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 2018

Department of the Treasury

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

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

Open to Public

	THE THEY	inde Selvice										
A	For the	e 2018 calendar year, or tax year beginning January 1, 2018, and er	nding	Decer	nber 31	, 20 18						
В	Check	f applicable: C Name of organization The Mifos Initiative			D Employ	er identification nu	ımber					
	Address	s change Doing business as				45-3613178						
	Name o	hange Number and street (or P O. box if mail is not delivered to street address) Roor	m/suite		E Telepho	ne number						
	Initial return PO Box 127 484.477.8649											
\Box	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code											
- That is the control of the control												
Amended return Crescent City, CA 95531 Application pending F Name and address of principal officer Edward Cable H(a) Is this a group return for subordinates? Yes												
ш	Applica		. 2			s included? Yes	_					
_		6777 Lower Lake Rd Crescent City, CA 95531)			a list (see instruction						
<u> </u>		empt status	4	1			·~,					
<u>क</u> ि	Websit					number >						
<u>æ</u>		organization	mation	2011	M State	of legal domicile	WA					
_	art I	Summary										
	1	Briefly describe the organization's mission or most significant activities: We	provid	de educati	on, traini	ng, and tools to	enable					
۾ ق		charitable organizations and social enterprises to deliver financial services to the	e poor,	making f	nancial i	nclusion more						
٦		affordable, accessible, and effective to the 3 billion underbanked and unbanked i	n the v	vorld.								
₩	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	ed of r	nore thar	25% of	its net assets.						
	3	Number of voting members of the governing body (Part VI, line 1a)			3		5					
ANNTO Hivities & G	4	Number of independent voting members of the governing body (Part VI, line	1b) .		4		4					
≥ §	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5		4					
Activities &	6	Total number of volunteers (estimate if necessary)			6		150					
₹ 5	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0					
ັດີ	'a	Net unrelated business taxable income from Form 990-T, line 38			7b		0					
	0	Net unrelated business taxable income from Form 990-1, line 36	' 	Prior Ye		Current Ye						
		Contributions and greate (Bort VIII line 1h)	_									
ě	8	Contributions and grants (Part VIII, line 1h)			52,223.17		33,975.14					
Revenue	9	3	<u> </u>	1:	33,926.87		2,053.75					
يَ	10	Investment income (Part VIII, column (A), lines 3, 4 and 7d)		<u> </u>	0		0					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 3d, 10c0 and 11pp) 2010			0		0					
	12	Total revenue - add lines 8 through 11 (must equal Par VIII, column (A), line 12) (ģ	4	86,150.04	42	26,028.89					
	13	Grants and similar amounts paid (Part IX, column A), lines 1-31.	一 医1		0		0					
	14	Benefits paid to or for members (Part IX, column A), line 450EN, UT.	. L 1		0		0					
Ś	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1:	24,524.96	11	4,093.79					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		-	0		0					
ĕ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶										
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3	36,998.15	27	5,145.27					
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	·		61,523.11	1	39,239.06					
	19	Revenue less expenses. Subtract line 18 from line 12	` ├──									
		Trevenue less expenses. Subtract line to northine 12	Boo	unning of Cu	24,626.93	End of Yes	36,789.83 ar					
5 5 5	20 21 22	Total coasts (Dart V. Inn. 16)										
SS S	20	Total assets (Part X, line 16)	·		61,683.77		7,594.81					
200	21	Total liabilities (Part X, line 26)	·		4,603.75		3,957.98					
		Net assets or fund balances. Subtract line 21 from line 20			57.080.02	9	3,636.83					
2	art II	Signature Block										
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s				my knowledge and	belief, it is					
tru	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer na	s any know	eage.							
Się	gn	Signature of officer		Da		. /						
He	ere				<i>₽</i> / Z	0/19						
		Type or print name and title Edward Cuble President	ICE	C								
<u> </u>	id	Pnnt/Type preparer's name Preparer's signature	Date		Chaols	☐ # PTIN						
	iid		1		Check self-em							
	epare		٠	E,	n's EIN ▶	· · · · · · · · · · · · · · · · · · ·						
US	se On	lly										
NA	v the !	. ∫ Firm's address ► RS discuss this return with the preparer shown above? (see instructions)		Pho	ne no	□ V ₂₂	No					
			• • •	· · ·	• • •							
Fo	r Paper	work Reduction Act Notice, see the separate instructions. C	at No '	11282Y		Form 9	90 (2018)					

