** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Internal Revenue Service

▶ 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.

Inspection

OMB No. 1545-0047

Α	For the	2017 calendar year, or tax year beginning and	ending	_					
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addres change Name	KIVA MICROFUNDS							
Ļ	change	<u> </u>		 	992446				
	Initial return Final return/		Room/suite 3 4 0	E Telephone number 415-	, 358–7500				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 17,717,625					
	Ameno return	SAN FRANCISCO, CA 94103		H(a) Is this a group re					
	Application pending	F Name and address of principal officer: CITAD STERDENZ		for subordinates	? Yes X No				
	-	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)				
		e: WWW.KIVA.ORG	1	H(c) Group exemption					
		organization: X Corporation	L Year	of formation: 2005 N	1 State of legal domicile: CA				
		Summary Briefly describe the organization's mission or most significant activities: KIVA	'S MTS	STON IS TO	CONNECT				
Governance	1	PEOPLE, THROUGH LENDING, FOR THE SAKE OF	ALLEV	VIATING POVE	RTY.				
rna		Check this box if the organization discontinued its operations or dispo							
ove				3	7				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5				
es &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			119				
Ϋ́Ε		Total number of volunteers (estimate if necessary)			450				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.				
				Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		17,070,812.	17,394,640.				
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.				
Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		126,632.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,436.	28,272.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,219,880.	17,711,126.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		10,598,868.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,416,1	38	0.	0.				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6 297 009	6,903,232.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,895,877.					
		Revenue less expenses. Subtract line 18 from line 12		324,003.					
or or	3	torondo todo experiodo. Cabarada inte 10 front inte 12	Be	ginning of Current Year	End of Year				
t Assets or	20	Total assets (Part X, line 16)		39,766,482.	40,525,883.				
ASS	21	Total liabilities (Part X, line 26)		12,069,603.	12,860,844.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		27,696,879.	27,665,039.				
P	art II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.					
		Signature of officer		Data					
Sig				Date					
He	re	CHAD STERBENZ, VP OF FINANCE Type or print name and title							
				Date Check	PTIN				
Pai	_d	Print/Type preparer's name SHEBA B. DALANEY Preparer's signature Another B. Dala	I .	Date Check Care of the Check C					
		Firm's name ABBOTT, STRINGHAM & LYNCH	eney-10	Firm's EIN	77-0051130				
	Only	Firm's address 1530 MERIDIAN AVE 2ND FLR		I IIIII 2 EIIV	,, 0031130				
	. Unity	SAN JOSE, CA 95125		Phone no (1	08)377-8700				
M2	v the IE	S discuss this return with the preparer shown above? (see instructions)		I Holle Ho. (=	X Yes No				
IVIO	y 11 1 0 11	Lo discuss this return with the preparer shown above? (see instructions)			163 100				

Pa	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: KIVA IS A NON-PROFIT ORGANIZATION WITH A MISSION TO CONNECT PEOPLE
	THROUGH LENDING TO ALLEVIATE POVERTY.
	INCOOR BENDING TO MEDEVIATE TOVERTI.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 13,851,805 • including grants of \$) (Revenue \$ 28,272 •
	KIVA PARTNERS WITH OVER 312 GLOBAL MICROFINANCE INSTITUTIONS ("MFIS")
	AND OTHER SOCIALLY MINDED ORGANIZATIONS AND ENTERPRISES IN MORE THAN
	SEVENTY-EIGHT (78) COUNTRIES ACROSS THE GLOBE. THIS NETWORK OF
	PARTNERSHIPS ENABLES KIVA TO CONNECT WITH BORROWERS SEEKING
	MICRO-LOANS. KIVA'S PARTNER ORGANIZATIONS ARE RESPONSIBLE FOR SELECTING
	AND VETTING THE BORROWERS AND ADMINISTRATING THE LOANS. KIVA'S ONLINE
	PLATFORM CONNECTS THESE BORROWERS WITH OVER 1.6 MILLION INDIVIDUALS TO
	DATE WHO WANT TO CONTRIBUTE LOAN FUNDS VIA THE INTERNET.
	IN 2012, KIVA INITIATED MORE CONCERTED WORK ON A PILOT PROGRAM
	(FORMERLY "KIVA ZIP" NOW RENAMED "KIVA US"), DESIGNED TO TEST THE
	FEASIBILITY OF FACILITATING MICROFINANCE LOANS FROM KIVA USERS MORE
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 13,851,805.

Form 990 (2017) KIVA MICROFUNDS Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16		15	21	
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
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		х
			~~~	

## Form 990 (2017) KIVA MICROFUNDS Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		X
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		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٦,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			- v
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2017) KIVA MICROFUNDS Part V Statements Regarding Other IRS Filings and Tax Compliance

b c 2a b 3a b 4a b c 6a b 7 a b c c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?  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  If at least one is reported on line 2a, did the organization file all required federal employment tax retu  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other	2a 119 rns? s)	1c 2b	Yes	No
b c 2a b 3a b 4a b c 6a b 7 a b c c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ab 0 eportable gaming  2a 119 rns?		Х	
c 2a b 3a b 4a b c 6a b 7 a b c	Did the organization comply with backup withholding rules for reportable payments to vendors and responsibility (gambling) winnings to prize winners?  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  If at least one is reported on line 2a, did the organization file all required federal employment tax retuence. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule.	eportable gaming  2a 119  rns?		Х	
2a b 3a b 4a b 5a b c 6a b 7	(gambling) winnings to prize winners?  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 119 rns? s)		Х	
2a b 3a b 4a b 5a c 6a b 7 a b c	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		Λ	
b 3a b 4a b 5a c 6a b 7 a b c	filed for the calendar year ending with or within the year covered by this return	rns?			
b 3a b 4a b 5a c 6a b 7 a b c	If at least one is reported on line 2a, did the organization file all required federal employment tax retu <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No," to line 3b, provide an explanation in Schedule	rns?		1	
3a b 4a b 5a b c 6a b 7 a b c c	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?	s)	20	х	
3a b 4a b 5a b c 6a b 7 a b c c	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule</i>				
b 4a b 5a b c 6a b c c	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3a		Х
4a b 5a b c 6a b 7 a b c		$\cap$	3b		
5a b c 6a b 7 a b c	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
5a b c 6a b 7 a b c	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a	х	
5a b c 6a b 7 a b c	If "Yes," enter the name of the foreign country: ► KENYA	accounty:	Tu		
5a b c 6a b 7 a b c	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).			
b c 6a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
c 6a b 7 a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
b 7 a b c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
b 7 a b c	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
b 7 a b c			6a		Х
7 a b c	If "Yes," did the organization include with every solicitation an express statement that such contribut				
a b c	were not tax deductible?		6b		
c b	Organizations that may receive deductible contributions under section 170(c).				
С	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
٦	to file Form 8282?		7с		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	igwdap	X
	If the organization received a contribution of qualified intellectual property, did the organization file February		7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		<u> </u>
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			37
			8		X
	Sponsoring organizations maintaining donor advised funds.				v
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Λ
	Section 501(c)(7) organizations. Enter:	140-1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	[ 100 ]			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	l I I I			
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b	1=0.		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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>▽</b> '				
	Enter the amount of reserves the organization is required to maintain by the states in which the				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
		13b 13c			
b	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand		14a		X

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
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.			
h	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 any other	-		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	<b>-</b> 6		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>_</b> .		х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	
а	The governing body?	8a	X	
	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			x
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		\ <u>'</u>	- · ·
40-	Did the consequentian have been been been been been sentilled a O	40-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	Λ	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-	х	
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	21	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
С		400	х	
40	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X	
13	Did the organization have a written document retention and destruction policy?	14	X	
14		14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	77	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		-21
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
<u>3ec</u>	List the states with which a copy of this Form 990 is required to be filed ►AL , AK , CA , CT , FL , IL , KS , KY , MI	<u>Μ</u> Δ	MT	MN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			,
10	for public inspection. Indicate how you made these available. Check all that apply.	uvaiial	10	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
10	·	d finan	cial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u IIIIaN	ual	
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	CHAD STERBENZ - 415-358-7500			
	875 HOWARD STREET, SUITE 340, SAN FRANCISCO, CA 94103			

Form 990 (2017) KIVA MICROFUNDS 71-0992446 Page 7

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

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

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

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

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

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

Companisations   Companisations   Companisations   Companisations   Companisations   Companisations   Companisations   Companisation   Compa	(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D)  Reportable compensation	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
1.00   X		hours for related organizations below		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	organizations	compensation from the organization and related
C) JULIE HANNA FARRIS		1.00	v						0	0	0
DIRECTOR		1 00	^						0.	0.	0.
