE) WITO			

Form **990** (2017)

Part	VIII	Statement of Revenu							
		Check if Schedule O co	ontains a	res	ponse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
캶	1a	Federated campaigns .		1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	0				
A 15.	C	Fundraising events		1c	0				
a gi	d	Related organizations .		1d	0				
ş, E	е	Government grants (contrib		1e	0				
tion S	f	All other contributions, gifts,							
혈	l	and similar amounts not include	ed above	1f	352,223.17				
E G	g	Noncash contributions included				· 	ļ		
<u>ರೆ ೯</u>	h	Total. Add lines 1a-1f.				352,223.17			
Ee					Business Code				
Ş.	2a	Hosting			Comm	751.87	751.87		
æ	b	Technical Assistance			Edu	132,550.00	132,550.00		
ξ	C	Training			Edu	625.00	625.00		
3	d								
Ę	е								
Program Service Revenue	f	All other program service				100,000,07			<u> </u>
	g	Total. Add lines 2a-2f .			<u> </u>	133,926.87	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	3	Investment income (income and other similar amoun				o			
						0			
	4	Income from investment of		•		0		 	
	5	Royalties	(i) Real	· . :	(ii) Personal				
	6.	Cross route	() (100		(ii) / Croonar				
	6a	Gross rents							
	b	Less: rental expenses					İ		
	C	Rental income or (loss) Net rental income or (los	-cl		•	0			
	d 7a	Gross amount from sales of	(i) Securiti		(ii) Other	-			
	'a	assets other than inventory	(1) 000011111		(ii) Galloi				
	Ь	Less: cost or other basis							
	~	and sales expenses .				ì			
	c	Gain or (loss)							
	d	Net gain or (loss)			▶	- 0		· · · · · · · · · · · · · · · · · · ·	
	_				r i 				
nue	8a	Gross income from fund	Iraising						
Other Reve		events (not including \$							
æ		of contributions reported							
ΡĒ		See Part IV, line 18		-					
ਠ		Less: direct expenses .							
		Net income or (loss) from		•	events . >	0		 	
	9a	Gross income from gamin							
		See Part IV, line 19					İ		
		Less: direct expenses .			<u></u>				
	C	Net income or (loss) from	-		vities				
	10a	Gross sales of inverteurns and allowances			}		ŀ		
				_					
		Less: cost of goods sold Net income or (loss) from							
	C	Miscellaneous Reve		IIIVE	Business Code				
	11a				Duaniesa Coue				
						+		· ·	
	b								
	C d	All other revenue							
	e	Total. Add lines 11a–11c			•				1
	12	Total revenue. See instr				486,150.04			
	–		40.00113.	<u>.</u>		,			

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).				
Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, 7b, p, 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 domestic organizations and domestic governments. See Part IV, line 21	0		:					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0		·					
4 5	Benefits paid to or for members	95,180.00	88,180.00	7,000.00					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	00,700.00	7,000.00					
7 8	Other salaries and wages	13,162.50	13,162.50						
9 10	Other employee benefits	7,494.00 8,688.46	7,494.00 8,152.96	535.50					
11 a b	Fees for services (non-employees): Management	0 332.80		332.80					
c d	Accounting	5,904.16 0		5,904.16					
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0							
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	285,920.15 1,247.72	285,920.15 1247.72						
13 14 15	Office expenses	1,577.93 18,436.98	17,199.99	1,577.93 1,236.99					
16 17	Occupancy	10,632.09	10,409.87	222.22					
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	9,224.32	9,224.32						
20 21	Interest	0							
22 23 24	Depreciation, depletion, and amortization . Insurance	0							
24	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.)								
a b c	Other Program Service Expenses	3,722.00	3,722.00						
d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	461,523.11	444,713.51	16,809.60					
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)	401,020.11	***,/10.01	10,003.00					