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Page ₄

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.
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.
4a	(Code: Dev) (Expenses \$ 69,379.00 including grants of \$) (Revenue \$)
	Open Source Software Development (Dev): Mifos X is free & 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, microsaving
	and digital financial service applications such as mobile wallets using Mifos X. In 2018, through a grant from DIAL, we brought on a
	Community Engineer to help guide releases, write new self-service APIs, and guide the community. We successfully guided technical
	contributions from external partners, volunteers, and Interns with a focus on customer-facing channels. Our overarching goal was to strengthen and stabilize the core, improve delivery channels and continue migration of
	community over to the new architecture.
)
4b	(Code: Comm) (Expenses \$ 177,645.12 including grants of \$) (Revenue \$ 420.00)
	Community (Comm):Our global community is made up of financial institutions, local technology partners, and 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
	We started 2018 with 350 Mifos installations reaching a total poor client base of 8M clients & grew this to more than 10 million clients
	by year's end. We launched our recurring giving program, Open Source Fintech Force, to give volunteers an opportunity to contribute
	financially. We continued to utilize volunteers across all disciplines.
	External contributions from Intern programs were transformative with 13 interns thru Google Summer of Code & thru Google Code-In
4c	(Code: Edu) (Expenses \$ 137,976.68 including grants of \$) (Revenue \$ 141,633.75)
•	Education (Edu): In 2018, with solid positioning around Financial Inclusion 2.0 and powerful references & case studies of companies
	building on top of our reference open source APIs, we made a more dedicated effort to build awareness via speaking at conferences.
	We spoke at LinuxFest Northwest in Beilingham, at OSCON in Portland, ApacheCon in Montreal, & even keynoted Linux Foundation
	Open Source Summit Europe in Edinburgh, Scotland. We also attended Transform Africa Summit in Rwanda, had booths at OSCON &
	LFNW, attended the GSOC mentor summit and GCI summit, & also was a featured project for the SFHTML5 Code for Good Week. We
	also hosted weblnars for our community introducing them to Mojaloop & sponsored travel of our Interns to the GSOC Mentor Summit,
	FOSS Asia, and ApacheCon. Participation at these events helps us continue to build awareness amongst the sector for adopting open
	source financial services technologies and within the open source sector about the opportunities to contribute to our social mission
	by ending poverty one line of code at a time. We continued to maintain and enhance our web-based user manual, technical wiki,
	online question and answer portal, and library of training tutorials and videos.
4d	Other program services (Describe in Schedule O.)
••	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 385,000.80



Form 99	0 (2018)			Page 3
Part	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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		✓
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		1
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		✓
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? If "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.			
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		✓
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		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	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	1	
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		~
	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		√
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
			- 000	

rart	Checklist of Required Schedules (Continued)			
•			Yes	No
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		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		1
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		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ť
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		 -
·	to defease any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		1
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		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):			İ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
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		✓
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		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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
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		1
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	1	
Part				
	Greek it Schedule O contains a response of hote to any line in this Part V	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	1