(3) AMY ROWE KLEMENT		1.00	v						0.	0	0
Director   X		1.00							0.	0.	<u> </u>
(4) JOHN MULLER		1.00	x						0.	0.	0.
Director   X		1.00							•		•
S   MAYA CHORENGEI	DIRECTOR		Х						0.	0.	0.
Chief Executive Officer	(5) MAYA CHORENGEI	1.00									
Chief Executive Officer	DIRECTOR		Х						0.	0.	0.
The transfer of the frame of the frequency of the frame	(6) NEVILLE CRAWLEY	40.00									
DIRECTOR	CHIEF EXECUTIVE OFFICER		Х		Х				78,895.	0.	2,658.
(8) PREMAL SHAH PRESIDENT & BOARD MEMBER  (9) AUSTIN CHOI GENERAL COUNSEL (10) LISA HOGEN (11) JONATHAN PRICE SR. DIRECTOR, KIVA US (12) SONALI KOTHARI CHIEF OPERATING OFFICER (13) CHELSA BOCCI VP, MARKETING (14) RAYMOND WHITE (14) RAYMOND WHITE (15) KEVIN O'BRIEN (16) CHER JACQUES VP, GLOBAL PARTNERSHIPS (17) CHAD STERBENZ  (17) CHAD STERBENZ  (18) VX X 263,933.  0. 26,160.  X X 204,732. 0. 27,620.  145,953. 0. 29,722.  145,953. 0. 29,722.  145,953. 0. 29,722.  145,953. 0. 29,722.  145,953. 0. 29,722.  145,953. 0. 29,722.  145,953. 0. 12,259. 0. 11,021.  146,259. 0. 11,021.	(7) WENCES CASARES	1.00									
RESIDENT & BOARD MEMBER	DIRECTOR		Х						0.	0.	0.
(9) AUSTIN CHOI       40.00       X       204,732.       0. 27,620.         (10) LISA HOGEN       30.00       X       145,953.       0. 29,722.         (11) JONATHAN PRICE       X       129,397.       0. 9,084.         (12) SONALI KOTHARI       40.00       X       297,736.       0. 12,259.         (13) CHELSA BOCCI       40.00       X       126,259.       0. 11,021.         (14) RAYMOND WHITE       30.00       X       98,605.       0. 47,349.         (15) KEVIN O'BRIEN       40.00       X       145,998.       0. 8,928.         (16) CHER JACQUES       40.00       X       115,894.       0. 17,176.         (17) CHAD STERBENZ       40.00       X       115,894.       0. 17,176.	(8) PREMAL SHAH	40.00								_	
X   204,732.   0. 27,620.   (10) LISA HOGEN   30.00   X   145,953.   0. 29,722.   (11) JONATHAN PRICE   40.00   SR. DIRECTOR, KIVA US   X   129,397.   0. 9,084.   (12) SONALI KOTHARI   40.00   CHIEF OPERATING OFFICER   X   297,736.   0. 12,259.   (13) CHELSA BOCCI   40.00   VP, MARKETING   X   126,259.   0. 11,021.   (14) RAYMOND WHITE   30.00   CHIEF FINANCIAL OFFICER   X   98,605.   0. 47,349.   (15) KEVIN O'BRIEN   40.00   CHIEF TECHNOLOGY OFFICER   X   145,998.   0. 8,928.   (16) CHER JACQUES   40.00   VP, GLOBAL PARTNERSHIPS   X   115,894.   0. 17,176.   (17) CHAD STERBENZ   40.00   (17) CHAD STERBENZ   40.00   (18) CHIEF TECHNOLOGY OFFICER   X   115,894.   0. 17,176.   (17) CHAD STERBENZ   40.00   (17) CHAD STERBENZ   40.00   (18) CHIEF TECHNOLOGY OFFICER   X   115,894.   0. 17,176.   (17) CHAD STERBENZ   40.00   (17) CHAD STERBENZ   40.00   (18) CHIEF TECHNOLOGY OFFICER   (17) CHAD STERBENZ   40.00   (17) CHAD STERBENZ	PRESIDENT & BOARD MEMBER		Х		Х				263,933.	0.	26,160.
CHIEF DEVELOPMENT OFFICER		40.00									
CHIEF DEVELOPMENT OFFICER  (11) JONATHAN PRICE  SR. DIRECTOR, KIVA US  (12) SONALI KOTHARI  CHIEF OPERATING OFFICER  (13) CHELSA BOCCI  VP, MARKETING  (14) RAYMOND WHITE  (14) RAYMOND WHITE  (15) KEVIN O'BRIEN  CHIEF TECHNOLOGY OFFICER  (16) CHER JACQUES  VP, GLOBAL PARTNERSHIPS  (17) CHAD STERBENZ  X 145,953.  0. 29,722.  X 129,397.  0. 9,084.  297,736.  0. 12,259.  0. 11,021.  40.00  X 98,605.  0. 47,349.  145,998.  0. 8,928.					X				204,732.	0.	27,620.
Color		30.00							145 050		00 500
SR. DIRECTOR, KIVA US		10.00			X				145,953.	0.	29,722.
(12) SONALI KOTHARI       40.00       X       297,736.       0. 12,259.         (13) CHELSA BOCCI       40.00       X       126,259.       0. 11,021.         (14) RAYMOND WHITE       30.00       X       98,605.       0. 47,349.         (15) KEVIN O'BRIEN       40.00       X       145,998.       0. 8,928.         (16) CHER JACQUES       40.00       X       115,894.       0. 17,176.         (17) CHAD STERBENZ       40.00       X       115,894.       0. 17,176.		40.00	-		,,				100 207		0 004
CHIEF OPERATING OFFICER  (13) CHELSA BOCCI  VP, MARKETING  (14) RAYMOND WHITE  CHIEF FINANCIAL OFFICER  (15) KEVIN O'BRIEN  CHIEF TECHNOLOGY OFFICER  (16) CHER JACQUES  VP, GLOBAL PARTNERSHIPS  (17) CHAD STERBENZ  (18) CHELSA BOCCI  X	•	40 00			X.				129,39/.	0.	9,084.
(13) CHELSA BOCCI       40.00       X       126,259.       0. 11,021.         (14) RAYMOND WHITE       30.00       X       98,605.       0. 47,349.         CHIEF FINANCIAL OFFICER       X       98,605.       0. 47,349.         (15) KEVIN O'BRIEN       40.00       X       145,998.       0. 8,928.         (16) CHER JACQUES       40.00       X       115,894.       0. 17,176.         VP, GLOBAL PARTNERSHIPS       X       115,894.       0. 17,176.		40.00	-		_v				207 726	0	12 250
VP, MARKETING       X       126,259.       0. 11,021.         (14) RAYMOND WHITE       30.00       X       98,605.       0. 47,349.         CHIEF FINANCIAL OFFICER       X       98,605.       0. 47,349.         (15) KEVIN O'BRIEN       40.00       X       145,998.       0. 8,928.         (16) CHER JACQUES       40.00       X       115,894.       0. 17,176.         VP, GLOBAL PARTNERSHIPS       X       115,894.       0. 17,176.		40 00			Δ				291,130.	0.	14,439.