	n 990 (2		······································			Page 11
P	art X		da da anullar in dhin De			
		Check if Schedule O contains a response or no	ote to any line in this Pai	(A) Beginning of year		
	1	Cash – non-interest-bearing		45,489.37	1	60,809.93
	2				2	
	3	Pledges and grants receivable, net			3	
v o	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and forr trustees, key employees, and highest comp	ner officers, directors,		5	
	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), and composering organizations of section 501(c)(9) voluntary organizations (see instructions). Complete Part II of Schedule	ontributing employers and employees' beneficiary		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use	≻		8	······································
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	[9	873.84
	ь	Less: accumulated depreciation 10			10c	· · · · · · · · · · · · · · · · · · ·
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14	····	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal lin	To the second second second second second second second second second second second second second second second	45,489.37	16	61,683.77
	17	Accounts payable and accrued expenses	13,036.29	17	4,603.75	
	18	Grants payable	 -	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue		19	,,	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part	H-		21	
Ş	22	Loans and other payables to current and form) -			
Liabilities		trustees, key employees, highest compensate				
ā		disqualified persons. Complete Part II of Schedule I	[22	
Ë	23	Secured mortgages and notes payable to unrelated	third parties		23	
	24	Unsecured notes and loans payable to unrelated this	ird parties		24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines 17	'-24). Complete Part X			
		of Schedule D	L		25	
	26	Total liabilities. Add lines 17 through 25		13,036.29	26	4,603.75
ces		Organizations that follow SFAS 117 (ASC 958), cl complete lines 27 through 29, and lines 33 and 34	4.			
ā	27	Unrestricted net assets			27	···
8	28	Temporarily restricted net assets	-		28	
덛	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	_			
ş	30	Capital stock or trust principal, or current funds .)	0	30	0
SSE	31	Paid-in or capital surplus, or land, building, or equip	<u> </u>	0	31	0
¥	32	Retained earnings, endowment, accumulated incom		0	32	0
Ž	33	Total net assets or fund balances		32,453.08	33	57080.02

34

Total liabilities and net assets/fund balances

rage L

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		486,1	50.04
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1	3		24,6	<u> 26.93</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	· · · · · · · · · · · · · · · · · · ·	32,4	53.08
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		57,0	80.02
Part	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 ☐ Accrual ☐ Other		-		l
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1		
_	Schedule O.				لبِــ
2a					~
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	pilea oi			
	Separate basis Consolidated basis Both consolidated and separate basis		2b		
D	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 audited.				
	separate basis, consolidated basis, or both:	ou on a	•		
	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 or	versiaht	.		
·	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex				ī
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
~u	the Single Audit Act and OMB Circular A-133?		За		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			_
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Fort	n 990	(2017)

SCHEDULE 'A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection
Employer identification number

The	Mifos I	nitlative					45-36	13178
Pai	t I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The o	_	zation is not a private founda		•		-	•	1-CI
1		church, convention of churc						() (
2		school described in section						\cup
3		hospital or a cooperative ho						77** F.A Al
4	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:							
5								
•		ection 170(b)(1)(A)(iv). (Com		college of drilversity	Owned C	operate	su by a government	ai dini described ii
6								
7	<u> </u>							
	de	escribed in section 170(b)(1))(A)(vi). (Complet	te Part II.)	-			
8	□ A	community trust described i	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	☐ Ar	n agricultural research organ	ization describe	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
		university or a non-land-gra	ant college of agr	iculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the college or
40		niversity: n organization that normally						
10	re	n organization that normally ceipts from activities related	receives: (1) mor I to its exempt fu	e than 331/3% of its si nctions—subject to c	upport m ertain ex	om contri ceptions.	and (2) no more tha	p rees, and gross n 331/3% of its
	su	pport from gross investmen	t income and un	related business taxa	ble incon	ne (less s	ection 511 tax) from	businesses
11		quired by the organization a organization organized and	•	•		-	•	
12		n organization organized and	•	•	-			my out the nurnose
-		one or more publicly suppo		•	•		· ·	• • •
		neck the box in lines 12a thro						
а		Type I. A supporting organ	nization operated	l, supervised, or contr	olled by	ts suppo	rted organization(s),	typically by giving
		the supported organization					the directors or trust	ees of the
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•		
b		Type II. A supporting orga						
		control or management of		-		persons	that control or man	age the supported
_	_	organization(s). You must Type III functionally integ		•		onnoctic	n with and function	ally intograted with
С		its supported organization						any integrated with,
d	П	Type III non-functionally		•		•		orted organization(s
_		that is not functionally inte						
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е		Check this box if the organ						e II, Type III
_		functionally integrated, or	• •			organizat	ion.	
f		er the number of supported						
<u>g</u>		vide the following information					1	
	(i) Nam	ne of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No	1	
/A)								
(A)								
(B)								
(C)								
(D)								
		· · · · · · · · · · · · · · · · · · ·						
(E)								
			ļ				 	

