Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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

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

		ue Service	► Go to www.irs	.gov/Form990 for instru	ctions and the	e latest info	ormation.		Inspect	ion	
A For the 2017 ca			endar year, or tax year beginning January 1 , 2017, and ending Decem						nber 31 , 20 17		
В	Check if	applicable:	C Name of organization The Mifos	Initiative				Employe	er identification nu	mber	
	Address	change	Doing business as						45-3613178		
	Name ch	nange	Number and street (or P.O. box if	mail is not delivered to street	address)	Room/suite	E	Telephor	ne number		
	Initial ret		PO Box 127						484.477.8649		
		rn/terminated	City or town, state or province, co	untry, and ZIP or foreign pos	tal code						
	Amende		Crescent City, CA 95531				G	Gross re	eceipts \$		
П			F Name and address of principal off	icer: Edward Cable			H(a) Is this a grou	p return for s	subordinates? Yes	✓ No	
	1-1		6777 Lower Lake Rd, Crescent						s included? Tes		
<u> </u>	Tax-exe	mpt status:	✓ 501(c)(3)) () ◀ (insert no.)	4947(a)(1) or	527	1		list. (see instruction		
J	Website		//mifos.org	, (, , , , , , , , , , , , , , , , , ,			H(c) Group e	xemption	number ▶		
K	Form of o	organization:	✓ Corporation ☐ Trust ☐ Associ	ciation Other ►	L Year	r of formation			of legal domicile:	WA	
_	art I	Summa			l						
	1		scribe the organization's mis	ssion or most significar	nt activities:	We provid	e education,	training,	, and tools to ena	ble	
ě		-	organizations and social enterpr	_							
au			accessible, and effective to the								
Governance	2		is box ▶ ☐ if the organization				more than 2	25% of	its net assets.		
Š	3		of voting members of the gov	•		•		3		5	
æ	4		of independent voting memb					4		4	
ies	5		nber of individuals employed					5		7	
Activities &	6		nber of volunteers (estimate	-				6		150	
Aci	7a		elated business revenue fron					7a		0	
	b									0	
	Prior \ Contributions and grants (Part \(\lambda \) line 1b \)							7b r	Current Ye	ar	
								3,969.99	35	2,223.17	
ž	9 Program service revenue (Part VIII, line 2g)						49	,819.39	13	3,926.87	
Revenue	10	_	nt income (Part VIII, column					0		0	
æ	11		enue (Part VIII, column (A), li		0 0						
	12		enue—add lines 8 through 11				923	3,789.38	48	6,150.04	
	13		nd similar amounts paid (Par	· · · · · · · · · · · · · · · · · · ·				0		0	
	14		paid to or for members (Part					0 0			
s	15	-						3,812.61	12	4,524.96	
Expenses	16a		nal fundraising fees (Part IX,	•				0		0	
per	b		draising expenses (Part IX, c								
Ж	17		penses (Part IX, column (A), I)		839	,078.26	33	6,998.15	
	18	-	enses. Add lines 13-17 (mus		-		1,042	2,890.87	46	1,523.11	
	19		less expenses. Subtract line				-119	,101.49	2	4,626.93	
- Se						Beg	inning of Curr		End of Yea		
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)			🗀	45	,489.37	6	1,683.77	
t Ass	21					🗀	13	3,036.29		4,603.75	
ΞĒ	22	Net asset	ts or fund balances. Subtract	line 21 from line 20			32	2,453.08	5	7,080.02	
	art II	Signat	ure Block								
Ur	nder pena	Ities of perjur	ry, I declare that I have examined thi	s return, including accompar	nying schedules	and statemer	nts, and to the	best of n	ny knowledge and	belief, it is	
tru	ie, correc	t, and comple	ete. Declaration of preparer (other the	an officer) is based on all info	rmation of which	h preparer ha	s any knowled	dge.			
Sig	gn	Signa	ature of officer				Date	!			
He											
		Type	or print name and title								
D-	id.	Print/Typ	pe preparer's name	Preparer's signature		Date		Check	if PTIN		
Pa								self-emp			
	epare		ame ►	1			Firm's	EIN ►	1		
US	se Onl	y - """ 3 ""					5.	, _ II V F			

☐ Yes ☐ No

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

Form 990 (2017) Page 2 Part III **Statement of Program Service Accomplishments** 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 poo poor, making financial inclusion and digital financial services more affordable, accessible, and effective to the 3 billion underbanked in the world. Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes ✓ No If "Yes," describe these changes on Schedule O. 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.) (Expenses \$ (Code: 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 inc 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 bureaus 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. (Code: Comm (Expenses \$ 166,611.69 including grants of \$) (Revenue \$ _____) 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. (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 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.