(14) RAYMOND WHITE       30.00       X       98,605.       0.47,349.         (15) KEVIN O'BRIEN       40.00       X       145,998.       0.8,928.         (16) CHER JACQUES       40.00       X       115,894.       0.17,176.         VP, GLOBAL PARTNERSHIPS       X       115,894.       0.17,176.		40.00	1		v				126 250	0	11 021
CHIEF FINANCIAL OFFICER  (15) KEVIN O'BRIEN  CHIEF TECHNOLOGY OFFICER  (16) CHER JACQUES  VP, GLOBAL PARTNERSHIPS  (17) CHAD STERBENZ  X 98,605.  0. 47,349.  145,998.  0. 8,928.  115,894.  0. 17,176.	· · · · · · · · · · · · · · · · · · ·	30 00			^				120,239.	0.	11,021.
(15) KEVIN O'BRIEN       40.00         CHIEF TECHNOLOGY OFFICER       X       145,998.       0. 8,928.         (16) CHER JACQUES       40.00       X       115,894.       0. 17,176.         VP, GLOBAL PARTNERSHIPS       X       115,894.       0. 17,176.         (17) CHAD STERBENZ       40.00       0. 17,176.		30.00	1		x				98 605	0	47 349
CHIEF TECHNOLOGY OFFICER X 145,998. 0. 8,928.  (16) CHER JACQUES 40.00 X 115,894. 0. 17,176.  (17) CHAD STERBENZ 40.00		40.00	$\vdash$		<u> </u>				50,005.	0.	<u> </u>
(16) CHER JACQUES       40.00         VP, GLOBAL PARTNERSHIPS       X       115,894.       0. 17,176.         (17) CHAD STERBENZ       40.00       115,894.       0. 17,176.			1		$ \mathbf{x} $				145.998.	0.	8,928.
VP, GLOBAL PARTNERSHIPS         X         115,894.         0. 17,176.           (17) CHAD STERBENZ         40.00		40.00			<del></del>						
(17) CHAD STERBENZ 40.00	-		1		x				115,894.	0.	17,176.
		40.00							,		
			1		x				138,241.	0.	20,878.

Form **990** (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any	Position (do not check more box, unless person i officer and a directo			l than is bot	one h an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensatio from related organization	on d	an	(F) stimate nount other pensa	of	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org and	rom the panizat d relat anizatie	e tion ted
(18) MARTIN TSCHOPP CHIEF EXECUTIVE OFFICER	40.00			х				42,359.		0.		4,1	10.
(19) BENNETT GRASSANO	40.00												
VP, STRATEGIC DEVELOPMENT						Х		142,739.		0.	1	7,5	80.
(20) JEN KOBAYASHI	40.00												
DIRECTOR, SOFTWARE DEVELOP						Х		149,744.		0.	3	1,7	87.
1b Sub-total							<u> </u>	2,080,485.		0.	26	6,3	32.
c Total from continuation sheets to Part VI							<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	2,080,485.		0.	26	6,3	32.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no r	eceived more than \$100	0,000 of reportab	le			11
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on	I			
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su								hor componention from			3		Х
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or a	•				•		elat	ted organization or indiv	idual for services	j			x
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	е Ј т	or s	ucn į	bers	son .					5		
Complete this table for your five highest co										npens	ation	from	
the organization. Report compensation for (A)	the calendar y	ear e	endi	ng w	vith	or w	ithir 	n the organization's tax ( <b>B)</b>	year.		(0		
Name and business	address	NC	INC	3				Description of s	ervices	C	compe		n
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation 🕨				(	0							

71-0992446

Form 990 (2017) KIVA MIC
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
og i		Membership dues						
S, G	С	Fundraising events	1c					
ar,		Related organizations						
ini.	е	Government grants (contribut	ions) <b>1e</b>					
rior S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included above	ve 1f	17,394,640.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>ම</u> දි	h	Total. Add lines 1a-1f		<b>&gt;</b>	17,394,640.			
				Business Code				
e e	2 a							
e Ž	b							
Program Service Revenue	С							
lev.	d							
<u>б</u>	е							
₫	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	258,829.			258,829.
	4	Income from investment of tax	x-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties	<u></u>	<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		, <b></b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	35,884.					
	b	Less: cost or other basis						
		and sales expenses	6,499.					
	С	Gain or (loss)	29,385.					
	d	Net gain or (loss)		<u></u>	29,385.			29,385.
ne	8 a	Gross income from fundraising	g events (not					
		including \$	of					
Şe.		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	а					
€	b	Less: direct expenses	b					
	С	Net income or (loss) from fund	draising events	<b>&gt;</b>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		$\overline{}$				
		Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventory	<b></b>				
		Miscellaneous Revenu	е	Business Code				
	11 a	OTHER MISC INCOME		900099	28,272.	28,272.		
	b							
	С							
	е	Total. Add lines 11a-11d			28,272.			
	12	Total revenue. See instructions.			17,711,126.	28,272.	0.	288,214.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 2,004,966. 1,634,847. 191,761. 178,358. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,626,792. 5,403,477. 633,807. 589,508. Other salaries and wages 7 Pension plan accruals and contributions (include 17,794. 204,365 161,134. 25,437 section 401(k) and 403(b) employer contributions) 926,523. 1,175,102. 146,262. 102,317. 9 Other employee benefits 800,394. 668,539. 68,376. 63,479. 10 Payroll taxes Fees for services (non-employees): 11 a Management 32,380. 2,284. 30,096. Legal 171,473. 12,098. 159,375. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 89,721. 6,330. 83,391. column (A) amount, list line 11g expenses on Sch O.) 1,250. 418,511. 416,641. 620. Advertising and promotion 12 95,538. 43,653. 48,763. 3,122. 13 Office expenses 45,782. 471,270. 121,513. 638,565. Information technology 14 Royalties 15 1,303,629. 118,122. 1,048,646. 136,861. 16 Occupancy 380,156. 287,674. 32,445. 60,037. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 330,000. 330,000. Interest 20 21 Payments to affiliates ..... 1,368,300. 152,534. 1,681,312. 160,478. Depreciation, depletion, and amortization ..... 22 154,330. 130,359. 9,415. 14,556. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 736,791. 459,275. 277,516. CONTRACTORS 4,134. PORTFOLIO TEAM TRAINING 250,472. 246,338. 232,179. 46,242. 179,593. OTHER EXPENSES 6,344. 129,<u>5</u>95. STAFF DEVELOPMENT 33,582. 206. 95,807. 149,483. 258,580. 62,729. 46,368. e All other expenses 17,714,851. 13,851,805. 2,446,908. 1,416,138. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2017)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,324,860.	1	13,097,928.
	2	Savings and temporary cash investments			7,390,219.	2	503,159.
	3	Pledges and grants receivable, net			1,641,877.	3	1,379,928.
	4	Accounts receivable, net			238,746.	4	36,716.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ş		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		F	21,039,034.	7	22,256,973.
ĕ	8	Inventories for sale or use			8		
	9				1,459,466.	9	1,234,672.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,763,165.			
	b	Less: accumulated depreciation		16,132,519.	2,406,071.	10c	1,630,646. 1,315.
	11	Investments - publicly traded securities		1,600.	11	1,315.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		25,000.	14	25,000.	
	15	Other assets. See Part IV, line 11			239,609.	15	359,546.
	16	Total assets. Add lines 1 through 15 (must equ			39,766,482.	16	40,525,883.
	17	Accounts payable and accrued expenses			1,344,394.	17	1,341,601.
	18	Grants payable		18			
	19	Deferred revenue			706,950.	19	1,492,918.
	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	office	rs, directors, trustees,			
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			4.0.00.00.00	23	
	24	Unsecured notes and loans payable to unrelate			10,000,000.	24	10,000,000.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of	40.050		06 205
		Schedule D			18,259.	25	26,325.