Schedule A (Form 990 or 990-EZ) 2017

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							alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below,	please comple	ete Part III.)	
	on A. Public Support			1	1 12 22 12	1 () 22/2	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		!	<u> </u>			
	membership fees received. (Do not					_]
_	include any "unusual grants.")				- 		
2	Tax revenues levied for the organization's benefit and either paid						1
	to or expended on its behalf			ì			
3	The value of services or facilities			 			
3	furnished by a governmental unit to the			1	/		
	organization without charge			1 1		1	
4	Total. Add lines 1 through 3				+ /		
-	· ·			ì	+/		
5	The portion of total contributions by each person (other than a			1		}	
	governmental unit or publicly				/		
	supported organization) included on						
	line 1 that exceeds 2% of the amount			1 X			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			/			
	on B. Total Support		,			· · · · · · · · · · · · · · · · · · ·	
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		/				
8	Gross income from interest, dividends,						į
	payments received on securities loans,			1 1			
	rents, royalties, and income from similar sources			ļ 1			
•			/				
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on		/	1			
10	Other income. Do not include gain or	/		1			
	loss from the sale of capital assets	/		1 1			
	(Explain in Part VI.)	/] }	1		
11	Total support. Add lines 7 through 10	1		ì			
12	Gross receipts from related activities, etc.	(see instruction	ons)	1		12	
13	First five years. If the Form 990 is for the		n's first, secon	ıd, third, foùr	th, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> \</u>	· · · · · ·		· · · > [
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6			1, column (f)	\	14	<u>%</u>
15	Public support percentage from 2016 Sch				. /:	<u> </u>	<u>%</u>
16a	331/3% support test—2017. If the organi					31/3% or more,	cneck this
.	box and stop here. The organization qual	•	•	-	\	io 221 = 0/ or m	oro shook
b	331/3% support test—2016. If the organization				A	18 33'/3% OF IT	iore, check
4=.	1	-	• • • •	-	\		<u> </u>
1/a	10%-facts-and-circumstances test - 20 10% or more, and if the organization me						
	Part VI how the organization meets/the "						
	organization				nzation qualifie	s as a publicly	Supported
h	10%-facts-and-circumstances test—20	146 If the e	onization did =	not check a h	ov on line 12	16a 16b ar 17	'a and line
b	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
	supported organization						▶ г
18	Private foundation. If the organization die	d not check a	box on line 13	, 16a, 16b, 17	a, or 17b, chec	k this box and	see

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.)