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 4		_	
Ь	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		✓
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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		1
þ	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		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		1
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		ļ <u>.</u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		•
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		—
e 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. 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.			
а	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:			
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			
10-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	150		<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
U	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		/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See ins	tructi	ions.
Secti	on A. Governing Body and Management			
		,—	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4	į i	l l
	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		ĺ	1
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		
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		7
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	\neg	7
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		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			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.		أحجحا	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	ļ	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	j	✓
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?			
а	The organization's CEO, Executive Director, or top management official	15a	√	
ь	Other officers or key employees of the organization	15b	✓	
16a	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		1
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			
Cooki	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None	 T (O -		 -04/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own 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 int financial statements available to the public during the tax year.	•		, 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	•	

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Part VII	Compensation of Officers,	Directors, T	rustees, Ke	y Employees,	Highest C	ompensated	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	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos leck is pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Edward Cable	40	,								
President/CEO		✓_		✓	ļ.,	✓	ļ	88,560	0	0
(2) James Dailey	8	/								
Director, Chairman of the Board		· ·	-	✓			\vdash	0	0	0
(3) Zaheda Bhorat Director	2	1				ļ		١	0	o
(4) Suresh Krishna	2	· · · · ·		-			_	1		
Director	† <u>-</u>	1						0	o	o
(5) Dave Neary	2									
Director, Secretary		1		✓				0	o	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										••••

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yee:	s, ar	nd h	lighe	st C	ompensated E	mployees (c	ontinue	d)	
•	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck is pe d a d	rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	(F) Estimate amount other compense	of
		related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		from the organization organization	ie bon ted
(15)													
(16)												· · · · · ·	
(17)										<u> </u>			
(18)													
(19)													
(20)													
(21)													
(22)												- · · · · - · · ·	
(23)													
(24)													
(25)					<u> </u>								
	Sub-total			•	•		•	>	88,560				
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							<u> </u>	88,560				
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed :	above	e) w	ho received me	ore than \$10	0,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s									est compen	sated	Ye 3	No No √
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble d	con	nper	nsatio	n a	nd other comp			4	
5	Did any person listed on line 1a receive of for services rendered to the organization											5	■
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												s tax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompensatio	n
2	Total number of independent contractor							th	nose listed abo	ove) who			
	received more than \$100,000 of compens	ation from t	the or	gan	ızat	ion i	<u> </u>		0			Form 9	90 (2018)

Par	: VIII	Statement of Reve						
		Check if Schedule C	O contains a res	ponse or note to				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaign		0	ì	i i		1
Gra	b	Membership dues .		0	!			
Ş, Ç	C	Fundraising events .		0	f			
ia i	d	Related organizations		0	1			
ns,	е	Government grants (cor	, <u>, , , , , , , , , , , , , , , , , , </u>	0	}			
er S	f	All other contributions, g		1		İ		
년 원		and similar amounts not inc		283,975.14		Ì		
g g	g	Noncash contributions include	•					}
	h	Total. Add lines 1a-1	<u> </u>		283,975.14		 	
E S	A	41A1		Business Code				
ě	2a	Hosting		Comm	420.00	420.00		
9	b	Technical Assistance		Edu	141,633.75	141,633.75		
Ž	d	***************************************		-				<u> </u>
Š								
Program Service Revenue	e f	All other program ser	vice revenue		···			
Ę.	g	Total. Add lines 2a-2		•	142,053.75	-		
	3	Investment income	(including divid	ends, interest,	7.12,000.10			
		and other similar amo	ounts)	▶	o			
	4	Income from investmen	nt of tax-exempt b	ond proceeds▶	0			
	5	Royalties		▶	0			
			(i) Real	(ii) Personal				
	6a	Gross rents			Ì			
	b	Less: rental expenses						
	С	Rental income or (loss)	L					
	d	Net rental income or			0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis	i			İ		
		and sales expenses .	<u> </u>	 		1		
	9	Gain or (loss) Net gain or (loss) .	L	•				
	d	ivet gain or (loss) .			0		 	
evenue	8a	Gross income from fu events (not including \$	undraising					
∝		of contributions report. See Part IV, line 18						
Other	L	Less: direct expenses			1			
0	l .	Net income or (loss) f			0			
		Gross income from ga		Overlis . P				-
		See Part IV, line 19 .		ŀ		1		
	b	Less: direct expenses						
		Net income or (loss) f			0			
		Gross sales of in	nventory, less					
	ь	Less: cost of goods s	sold b					
		Net income or (loss) 1			0			
		Miscellaneous F		Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-						*
	12	Total revenue. See in	nstructions .	•	426,028.89	14205275		1