	26			. 77	12,069,603.	26	12,860,844.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			12 062 001		10 040 675
au	27	Unrestricted net assets			13,063,021.	27	12,042,675.
Bal	28	Temporarily restricted net assets			14,633,858.	28	15,622,364.
пd	29					29	
Ţ		Organizations that do not follow SFAS 117 (A					
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			27,696,879.	32	27 665 020
_	33	Total net assets or fund balances				33	27,665,039.
	34	Total liabilities and net assets/fund balances			39,766,482.	34	40,525,883.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
			4		۰.			
1	Total revenue (must equal Part VIII, column (A), line 12)		17,71					
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,71	4,8	51.			
3	Revenue less expenses. Subtract line 2 from line 1	3			25.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 27							
5	Net unrealized gains (losses) on investments	5		9	86.			
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	-2	-29,101				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	27,66	5,0	39.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
	· · · · · · · · · · · · · · · · · · ·			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization KIVA MICROFUNDS 71-0992446 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sed	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	13418745.	16402028.	19779764.	17070812.	17394640.	84065989.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge	4 3 4 4 3 5 4 5	1610000	400000	4.5.5.6.4.6	45004640	0.4065000				
4	Total. Add lines 1 through 3	13418745.	16402028.	19779764.	17070812.	17394640.	84065989.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						04065000				
	Public support. Subtract line 5 from line 4.						84065989.				
Section B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2013 1 3 / 1 9 7 / 5	(b) 2014 1 6 4 0 2 0 2 8	(c) 2015	(d) 2016	(e) 2017 1 7 3 9 4 6 4 0	(f) Total 84065989.				
	Amounts from line 4	13410/43.	10402020.	19//9/04.	17070012.	1/394040.	04003303.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	82,018.	75,327.	63,720.	126,632.	288,499.	636,196.				
0	and income from similar sources  Net income from unrelated business	02,010.	15,521.	03,720.	120,032.	200,400.	030,130.				
9	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
10	or loss from the sale of capital										
	assets (Explain in Part VI.)	240.137.	151,352.	4,401.	22,436.	28.272.	446,598.				
11	Total support. Add lines 7 through 10			_,	,		85148783.				
	Gross receipts from related activities	etc. (see instruction	ons)			12					
	First five years. If the Form 990 is fo					n 501(c)(3)					
	organization, check this box and stop				•		<b>&gt;</b>				
Sec	ction C. Computation of Pub	ic Support Pe	rcentage								
14	Public support percentage for 2017 (	line 6, column (f) d	vided by line 11, o	column (f))		14	98.73 %				
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	98.98 %				
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b					
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			<b>▶</b> X				
b	33 1/3% support test - 2016. If the	•		•		•					
	and <b>stop here.</b> The organization qua	lifies as a publicly s	supported organiz	ation			▶□				
17a	10% -facts-and-circumstances tes	•					•				
	and if the organization meets the "fac										
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances tes	•				•					
	more, and if the organization meets t						e				
	organization meets the "facts-and-cir						<b>&gt;</b>				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	b, check this box a	ind see instruction	ns ▶Ш				

#### 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.)

Calendar year (or fiscal year to spinning in) b (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total or first grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receives from admissions, more provided by the contributions of the con	Section A. Public Support	elow, please com	ipiete Part II.)				
I Giffs, grants, contributions, and membership feer received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities turnished in any activity that is related to the organization's tissue-empt purpose of the production of the pr		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
membership fees received. (Do not include any runsual grants. 7)  2. Gross receipts from admissions, membrandies sold or sancies performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions performed, or facilities furnished to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues levied for the organization's performed on its behalf or or expanded on its or expanded on its behalf or or expanded on its behalf or or expanded on its organization or its organizatio		(4) 20 10	(3) = 3 · · ·	(0) = 0 + 0	(4, 25.5	(0, 20	(1)
include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's trave-warmy purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's tevenished by a governmental unit to the organization's benefit and other paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's whorlot obage  6 Total. Add lines 1 through 5.  7 A mounts included on lines 1, 2, and 3 received from disqualified persons by Amenian related trade or lines 2 and 7 increment from other than disqualified persons by Amenian related or lines 2 and 7 increment from other than disqualified persons by Amenian related to lines 2 and 7 increment from other than disqualified persons by Amenian related to lines 2 and 7 increment from other than disqualified persons by Amenian related to lines 2 and 7 increment from other than disqualified persons by Amenian related to lines 2 and 7 increment from other than disqualified persons by Amenian related to lines 2 and 7 increment from other than disqualified persons by Amenian related to lines 2 and 7 increment from other than disqualified persons by Amenian related to lines 2 and 7 increment from other than disqualified persons by Amenian related to lines 2 and 7 increment from other than disqualified persons by Amenian related by a fine 3 increment from other than 3 increment from other than 3 increment from other disputed organization of public support personal persons from the sale of capital assets (Epplain in Part VI).  9 Amounts from businesses acquired and other 1 increment from other 2 increment from 2 increment fr							
2 Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on							
merchandise sold or services per- formed, or facilities furnished in  any activity that is related to the  organization's trave-empt purpose  3. Gross receipts from activities that  are not an unrelated trade or bus- iness under section 513  4. Tax revenues leveld for the organ- ization's benefit and either paid to  or expended on its behalf  5. The value of services or facilities  furnished by a governmental unit to  the organization without charge  6. Total. Add lines 1 through 5.  7. A mount is included on lines 1, 2, and  3. received from disqualified persons  but  A minute included on lines 1, 2, and  3. received from disqualified persons  but  A minute included on lines 1, 2, and  3. received from disqualified persons  but  another has eigenfelled persons but  section B. Total Support  Calendar year (or fiscal year beginning in)   A public support, instinct in the list   Section B. Total Support  Calendar year (or fiscal year beginning in)   A mount is fine to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   B buffer but beginned to the third   Calendar year (or fiscal year beginning in)   A mount is fines to take   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A mount is fines to the year   Calendar year (or fiscal year beginning in)   A pub							
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Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$3.000 or 1% of the amount on line 15 for the year c Add lines 7a and 7b 8 Public support. Spination 7 trans line 1 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources U b Unrelated business staxible income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, rod lines 4, 101, 111 (1) 12 13 10tal support, rod lines 4, 101, 111 (1) 12 13 10tal support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2016 Schedule A, Part III, line 17 19 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is nore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 16 is nore than 33 1/3%, and							
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13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  19 Total support support as a section 501(c)(3) organization, check the section 501(c)(3) organization 501(c)(3) organization, check this box and support support support as a section 501(c)(3) organization, check the section 501(c)(3) organization 501(c)(3) organization 501(c)(3) organization, check this support support support as a section 501(c)(3) organization, check this support sup	5						
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
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#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
2	2		
3	а		
3	b		
3	С		
4	a		
4	b		
4	С		
5	а		
5	h		
5			
6	<b>)</b>		
7	,		
8	3		
9	а		
	h		
9	D		
9	С		
10	)a		
10			
n 990 c	r 99	90-EZ	2017

Par	rt IV   Supporting Organizations (continued)			
	··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	below, the governing body of a supported organization?	11a		
b	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		
	ction B. Type I Supporting Organizations	1.0		
	- The compressing organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	140
•	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 <b>Part VI</b> 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			
		1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		T.,	
			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			
<u> </u>	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		1.,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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		<u> </u>
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	uctions).		