	if the organization fails to quality	under the tes	sis listed belo	w, please co	ilipiete rait i	1.)	
	on A. Public Support		r				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		l				
_	received. (Do not include any "unusual grants.")	931,760.00	22,541.04	565,316.14	873,969.99	352,223.17	2,754,810.34
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			1			
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose .	1,849.90	200.00	9,910.75	49,819.39	133,926.87	195,591.91
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		2000.00			0	2000.00
4	Tax revenues levied for the						
•	organization's benefit and either paid to		ì		}		
	or expended on its behalf		i	ł			
5	The value of services or facilities						
5	furnished by a governmental unit to the		1	İ	1		
	organization without charge		1				
_	•						
6	Total. Add lines 1 through 5	933,609.90	24,741.04	575,111.89	923,789.38	486,150.04	2,943,402.25
/a	Amounts included on lines 1, 2, and 3		ļ	1			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		ĺ			,	
	received from other than disqualified		İ	i			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						2,943,402.25
Secti	on B. Total Support	····			···-		·
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	933,609.90	24,741.04	575,111.89	923,789.38	486,150.04	2,943,402.25
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties, and income from similar sources .	186.21	273.84	115.00	0	o	575.05
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	j					
	acquired after June 30, 1975	0	o	ol	o	0	0
C	Add lines 10a and 10b	186.21	273.84	115.00	0	0	575.05
11	Net income from unrelated business						
-	activities not included in line 10b, whether	j	ļ	ţ			
	or not the business is regularly carried on	0	o	o	0	o	0
12	Other income. Do not include gain or		<u>*</u>	<u>-</u>		<u>*</u>	<u> </u>
-	loss from the sale of capital assets]		ļ		
	(Explain in Part VI.)	o	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	933,796.11	25,014.88	575,226.89	923,789.38	486,150.04	2,943,977.30
14	First five years. If the Form 990 is for th						
• •	organization, check this box and stop her	-			-		
Section	on C. Computation of Public Suppor			<u> </u>		<u> </u>	
15	Public support percentage for 2017 (line 8			3. column (fl)		15	99.98 %
16	Public support percentage from 2016 Sch		-			16	%
	on D. Computation of Investment Inc				· · · · ·		
17	Investment income percentage for 2017 (I			line 13. colum	n (f) .	17	.02 %
18	Investment income percentage from 2016		•			18	.02 / ₀
19a	33 ¹ /s% support tests—2017. If the organi					1 1	
.30	17 is not more than 331/3%, check this box						
b	331/s% support tests—2016. If the organiz		=			•	
D	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	_	_				=

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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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.	1		
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).	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.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	ļ	ļ
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
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.	9b		
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.	9c		
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.)	10a 10b		

D	

	7 A Griff 200 G. 200-127 2011			ago
Part	Supporting Organizations (continued)		1	·
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ		
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?	44-		
		11a 11b		
	A family member of a person described in (a) above?	11c	 	
	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. on B. Type I Supporting Organizations	110	L	i
occu	on b. Type i capporang organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
_	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ŀ		
	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		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Socti	on C. Type II Supporting Organizations	2	<u> </u>	L
Jecu	on C. Type it 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		.03	<u> </u>
•	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		
Secti	on D. All Type III Supporting Organizations			
		,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļJ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	 		
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_	'
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	structi	ions).
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		ļ
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.			-
2		2b		i
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			į J
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	 3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			7
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	· · · · · · · · · · · · · · · · · · ·		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2		·		
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
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	y int	egrated Type III supporti	ng organization (see		
instructions)			•		

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

Page	8

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

	· ·

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization

Employer identification number 45-3613178

The I	Mifos Initiative					45-3613178
Paı	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organiza	tion answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli grants or assistance?	gibility for the				
2	For grantmakers. Describe assistance outside the United	ed States.	-		-	-
3	Activities per Region. (The fo	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in a program servic describe specific ty service(s) in the re	n (d) is (f) Total expenditures for and investments
(1)	Germanv	0	3	Program Services	Software Developm	nent \$70.000.00
(2)	Portugal	0	1	Program Services	Education	\$9.795.98
(3)	India	0	2	Program Services	Software Developm	nent/Edu \$89.282.42
(4)	Central America	0	1	Program Services	Education	\$10.025.00
(5)	South America	0	2	Program Services	Education/Commu	nitv Dev \$25.582.42
(6)	West Africa	0	. 1	Program Services	Community Develo	pment \$4.600.00
(7)	East Africa	0	2	Program Services	Education	\$77.066.95
(8)			· · · · · · · · · · · · · · · · · · ·			
(9)						
(10)						
(11)						
(12)			** · · · · · · · · · · · · · ·			
(13)					_	
(14)						
(15)	····					
(16)	<u>,,,,</u>					
(17)						
3a b		0	12			\$285.920.15

c Totals (add lines 3a and 3b)