	Statement of Functional Expenses	poloto all ankimas. Al	l ather empiretion	a must complete es	hump (A)
Secuc	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response				
	of include amounts reported on lines 6b, 7b, o, 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	0.400	general expenses	одогосо
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 Compensation of current officers, directors, trustees, and key employees	0 88,560.00	88,560.00		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7 8	Other salaries and wages	10,787.17	10,787.17		
9	Other employee benefits	6,840.00	6,840.00		
10	Payroll taxes	7,906.62	7,906.62		
11	Fees for services (non-employees):	7,300.02	7,300.02		
а	Management	o			
b	Legal	331.33		331.33	
С	Accounting [2,734.88		2,734.88	
d	Lobbying	0			
8	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	227,648.77	227,648.77		
12	Advertising and promotion	4,639.38	4,639.38		
13	Office expenses	1,172.05		1,172.05	
14 15	Information technology	20,400.73	20,400.73		
16	Royalties	0			
17	Travel	12.809.87	12.809.87	· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	12,003.07	12,003.01		
19	Conferences, conventions, and meetings	4.601.77	4.601.77		· · · · · · · · · · · · · · · · · · ·
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	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	Other Program Service Expenses	806.49	806.49		
b		0.0.70			
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	389,239.06	385,000.80	4,238.26	
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				

	art X		1.77		
	•	Check if Schedule O contains a response or note to any line in this Pa		,	<u> L</u>
	•		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	60,809.93	1	97,594.80
	2	Savings and temporary cash investments	00,003.30	2	37,034.00
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	•		 ,
	1	Complete Part II of Schedule L		5	
"	6	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			
Assets	_	- '		6	
155	7	Notes and loans receivable, net	·· · · · · · · · · · · · · · · · · · ·	7	
•	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	873.84	9	
	iva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		· · · · · · · · · · · · · · · · · · ·		-	
	, b	· · · · · · · · · · · · · · · · · · ·		10c	
	11	Investments – publicly traded securities		11	···
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments – program-related. See Part IV, line 11			
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	.01
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	61,683.77	16	97,594.81
	18	Accounts payable and accrued expenses	4,603.75	_	3,957.98
	19	Grants payable		18	
	_	Deferred revenue	·		
	20 21	Tax-exempt bond liabilities		20	
10		Escrow or custodial account liability. Complete Part IV of Schedule D .		21	····
Ę	22	Loans and other payables to current and former officers, directors,			
賣		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		 -	
Liabilities	00	·		22	· · · · · · · · · · · · · · · · · · ·
_	23 24	Secured mortgages and notes payable to unrelated third parties	- 	23	
		Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4.603.75		2.057.00
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	4,003.73	-20	3,957.98
ès		complete lines 27 through 29, and lines 33 and 34.		-	
auc	27	Unrestricted net assets		27	······································
3al	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	0	30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
ĕ	32	Retained earnings, endowment, accumulated income, or other funds .	0		0
Ze	33	Total net assets or fund balances	57,080.02		93,636.83
	34	Total liabilities and net assets/fund balances	61,683,77		97.594.81
					Form 990 (2018)

Form 9	90 (2018)			Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1.	Total revenue (must equal Part VIII, column (A), line 12)	1		426,0	028.89
2	Total expenses (must equal Part IX, column (A), line 25)	2		389,	239.06
3	Revenue less expenses. Subtract line 2 from line 1	3		36,	789.83
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		57,0	080.02
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		:	233.02
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		93,0	636.83
Par	IXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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	plain i	n		
	Schedule O.			 	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>	<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or	1	
	reviewed on a separate basis, consolidated basis, or both:		- 1	1	
	Separate basis Consolidated basis Both consolidated and separate basis			·	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Ь—	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	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 account			ļ	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain II	n		
	Schedule O.			 	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	n		1
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	<u> </u>	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