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 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 Mifos case study to highlight the innovations in our ecosystem. Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 444,713.51 Form **990** (2017)

Part	V Checklist of Required Schedules			
	<u>.</u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	1	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	1	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If</i> "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		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			<u> </u>
	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? <i>If</i> "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,"	<u> </u>		
	complete Schedule D, Part III	8		1
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? <i>If "Yes," complete Schedule D, Part IV </i>	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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		1
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? <i>If "Yes," complete Schedule D, Part VIII </i>	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		1
	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		,
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		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	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		Ť	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or 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			
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		1
	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		

Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b 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	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		V
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		V
c b	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		<i>\</i>
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		>
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? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		>
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		\ \ \
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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		<i>></i>
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		<i>,</i>
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		<i>y</i>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<i>y</i>
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? <i>If "Yes," complete Schedule R, Part VI </i>	37		<i>y</i>
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		

	90 (2017) Statements Pagarding Other IPS Filings and Tax Compliance			Page
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			Г
	Check it Schedule O Contains a response of note 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	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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	1	
	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		1
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		
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
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		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	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		/
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
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.			
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: Initiation fees and capital contributions included on Part VIII, line 12			
a 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:	\dashv		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	\dashv		
	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

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

14a

14b

13b

13c

Part VI

Daga 6

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 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. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a 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. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ☐ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Edward Cable 6777 Lower Lake Rd, Crescent City, CA 95531 484.477.8649

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.		
			(C)									
(A)	(B)	(do n	Pos (do not chock			o than	200	(D)	(E)	(F)		
Name and Title	Average hours per week (list any	box,	o not check more than one bx, unless person is both an ficer and a director/trustee) Compensation from check more than one bx, unless person is both an ficer and a director/trustee) 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					4 -						
President/CEO		1		1		1		88,180	0	(
(2) James Dailey Director, Chairman of the Board	8	,		,				0	0			
(3) Zaheda Bhorat	2											
Director		1						0	0	(
(4) Suresh Krishna	2											
Director		1						0	0	(
(5) Dave Neary	2											
Director, Secretary		1		1				0	0	(
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (continue	ed)		
(A) Name and title		(B) Average hours per	officer and a director/tru					n an	(D) Reportable compensation	related		(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compo froi orgar and	ensatio m the nizatior related nization	1
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total								88,180					
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							>	0 88,180					
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	· · · · · ·		00,000	of		
			.										Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>							-	oloyee, or nigr	-		3		1
4	For any individual listed on line 1a, is the organization and related organizations													
_	individual											4		1
	for services rendered to the organization											5		1
	on B. Independent Contractors			_										
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
	(A) Name and business add	dress							(B) Description of s	ervices	C	(C) Compens	ation	
		,							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2	Total number of independent contractor received more than \$100,000 of compens	•	_					o th	nose listed abo 0	ove) who				

1 01111 000 (201	')
Part VIII	Statement of Revenue

		Check if Schedule O contains a re	sponse or note to	any line in this	Part VIII		🗌
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
s, G	С	Fundraising events 10	; 0				
ar /	d	Related organizations 10	0				
s, C imil	е	Government grants (contributions) 16	9 0				
ion Si	f	All other contributions, gifts, grants,					
ber the		and similar amounts not included above 11	352,223.17				
들으	g	Noncash contributions included in lines 1a-1f: \$					
a S	h	Total. Add lines 1a-1f	•	352,223.17			
ıue			Business Code				
Ven	2a	Hosting	Comm	751.87	751.87		
æ	b	Technical Assistance	Edu	132,550.00	132,550.00		
Program Service Revenue	С	Training	Edu	625.00	625.00		
Ser	d						
am	е		_				
rogi	f	All other program service revenue.					
Δ.	g	Total. Add lines 2a–2f		133,926.87			
	3	Investment income (including divi and other similar amounts)					
				0			
	4	Income from investment of tax-exempt		0			
	5	Royalties	(ii) Personal	U			
	6a	Gross rents	(1) 1 21221121				
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Not worted in come on (local)	▶	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)		0			
une	8a	Gross income from fundraising					
Other Reven		events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
the	h		b				
0		Net income or (loss) from fundraising	-	0			
		Gross income from gaming activities. See Part IV, line 19					
	b		b				
		Net income or (loss) from gaming ac	tivities ►	0			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold	b				
		Net income or (loss) from sales of in	ventory 🕨	0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total Add lines 11a-11d	+	400 450 01			
	12	Total revenue. See instructions		486,150.04			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	•		· · · · · · · · · · · · · · · · · · ·	· · ·
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , 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 Compensation of current officers, directors, trustees, and key employees	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			
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	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	5,2252		
22 23	Depreciation, depletion, and amortization . 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.)				
a b c	Other Program Service Expenses	3,722.00	3,722.00		
d	All other eveness				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	A61 522 11	AAA 712 F1	16 900 60	
25 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)	461,523.11	444,713.51	16,809.60	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		🗆
		· · · · · · · · · · · · · · · · · · ·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	45,489.37	1	60,809.93
	2	Savings and temporary cash investments		2	
	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.			
		Complete Part II of Schedule L		5	
S	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	l	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	873.84
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		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 line 34)	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 IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	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	13,036.29		4,603.75
_	20	Organizations that follow SFAS 117 (ASC 958), check here ► □ an		20	4,003.73
es		complete lines 27 through 29, and lines 33 and 34.	iu .		
nc	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
В В	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	d		
ř. π		complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
As	32	Retained earnings, endowment, accumulated income, or other funds.	0		0
ét	33	Total net assets or fund balances	32,453.08	_	57080.02
_	34	Total liabilities and net assets/fund balances		34	

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Part	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		486,1	50.04
2	Total expenses (must equal Part IX, column (A), line 25)	2		461,5	23.11
3	Revenue less expenses. Subtract line 2 from line 1	3		24,6	26.93
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		324	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				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🗌 Accrual 🔲 Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain in	1		
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		/
	If "Yes," check a box below to indicate whether the financial statements for the year were comp				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		/
-	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	: 🗆		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		ı 🗔		
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under)		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forn	n 990	(2017)