а	· · · · · · · · · · · · · · · · · · ·			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		(see instruction:		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3h	1	1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V   Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	ch the organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

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

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

KIVA MICROFUNDS 71-0992446

Organization type	check one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	zation is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
_	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 50 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ntributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 990-EZ, line 1. Complete Parts I and II.
year, total	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for tion of cruelty to children or animals. Complete Parts I, II, and III.
year, contri is checked purpose. D	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ibutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively haritable, etc., contributions totaling \$5,000 or more during the year
Caution: An organiz	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number 
KIVA MICROFUNDS 71-0992446

	HI CROI CHEE	
Part I	Contributors (see instructions). Use duplica	te copies of Part I if additional space is needed.

		. opass is instabal	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,971,749</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2017)}}{\mbox{Name of organization}}$ Employer identification number

KIVA MICROFUNDS

71-0992446

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number

KIVA MICROFUND	K	IV	7A	MΙ	CRO	FUI	d	ç
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71-0992446

Part III	the year from any one contributor. Complete of	columns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations						
	completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 on all space is needed.	or less for the year. (Enter this info. once.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gi	ift						
	Transferee's name, address, at		Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gi	ift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) Na									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	Transferee's name, address, a	(e) Transfer of gi	fer of gift  Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
l									

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KIVA MICROFUNDS

**Employer identification number** 71-0992446

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	28	
2	Aggregate value of contributions to (during year)	1,999,461.	_
3	Aggregate value of grants from (during year)	104,314.	
4	Aggregate value at end of year	11,616,108.	
5	Did the organization inform all donors and donor advisors in w		ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		-
	impermissible private benefit?	•	
Pai	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing cons	ervation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservati	ion easements during the year
_	<b>&gt;</b> \$		V4)(E)(E)
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizationservation easements.	ion's ilianciai statements that describes t	ne organization's accounting for
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and halance sheet works of art
	historical treasures, or other similar assets held for public exh	-	
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art. historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	· · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Similar	Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at are a s	ignificant use	of its	collection it	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	c Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizati	ion's exe	mpt purpose	in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	sures, or oth	er simila	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			. $\square$	] Yes	No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?							X	Yes [	No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c		7,481,	
	Additions during the year								4,927,	
	Distributions during the year								0,219,	
f	Ending balance							16	2,190,	613.
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabi	lity?	L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII.								<u></u> [	
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line	10.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three years	s back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ınd administe	ered for t	he organization	on		
	by:								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	), Part I\	/, line 11a. S	See Form 990	D, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated		(d) Book v	alue
		basis (investr	nent)	basis	(other)	de	oreciation			
1a	Land									
	Buildings									
	Leasehold improvements				4,826.		162,576			250.
d	Equipment				5,563.		110,976			587.
	Other			17,47	2,776.	15,8	358,967		1,613,	
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)		<b>&gt;</b>	• I	1,630,	646.

Part VII Investments - Other Securities.	F 000 D+ N	/ No. 446 Oc. Farm 000	David V. Bara 40	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV (b) Book value			d-of-year market value
(1) Financial derivatives	(a) Book value	(e) meaned of the	<u> </u>	a or your marrier value
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990. Part IV	Lline 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(a) I	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Forn	n 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT OBLIGATION		26,325.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	26,325.		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	19,704,460
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	986.		
b	Donated services and use of facilities	2b	2,125,762.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	2,126,748
3	Subtract line <b>2e</b> from line <b>1</b>			3	17,577,712
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	I		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	133,415.	_	
b	Other (Describe in Part XIII.)				122 /15
	Add lines <b>4a</b> and <b>4b</b>			4c	133,415
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial Statement				
I a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	,1115	With Expenses per	Hett	4111.
1	Total expenses and losses per audited financial statements			1	19,736,300
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
– a	Donated services and use of facilities	2a	2,125,762.		
b	Prior year adjustments	2b	, ,	-	
С	Other losses	2c		1	
d					
е	Add lines 2a through 2d			2e	2,125,762
3	Subtract line 2e from line 1			3	17,610,538
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	104,314.		
	Add lines <b>4a</b> and <b>4b</b>			4c	104,314
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,714,852
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			4; Parl	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional ir	nformation.		
ר א ד	om TV TIME 1D.				
PAI	RT IV, LINE 1B:				
ти	FEINDS OF ETUN'S HEEDS ADE HELD IN EDO ACC	י דד דרי		ED O	M ETTALC
1111	E FUNDS OF KIVA'S USERS ARE HELD IN FBO ACC	OOM	15 SEPARATE	FKU	M VIAW 2
OPI	ERATIONAL FUNDS. KIVA IS ENTITLED TO THE IN	איתו	EST EARNED O	ידי דאנ	HE FIINDS
<u> </u>	THE IT OF BEILD TO THE IT	1 1 17 17	ESI EARNED C	/14 I	IIE FONDS
неі	LD IN THE FBO ACCOUNTS, PURSUANT TO THE BIN	מדמו	G TERMS OF I	ISE	WTTH
	IN THE THE ACCOUNTY, TORDORMS TO THE BIT	1011	G ILIMID OI O	,51	W T T I I
TNI	DIVIDUAL USERS AT THE TIME A USER ACCOUNT 1	SE	STABLISHED.	ктv	A TS ALSO
	JIVIBOILE OBEIGE III IIII IIIII II OBEIG 110000111 I		<u> </u>		11 10 11100
EN	TITLED TO THE AUTO-CONVERTED DONATIONS FROM	ı KI	VA CARDS HEL	D I	N THESE
			VII 0111120 1122		
AC	COUNTS, AND ONLINE DONATIONS INTENDED FOR F	IVA	THAT ARE PR	OCE	SSED
THE	ROUGH THESE ACCOUNTS.				
-					
PAI	RT X, LINE 2:				
<u>KI</u> V	A HAS ADOPTED THE ACCOUNTING STANDARD RELA	TED	TO UNCERTAI	NTI	ES IN
INC	COME TAXES. MANAGEMENT HAS CONSIDERED ITS T	'AX	POSITIONS AN	ID B	ELIEVES

71-0992446 Page 5 Schedule D (Form 990) 2017 KIVA MICROFUNDS Part XIII | Supplemental Information (continued) THAT ALL OF THE POSITIONS TAKEN BY KIVA IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION; THEREFORE, NO LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS HAS BEEN RECORDED AS OF DECEMBER 31, 2017 AND 2016. KIVA, KUF, KDAF, AND KIF ARE SUBJECT TO EXAMINATION BY A MAJOR TAX JURISDICTION BACK TO 2013. PART XI, LINE 4B - OTHER ADJUSTMENTS: RECLASSIFICATION OF LOAN LOSSES 104,313. GAIN ON DONATED STOCKS 29,102. TOTAL TO SCHEDULE D, PART XI, LINE 4B 133,415. PART XII, LINE 4B - OTHER ADJUSTMENTS: RECLASSIFICATION OF LOAN LOSSES 104,313. ROUNDING 1. TOTAL TO SCHEDULE D, PART XII, LINE 4B 104,314.

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

2017
Open to Public Inspection

Name of the organization

**Employer identification number** 

KIVA MICROFUNDS					71-099244	.6
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "Y	es" on
Form 990, Part IV	•					
_	-		ds to substantiate the amount of its gr			🗀
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
United States.						
3 Activities per Region. (T			an be duplicated if additional space is			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures
	offices in the region	I agents, and	(by type) (such as, fundraising, program services, investments, grants to		gram service, e specific type	for and
	in the region	independent contractors	recipients located in the region)	1	(s) in the region	investments
		in the region	Techpionic legated in the region)	01 001 1100	(o) iii tiio rogioii	in the region
SUB SAHARAN AFRICA	1	7	FUNDRAISING	PARTNER MON	IITORING	1,318.
						,
SUB SAHARAN AFRICA	1	7	MANAGEMENT	PARTNER MON	IITORING	68,332.