The I	Mifos Initiative						13178
Pai							ns.
The	organization is not a private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	A church, convention of church	nes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	ΔQ
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	()
3	☐ A hospital or a cooperative hos)
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state						
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete i	Part II.)			
9	An agricultural research organi or university or a non-land-grauuniversity:	nt college of agn	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	An organization organized and	operated exclus	sively to test for public	safety.	See sect i	on 509(a)(4).	
12	☐ An organization organized and	operated exclus	ively for the benefit of	f, to perfo	rm the fu	inctions of, or to car	ry out the purposes
	of one or more publicly support	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganizati	on and complete line	s 12e, 12f, and 12g.
а	☐ Type I. A supporting organ	zation operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
	the supported organization supporting organization. You					he directors or trust	ees of the
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
	control or management of to organization(s). You must e				persons	that control or mana	age the supported
c	Type III functionally integrees its supported organization(s)						ally integrated with,
d	☐ Type III non-functionally in that is not functionally integree requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е	Check this box if the organ functionally integrated, or T	ization received ype III non-func	a written determination	on from the	ne IRS the	at it is a Type I, Type ion.	e II, Type III
f	Enter the number of supported of						[
<u> </u>	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)					·		
(C)							
(D)							
(E)							

Part							
	(Complete only if you checked the				•	•	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support			T	, 	1	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and			ļ	į		
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the						
4	organization's benefit and either paid					/	
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a			1	/	1	
	governmental unit or publicly						
	supported organization) included on	'					
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	<u> </u>	L	L		l	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(-/ · · ·	(4) = 4 + 4	(9,====/	(-)	19,22.2	(-) · · · · · · · · · · · · · · · · · · ·
8	Gross income from interest, dividends,						<u> </u>
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			ļ. <i>/</i>			
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on		/	ĺ			
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						1
	(Explain in Part VI.)				Į		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	og(s)			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he					<u> </u>	· · > 🗆
	on C. Computation of Public Suppor				·····		
14	Public support percentage for 2018 (line 6	, , , , ,	-	1, column (f))		14	<u>%</u>
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi			 v on line 13 ar	 nd line 14 is 33	15	check this
IVA	box and stop here . The organization qual					5 73 76 OF HIOTE,	▶ 🗍
b	331/3% support test -2017. If the organic	,	• • •	_	a. and line 15	is 331/3% or m	
	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test -20)18. If the orga	anization did n	ot check a bo	x on line 13, 1	6a. or 16b. and	d line 14 is
	10% or more, and if the organization me	ets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported
	organization /		<i>.</i>				🕨 🗀
b	10%-facts-and-circumstances test -20	017. If the orga	anızation did r	not check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fact	ts-and-circum	stances" test.	ne organizati	on qualifies as	a publicly
10	supported organization /	d not obselve t	 hov on line 12				🟲 📋
18	instructions	u not check a	DUX UN IINO 13	, 10a, 10D, 1/8	i, or 17D, chec	K IIIIS DOX AND	> □
		· · · ·		<u> </u>		· · · · ·	<u> </u>

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.)