\$285.920.15

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-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
£									
(2)									
ල									
(4)									
(2)									
(9)									
(2)									
(8)									
<u>6</u>									
(10)									
£									
(12)						:			
(13)									
(14)									
(15)									
(16)									
۸.	Enter total nur by the IRS, or	mber of recipier for which the g	Enter total number of recipient organizations listed above by the IRS, or for which the grantee or counsel has provid	Enter total number of recipient organizations listed above that are recognized as charities by the l by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charitie ι 501(c)(3) equivaleι	that are recognized as charities by the foreign country, recognized as tax-exempt ed a section 501(c)(3) equivalency letter	itry, recognized as t	ax-exempt	
က	Enter total nur	mber of other o	Enter total number of other organizations or entities	ities				•	

Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2017

Part III Grants al

(a) Type of grant or assistance	of grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV,
;							appraisal, other)
(2)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
			,			Sche	Schedule F (Form 990) 2017

Page	4

Part	V	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Trus	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign t With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing I (see Instructions for Form 8621)	☐ Yes	☑ No
5	the d	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

Schedule F (Form 990) 2017

Part V	Supplemental Information 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.
Part 1. Line	2 (monitorina of funds)
Our pavme	ents for software developments are for contract software development services either directly for program services or for technical
assistance	projects. We carefully monitor the software development progress via two-week agile sprints. The contractors have specific.
written aus	rterly deliverables which the sprints build up towards. Each month, we assess progress towards the quarterly deliverables and if
satisfactor	v. we make a monthly contract payment. At the end of each quarter we re-assess progress and develop new written requirements
with specif	ic deliverables.
Part 1. line	3. column (f) (accounting method)
We use ca	sh accounting and these are the actual expensees for calendar year 2017.
	·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**17**

Department of the Treasury Internal Revenue Service Name of the organization

The Mifos Initiative

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

45-3613178

Part VI, Line 9.
James Dailey, 1752 NW Market Street, #105, Seattle, WA 98107
Suresh Krishna, #26 Srinivasa Archada, Srinidhi Layout, Chunchanaghatta, Bangalore - 560078 India
Zaheda Bhorat, 750 N Shoreline Blvd, #124, Mountain View, CA 94043
Dave Neary, 300 A Street, Boston, MA 02210
Part VI Governance, Management, and Disclosure - Section B Policies
Line 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.
Line 12a. Did the organization have a written conflict of interest policy? YES.
Line 12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? YES.
The policy is reviewed and renewed once each year by the board at the Annual Meeting. Throughout the year, the employee, President/CEO,
evaluates business transactions, agreements, and relationships for compliance with the policy.
Line 15c.
Our board are experienced non-profit and open source program executives with significant knowledge of current pay rates in the non-profit
and open source sectors. They used this knowledge to determine that the Mifos Initiative compensation is appropriate.
Part VI Governance, Management, and Disclosure - Section C. Disclosure
Line 19. We post such documents to our website - http://mifos.org
Part IX - Statement of Functional Expenses
Line 11g. Other (If Line 11g exceeds 10% of Line 25, column (A) amount, list line 11g expenses on Schedule O
Subcontractors - Software Development - Germany - \$70,000.00
Subcontractors - Software Development - India - \$78,700.00
Subcontractors - Community Development - Latin America - \$15,000.00
Subcontractors - Community Development - Africa - \$4.600.00

chedule O (Form 990 or 990-EZ) (2017)	Page 2
lame of the organization	Employer identification number
The Mifos Initiative	45-3613178
Subcontractors - Education - Central America - \$10,025.00	
Subcontractors for Technical Assistance - Education - Latin America - \$10,582.42	
Subcontractors for Technical Assistance - Education - India - \$10,150.00	
Subcontractors for Technical Assistance - Education - Europe - \$9,795.78	
Subcontractors for Technical Assistance - Education - Africa - \$77,066.95	
Total - \$285,920.15	