SUB SAHARAN AFRICA	1	7	PROGRAM	PARTNER MON	ITTO D TNG	607,809.
DOD DANAKAN AFRICA	_	,	I ROGRAM	TAKINEK MON	VIIOKING	007,003.
EUROPE	0	0	MANAGEMENT	PARTNER MON	NITORING	8,434.
TUDODE			Program	DADENIED MON	ITMOD TNIC	61 226
EUROPE	0	0	PROGRAM	PARTNER MON	ITORING	61,336.
EUROPE	0	0	FUNDRAISING	PARTNER MON	NITORING	6,073.
	_	_				
RUSSIA	0	0	MANAGEMENT	PARTNER MON	IITORING	110.
						1
RUSSIA	0	0	PROGRAM	PARTNER MON	IITORING	3,360.
3 a Sub-total	3	21				756,772.
<b>b</b> Total from continuation						
sheets to Part I	2	38				6,196,393.
c Totals (add lines 3a						
and 3b)	5	59				6,953,165.

Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region describe specific type agents in program services, grants to for region recipients located in the region) of service(s) in region region MIDDLE EAST 0 MANAGEMENT PARTNER MONITORING 2,554. MIDDLE EAST 0 PROGRAM PARTNER MONITORING 31,583. EAST ASIA 4 MANAGEMENT PARTNER MONITORING 4,707. PROGRAM PARTNER MONITORING 286,398. EAST ASIA 4 4 FUNDRAISING PARTNER MONITORING EAST ASIA 0. MANAGEMENT PARTNER MONITORING SOUTH ASIA 0 473. SOUTH ASIA 0 PROGRAM PARTNER MONITORING 7,468. 0 MANAGEMENT PARTNER MONITORING CENTRAL AMERICA 1,745. CENTRAL AMERICA 0 PROGRAM PARTNER MONITORING 16,201. SOUTH AMERICA MANAGEMENT PARTNER MONITORING 0 80. Totals

Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (b) Number of (c) Number of (e) If activity listed in (d) (f) Total (a) Region (d) Activities conducted in region offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region recipients located in the region) of service(s) in region region SOUTH AMERICA 0 PROGRAM PARTNER MONITORING 38,041. NORTH AMERICA 1 FUNDRAISING PARTNER MONITORING 3,368. NORTH AMERICA 1 MANAGEMENT PARTNER MONITORING 8,109. NORTH AMERICA PROGRAM PARTNER MONITORING 1 63,202. MICROFIANCE LOANS DISBURSED TO PARTNERS CENTRAL AMERICA 0 PROGRAM 7,663. MICROFIANCE LOANS DISBURSED TO PARTNERS EAST ASIA 4 PROGRAM 15,227. MICROFIANCE LOANS EUROPE 0 PROGRAM DISBURSED TO PARTNERS 1,151. MICROFIANCE LOANS DISBURSED TO PARTNERS MIDDLE EAST 0 PROGRAM 7,247. MICROFIANCE LOANS DISBURSED TO PARTNERS NORTH AMERICA PROGRAM 1 17,201. MICROFIANCE LOANS DISBURSED TO PARTNERS RUSSIA 0 PROGRAM 3,744. **Totals** 

Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) Part I (b) Number of (c) Number of (e) If activity listed in (d) (f) Total (a) Region (d) Activities conducted in region offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region recipients located in the region) of service(s) in region region MICROFIANCE LOANS SOUTH AMERICA 0 PROGRAM DISBURSED TO PARTNERS 20,656. MICROFIANCE LOANS SOUTH ASIA 0 PROGRAM DISBURSED TO PARTNERS 797. MICROFIANCE LOANS SUB SAHARAN AFRICA 7 PROGRAM DISBURSED TO PARTNERS 30,628. MICROFIANCE LOANS DISBURSED TO PARTNERS 0 PROGRAM 711,825. CENTRAL AMERICA MICROFIANCE LOANS DISBURSED TO PARTNERS PROGRAM 1,132,925. EAST ASIA 4 MICROFIANCE LOANS DISBURSED TO PARTNERS EUROPE 0 PROGRAM 47,700. MICROFIANCE LOANS MIDDLE EAST 0 PROGRAM DISBURSED TO PARTNERS 750,550. MICROFIANCE LOANS DISBURSED TO PARTNERS RUSSIA 0 PROGRAM 618,475. MICROFIANCE LOANS DISBURSED TO PARTNERS SOUTH AMERICA 0 PROGRAM 716,975. MICROFIANCE LOANS DISBURSED TO PARTNERS SOUTH ASIA 0 PROGRAM 334,200. **Totals** 

Schedule F (Form 990)	NIVA MIC		<b>2</b> (O	71-033244	Page 1
(a) Region	(b) Number of offices in the region		(Schedule F (Form 990), Part I, line 3 (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to	(e) If activity listed in (d) is a program service, describe specific type	(f) Total expenditures for region
		region	recipients located in the region)	of service(s) in region	3
				MICROFIANCE LOANS	
SUB SAHARAN AFRICA	1	7		DISBURSED TO PARTNERS	1,315,500.
-					
Totals	2	38			6,196,393.

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>(b)</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)
		GENERAL AMERICA	MIGDORINANGE LOANG					
			MICROFINANCE LOANS DISBURSED TO PARTNERS	79 375	WIRE TRANSFER	0.		FMV
		AND THE CARIBDEAN	DISBORSED TO TAKINERS	15,515.	WIKE IKANSPEK	· ·		F 11 V
		EUROPE (INCLUDING						
		ICELAND AND	MICROFINANCE LOANS					
		GREENLAND)	DISBURSED TO PARTNERS	47,700.	WIRE TRANSFER	0.		FMV
			MICROFINANCE LOANS					
		NORTH AFRICA	DISBURSED TO PARTNERS	21,475.	WIRE TRANSFER	0.		FMV
		MIDDLE EAST AND	MICROFINANCE LOANS					
		NORTH AFRICA	DISBURSED TO PARTNERS	322 050	WIRE TRANSFER	0.		FMV
		NORTH MIKICH	DISBORDED TO TIMINERS	322,030.	WIKE IKMBIEK	· ·		1
		EAST ASIA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	35,200.	WIRE TRANSFER	0.		FMV
		MIDDLE EAST AND	MICROFINANCE LOANS					
		NORTH AFRICA	DISBURSED TO PARTNERS	2,975.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MICROFINANCE LOANS DISBURSED TO PARTNERS	550	WIRE TRANSFER	0.		FMV
		AND THE CARIBBEAN	DISBURSED TO PARTNERS	550.	WIRE TRANSFER	0.		FMV
		RUSSIA AND THE						
			MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	27,925.	WIRE TRANSFER	0.		FMV
2 Enter total number of	recipient organizatio		recognized as charities by the	· · · · · · · · · · · · · · · · · · ·	L	xempt		
			tion 501(c)(3) equivalency lette					0
						• ·		80

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ago z
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MICROFINANCE LOANS					
		SOUTH AMERICA	DISBURSED TO PARTNERS	64,575.	WIRE TRANSFER	0.		FMV
		DUGGEN AND MUD						
		RUSSIA AND THE NEWLY INDEPENDENT	MICROFINANCE LOANS					
		STATES	DISBURSED TO PARTNERS	66,575.	WIRE TRANSFER	0.		FMV
				,				
		GUD GAUATAN	MIGDORINANGE FORMS					
		SUB- SAHARAN AFRICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	37 425	WIRE TRANSFER	0.		FMV
		III KIGII	DIBBORDED TO TIMENDED	37,123.	WIRE HUMBIEN	· ·		
			MICROFINANCE LOANS	106 000				L
		SOUTH ASIA	DISBURSED TO PARTNERS	106,300.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	425.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	3,800.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	1,800.	WIRE TRANSFER	0.		FMV
		GUD GAUADAN	WIGDORINANGE LOANS					
		SUB- SAHARAN AFRICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	26 625	WIRE TRANSFER	0.		FMV
				20,023.		· ·		
			MICROFINANCE LOANS	90 075	WIDE MDANGEED	_		EMIZ
		AFRICA	DISBURSED TO PARTNERS	80,075.	WIRE TRANSFER	0.		FMV

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ugo z