	ir the organization rails to quality	under the tes	sis listed beit	ow, please co	mpiete Part i	1.)	
	on A. Public Support					· - · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
_	received. (Do not include any "unusual grants.")	22,541.04	565,316.14	873,969.99	352,223.17	283,975.14	2,098,025.48
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					1	
	organization's tax-exempt purpose	200.00	9,795.75	49,819.39	133,926.87	142,053.75	335,795.76
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	2000.00					2000.00
4	Tax revenues levied for the						2000.00
	organization's benefit and either paid to		-				
	or expended on its behalf		1		İ		
_							
5	The value of services or facilities						
	furnished by a governmental unit to the	·		'		j	
	organization without charge						··
6	Total. Add lines 1 through 5	24,741.04	575,111.89	923,789.38	486,150.04	426,028.89	2,435,821.24
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		-				
ь	Amounts included on lines 2 and 3				_		
_	received from other than disqualified				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		İ			1	
C4	line 6.)			<u> </u>		1	2,435,821.24
	on B. Total Support	(10044		4) 0040	400047	() 0040	(0 T
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	24,741.04	575,111.89	923,789.38	486,150.04	426,028.89	2,435,821.24
10a	Gross income from interest, dividends,				-		
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	273.84	115.00	0	0	0	388.84
b	Unrelated business taxable income (less		j				
	section 511 taxes) from businesses					ł	
	acquired after June 30, 1975	0	o	0	o	o	
C	Add lines 10a and 10b	273.84	115.00	0	0	0	388.84
11	Net income from unrelated business						
	activities not included in line 10b, whether	}	1				
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets					Í	
	(Explain in Part VI.)		ì			ì	
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
4.4	•	25014.88	575,226.89			426,028.89	
14	First five years. If the Form 990 is for the	=			· ·		
	organization, check this box and stop he			· · · · ·	<u></u>	· · · · ·	· · 🟲 📋
	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8					15	99.98 %
16	Public support percentage from 2017 Sch	nedule A, Part I	II, line 15 .	<u></u>	<u> </u>	16	99.98 %
Secti	on D. Computation of Investment In-	come Percer	ntage				
17	Investment income percentage for 2018 (line 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	.016 %
18	Investment income percentage from 2017	Schedule A, F	Part III, line 17			18	.02 %
19a	331/3% support tests-2018. If the organi	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39/	
	17 is not more than 331/3%, check this box						
ь	331/3% support tests - 2017. If the organiz		-			-	
_	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	-	-			-	

Part IV Supporting Organizations

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

Section A. Al	l Supp	orting	Organ	izations
---------------	--------	--------	-------	----------

			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		
3а	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.	30	_	
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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	40		
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		
C	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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		
С	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	.va		1
	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
•			Yes	No
11 -	5 - 5			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	,	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations		N	
_	Did the dissetant to other as as as as being a form of an as as as a second of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	H		_
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	on or type it desperating or gainst and the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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	1 1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins 1	1	
2	Activities Test. Answer (a) and (b) below.	$\overline{}$	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.	20		
b	•	2a		
	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		ŀ	
	reasons for the organization's position that its supported organization(s) would have engaged in these		ļ	
	activities but for the organization's involvement.	24		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI .	3a		
L	•••	38		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations			
1 . Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (exp			
instructions. All other Type III non-functionally integrated supporting organizations must complete Section Section A—Adjusted Net Income (A) Prior Year					
4 Not short term capital gain	1		(optional)		
1 Net short-term capital gain	<u>'</u>				
2 Recoveries of prior-year distributions	3				
3 Other gross income (see instructions)	+-				
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):	1				
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 Mınımum 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	T				
emergency temporary reduction (see instructions)	6				

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)			
Sect	Section D—Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	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.	<u> </u>				
7	Total annual distributions. Add lines 1 through 6.		···			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014					
С	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years		·			
<u>h</u>	Applied to 2018 distributable amount		······			
<u>i</u> _	Carryover from 2013 not applied (see instructions)					
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		,	<u> </u>		
4	Distributions for 2018 from			,		
	Section D, line 7: \$					
<u>a</u>	Applied to underdistributions of prior years		····			
<u>b</u>	Applied to 2018 distributable amount Remainder. Subtract lines 4a and 4b from 4.					
<u>c</u>						
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2014					
b	Excess from 2015					
c	Excess from 2016					
<u>d</u>	Excess from 2017					
е	Excess from 2018					