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	6,300.	WIRE TRANSFER	0.		FMV
		EAST ASIA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	32,400.	WIRE TRANSFER	0.		FMV
			MICROFINANCE LOANS					
		SOUTH AMERICA	DISBURSED TO PARTNERS	79,475.	WIRE TRANSFER	0.		FMV
		EAST ASTA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	69,100.	WIRE TRANSFER	0.		FMV
			MICROFINANCE LOANS					
		SOUTH AMERICA	DISBURSED TO PARTNERS	37,575.	WIRE TRANSFER	0.		FMV
			MICROFINANCE LOANS					
		SOUTH AMERICA	DISBURSED TO PARTNERS	3,050.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA	MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	191,200.	WIRE TRANSFER	0.		FMV
		RUSSIA AND THE NEWLY INDEPENDENT	MICROFINANCE LOANS					
		STATES	DISBURSED TO PARTNERS	2,400.	WIRE TRANSFER	0.		FMV
			MICROFINANCE LOANS					
		SOUTH AMERICA	DISBURSED TO PARTNERS	8,625.	WIRE TRANSFER	0.		FMV

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ago <u>=</u>
1 (a) Name of organization	<b>(b)</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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	31,550.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA	MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	37,000.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA	MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	42,450.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA	MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	62,750.	WIRE TRANSFER	0.		FMV
				,				
		anymp11 14777a1	LI GRAFITANING TANA					
			MICROFINANCE LOANS DISBURSED TO PARTNERS	26 850.	WIRE TRANSFER	0.		FMV
				, .		-		
		SOUTH AMERICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	48 000	WIRE TRANSFER	0.		FMV
				20,000.				<u></u>
		SOUTH AMERICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	46 200	WIRE TRANSFER	0.		FMV
			TITOTION TO TIMENO	20,200.	THE THE PART OF THE	· · ·		
		SOUTH AMERICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	117 /50	WIRE TRANSFER	0.		FMV
		DOUTH AMERICA	PISBOUGED TO PAKINEKS	117,450.	MINE INMISEER	0.		E LI V
		CENTRAL AMERICA	MICROFINANCE LOANS	05 075	WIDE MDANGEER	_		EMIZ
		AND THE CARIBBEAN	DISBURSED TO PARTNERS	85,075.	WIRE TRANSFER	0.		FMV

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	<b>(b)</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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	27,175.	WIRE TRANSFER	0.		FMV
		EAST ASTA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	31,350.	WIRE TRANSFER	0.		FMV
		EAST ASTA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	13,550.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	46,225.	WIRE TRANSFER	0.		FMV
				,				
		GUD GAUADAN	MIGDORINANGE LOANG					
		SUB- SAHARAN AFRICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	37 325.	WIRE TRANSFER	0.		FMV
				, , , , , , ,				
		SUB- SAHARAN AFRICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	55 600.	WIRE TRANSFER	0.		FMV
		RUSSIA AND THE						
		NEWLY INDEPENDENT STATES	MICROFINANCE LOANS DISBURSED TO PARTNERS	600	WIRE TRANSFER	0.		FMV
			DIBBORDED TO TIMENDED		WIND THUMBER	•		
		RUSSIA AND THE						
		NEWLY INDEPENDENT STATES	MICROFINANCE LOANS DISBURSED TO PARTNERS	103 250	WIRE TRANSFER	0.		FMV
		DIVIED	DISBURSED IO PARTNERS	103,250.	WIKE IKANSPEK	0.		E LI A
			MICROFINANCE LOANS	20 675	WIDE EDINGES			
		NORTH AFRICA	DISBURSED TO PARTNERS	29,675.	WIRE TRANSFER	0.		FMV

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	, ugo 2
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		DUGGIA AND MUD						
		RUSSIA AND THE NEWLY INDEPENDENT	MICROFINANCE LOANS					
		STATES	DISBURSED TO PARTNERS	135,600.	WIRE TRANSFER	0.		FMV
				, -		-		
			MICROFINANCE LOANS					
		SOUTH AMERICA	DISBURSED TO PARTNERS	35,700.	WIRE TRANSFER	0.		FMV
			MICDOEINANCE LOANC					
		SOUTH AMERICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	139 775	WIRE TRANSFER	0.		FMV
		DOUTH MILKICH	DISBORGED TO TIMINEMS	133,773.	WIRE HUMBIER			111
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	215,050.	WIRE TRANSFER	0.		FMV
			MICROFINANCE LOANS	15.650				
		PACIFIC	DISBURSED TO PARTNERS	17,650.	WIRE TRANSFER	0.		FMV
			MICROFINANCE LOANS					
		SOUTH ASIA	DISBURSED TO PARTNERS	69,350.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	24,825.	WIRE TRANSFER	0.		FMV
		השמת שמוש שמה	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	26 275	WIRE TRANSFER	0.		FMV
				20,273.		- "		
		EAST ASIA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	37,300.	WIRE TRANSFER	0.		FMV

Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	ragez
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	81,475.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA	MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	79,225.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	18,800.	WIRE TRANSFER	0.		FMV
			MICROFINANCE LOANS					
		SOUTH ASIA	DISBURSED TO PARTNERS	158,550.	WIRE TRANSFER	0.		FMV
		MIDDLE EAST AND	MICROFINANCE LOANS					
		NORTH AFRICA	DISBURSED TO PARTNERS	75,925.	WIRE TRANSFER	0.		FMV
		FACT ACTA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	161,250.	WIRE TRANSFER	0.		FMV
		RUSSIA AND THE NEWLY INDEPENDENT	MICROFINANCE LOANS					
		STATES	DISBURSED TO PARTNERS	104,925.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	235,950.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA	MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	26,025.	WIRE TRANSFER	0.		FMV

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ago z
1 (a) Name of organization	<b>(b)</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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	MICROFINANCE LOANS					
			DISBURSED TO PARTNERS	65,050.	WIRE TRANSFER	0.		FMV
		EAST ASTA AND THE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	18,750.	WIRE TRANSFER	0.		FMV
		MIDDLE EAST AND	MICROFINANCE LOANS					
		NORTH AFRICA	DISBURSED TO PARTNERS	289,650.	WIRE TRANSFER	0.		FMV
		EXCM ACTA AND MUE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	66,500.	WIRE TRANSFER	0.		FMV
				,				
		a a	LI GRAFITANING TANA					
		SUB- SAHARAN AFRICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	114 225.	WIRE TRANSFER	0.		FMV
		RUSSIA AND THE						
		NEWLY INDEPENDENT STATES	MICROFINANCE LOANS DISBURSED TO PARTNERS	177 200	WIRE TRANSFER	0.		FMV
				277,200.				
		SUB- SAHARAN AFRICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	34 275	WIRE TRANSFER	0.		FMV
				01,270		· · ·		
		EAST ASIA AND THE PACIFIC	MICROFINANCE LOANS DISBURSED TO PARTNERS	123 425	WIRE TRANSFER	0.		FMV
		1101110	DISSORDED TO TAKTNERS	123, 123.	TILE TRANSPER	· ·		T 1.1 A
		EAST ASIA AND THE PACIFIC	MICROFINANCE LOANS	222 275	WIDE WONNEED	0.		FMV
		LUCILIC	DISBURSED TO PARTNERS	433,3/5.	WIRE TRANSFER	٠.		L 12 A

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ago z
1 (a) Name of organization	<b>(b)</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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	29,250.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	25,400.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN	MICROFINANCE LOANS					
		AFRICA	DISBURSED TO PARTNERS	242,400.	WIRE TRANSFER	0.		FMV
		EXCM ACTA AND MUE	MICROFINANCE LOANS					
		PACIFIC	DISBURSED TO PARTNERS	179,025.	WIRE TRANSFER	0.		FMV
				,				
			MIGDORINANGE LOANG					
		SOUTH AMERICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	94 100.	WIRE TRANSFER	0.		FMV
		SUB- SAHARAN AFRICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	58 975.	WIRE TRANSFER	0.		FMV
				,				
		SUB- SAHARAN AFRICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	1 950	WIRE TRANSFER	0.		FMV
				2,550.		· · ·		
		MIDDLE EAST AND NORTH AFRICA	MICROFINANCE LOANS DISBURSED TO PARTNERS	8 800	WIRE TRANSFER	0.		FMV
		HORTH AFRICA	DISSORDED TO TAKTNERS	0,000.	TILE TRANSPER	· ·		T 1.1 A
			MICROFINANCE LOANS	25 100	WIDE WONNEED	0.		FMV
		AFRICA	DISBURSED TO PARTNERS	Z5,100.	WIRE TRANSFER	٠.		L II A

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.

(c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2017

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.
SCHEDULE F PART I LINE 2
SEE SCHEDULE O FOR EXPLANATION

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

KIVA MICROFUNDS

**Questions Regarding Compensation** 

Employer identification number 71-0992446

	at 1   Quodadio nogaranig compendation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 KIVA MICROFUNDS 71-0992446

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990
(1) PREMAL SHAH	(i)	250,933.	13,000.	0.	2,500.	23,660.	290,093.	0.
PRESIDENT & BOARD MEMBER	(ii)	0.	0.	0.	0.	0.		0.
(2) AUSTIN CHOI	(i)	191,634.	13,098.	0.	2,500.	25,120.	232,352.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA HOGEN	(i)	138,881.	7,072.	0.	2,500.	27,222.	175,675.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SONALI KOTHARI	(i)	220,236.	77,500.	0.	2,500.	9,759.	309,995.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KEVIN O'BRIEN	(i)	135,624.	10,374.	0.	2,500.	6,428.	154,926.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHAD STERBENZ	(i)	127,366.	10,875.	0.	2,500.	18,378.	159,119.	0.
VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BENNETT GRASSANO	(i)	135,939.	6,800.	0.	0.	17,580.	160,319.	0.
VP, STRATEGIC DEVELOPMENT	(ii)	0.	0.	0.	0.	0.		0.
(8) JEN KOBAYASHI	(i)	142,663.	7,081.	0.	1,843.	29,944.	181,531.	0.
DIRECTOR, SOFTWARE DEVELOP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2017	KIVA MICROFUNDS	71-0992446	Page 3
Part III Supplemental Informa	ition		
Provide the information, explanat	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a,	6b, 7, and 8, and for Part II. Also complete this part for any additional informati	ion.

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

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization KIVA MICROFUNDS Employer identification number 71-0992446

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	8	35,162.	FAIR MARKET	VALU	E
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement <b>29</b>		1	1
	B					Yes	No No
30a	During the year, did the organization receive b	-			-		
	must hold for at least three years from the date	_				00-	x
	exempt purposes for the entire holding period	<i>'</i>				30a	+^
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance	naliau that w	aguiraa tha rayiayy	of any nanatandard contribu	ution o?	31 X	
31			•	•		31 X	+
o∠d	Does the organization hire or use third parties contributions?		-	•		32a	X
h	If "Yes," describe in Part II.					JZa	123
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked		
33	describe in Part II.	,o.u.i.ii (c) 10	a type of propert	y for writeri coluitiii (a) is che	oneu,		
	UESCHUE III FAIL II.						

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## 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.

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. **Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

KIVA MICROFUNDS

**Employer identification number** 71-0992446

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DIRECTLY TO KIVA BORROWERS VIA A SEPARATE WEBSITE URL (ZIP.KIVA.ORG). IN 2016, THE KIVA US WEBSITE WAS INTEGRATED INTO THE MAIN KIVA.ORG WEBSITE.

IN 2013, KIVA CREATED KIVA-DAF, LLC ("KDAF") AND, IN 2016, CREATED KIVA IMPACT FUNDS, LLC ("KIF"), TO FURTHER ITS MISSION.

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

THE FORM 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AND BOARD BEFORE IT IS FILED. ANY CONCERNS OR QUESTIONS WILL BE ADDRESSED AT THAT TIME.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS, OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO SIGN A STATEMENT AND THERE IS A FORMAL REQUEST TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE REVIEWS COMPENSATION ANNUALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, CA, CT, FL, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC, TN UT,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS AND POLICIES ARE MADE AVAILABLE ON THE ORGANIZATION'S

Name of the organization  KIVA MICROFUNDS	Employer identification number 71-0992446
WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN ON SALE OF DONATED STOCKS	-29,102.
ROUNDING	1.
TOTAL TO FORM 990, PART XI, LINE 9	-29,101.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
FORM 990 SCHEDULE F PART I AND PART II	
PLEASE NOTE: KIVA DOES NOT MAKE GRANTS TO ORGANIZATIONS	
INFORMATION PROVIDED ON SCHEDULE F PARTS I AND II REFLEC	
MICROLOANS EXTENDED VIA KIVA'S DAF, KIVA'S MICROFINANCE	
ORGANIZATIONS, AND DIRECT LOANS TO BORROWERS, TO SUPPORT	
MICROLOAN CLIENTS. IN ORDER TO ELECTRONICALLY FILE THE	FORM 990, PART
IV LINE 15 WAS REQUIRED TO BE CHECKED "YES".	

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

➤ Attach to Form 990.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 71-0992446

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
KIVA USER FUNDS, LLC - 26-1778383					
375 HOWARD STREET, STE. 340					
SAN FRANCISCO, CA 94103	FBO ACCOUNT HOLDER	CALIFORNIA			KIVA MICROFUNDS
KIVA-DAF, LLC - 46-3976029					
375 HOWARD STREET, STE. 340					
SAN FRANCISCO, CA 94103	DONOR ADVISED FUND	DELAWARE	1,999,461.	11,608,836.	KIVA MICROFUNDS
KIVA IMPACT FUNDS LLC - 81-3992333					
375 HOWARD STREET, STE. 340	INSTITUTIONAL INVESTOR				
SAN FRANCISCO, CA 94103	FUNDS	DELAWARE	2,182.	11,151,068.	KIVA MICROFUNDS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Public charity Direct controlling atus (if section entity		( <b>g)</b> 512(b)(13) trolled tity?	
		,		501(c)(3))		Yes	No	

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

KIVA MICROFUNDS

Schedule R (Form 990) 2017

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		20 of Schedule	partner	ownersnip
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	٥
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
	-								
									<del>                                     </del>
	-								
									<del></del>
	1								

Page 3

Yes No

1a

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		
	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets with related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  m Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  r Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Tansaction Type (a-s)  (c)  Method of determining amount inv Method of determining amount inv Method of determining amount inv							
					11		
					1m		
					1n		
0	Sharing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		
					1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t I	his line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization				olved		
		type (a-s)					
(1)							
(2)							
<b>(0)</b>							
(3)							
(4)							
(4)							
(5)							
ν-/							
(6)							
	3 09-11-17			Schedule	R (Form	n 990) 2017	

71-0992446

Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.	)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentag
of entity		(state or foreign	excluded from tax under	orgs.	)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	ю
				$\Box$								
				$\vdash$				<u> </u>	$\vdash$		$\vdash \vdash$	
	-											
	-											
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