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

▶ 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.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The Mifos Initiative						5-3613178
Pa	General Information Form 990, Part IV, line		ties Outside	the United States. Con	nplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	ees' eligibility				✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organizatior	i's procedures for monitoring	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table	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 the region	(d) Activities conducted in the region (by type) (such as, fundralsing, 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 the region	(f) Total expenditures for and investments in the region
(1)	Australia	0	1	Program Services	Education	\$27,464.00
_(2)	India	0	5	Program Services	Software Development/Edu	\$73,613.00
(3)	Uruguay	0	3	Program Services	Education	\$94,071.77
_(4)	Cameroon	0	2	Program Services	Software/Community Dev	\$32,500.00
(5)						
(6))					
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)	·					
(15))					
(16))					
(17)						
38		0	11			\$227,648.77
ŧ	Total from continuation sheets to Part I					
(Totals (add lines 3a and 3b)	0	11			\$227,648,77

\$227,648.77

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.

1	(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)
(1)									
(2)									
(3)	*								
(4)								****	
(5)									
(6)	·········								
(7)			· <u>· · · · · · · · · · · · · · · · · · </u>						
(8)									
(9)			·						
(10)									
(11)									
(12)			·						
(13)									
(14)									
(15)									
(16) 2	Enter total nu	mber of recipier	nt organizations lie	ted above that are rec	constant as charitie	es by the foreign cour	atny recognized as	tay-evemnt	
3	by the IRS, or	for which the g	rantee or counsel	has provided a sectio	n 501(c)(3) equivale	ency letter		>	

Part III 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(ħ) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)						-	
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)			·····				
(13)							
(14)				~			
(15)							
(16)			· · · ·				
(17)						•	
(18)				, , , , , , , , , , , , , , , , , , , ,			

Schadula	E (Eom	990) 2018

Page 4

			i age -
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 separately 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; don't file with Form 990)	☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

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 (monitoring of funds)
Our payme	nts for software development are for contract software development services either directly for program service or for technical
assistance	projects. We carefully monitor the software development progress via two-week agile sprints. The contractors have specific
written qua	rterly deliverables which the sprints build up towards. Each month, we assess progress towards the quarterly deliverables and if
satisfactor	, we make a monthly contract payment. At the end of each quarter, we re-assess progress and develop new written requirements
with specifi	ic deliverables.
Part 1, Line	2, column (f) (accounting method)
we use cas	h and accounting and these are the actual expenses for calendar year 20118.

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**18**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

The Mitos Initiative	45-3613178
Part VI, Line 9.	
James Dalley, 1752 NW Market Street, #105, Seattle, WA 98107	
Suresh Krishna, #26 Srinivasa Archada, Srinidhi Layout, Chunchanaghatta, Bangalore - 560078 India	·
Zaheda Bhorat, 750 N. Shoreline Bivd, #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 99	0
This Form 990 was email 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 pol	icy? YES.
The policy is reviewed and renewed once each year by the board at the Annual Meeting. Throughout the	he year, the employee, President/CEO.
evaluates business transactions, agreements, and relationships for compliance with the policy.	
Line 15a. Review of compensation in line with executives at non-profits with similar mission and scope	e.
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	on is appropriate.
Part VI Governance, Management, and Disclosure - Section C. Disclosure	
Line 19. We post such documents to our website - https://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 Sch	redule O
Subcontractors - Software Development - India - \$66,879.00	
Subcontractors - Software Development - West Africa - \$2,500.00	
Subcontractors - Community Development - West Africa - \$30,000.00	
Subcontractors for Technical Assistance - Education - Latin America - \$94,071.77	

Name of the organization	Employer identification number
The Mifos Initiative	45-3613178
Subcontractors for Technical Assistance - Education - Australia - \$27,464.00	
Subcontractors for Technical Assistance - Education - India - \$6,734.00	
Total - \$227,648.77	
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