Form <b>990</b>
Department of the Treasury Internal Revenue Service

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

مسط مسطانيه

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2010 calendar year, or tax year beginning



_		and and a sear of tax year beginning and	renaing		
В	Check applica	f C Name of organization		D Employer identif	ication number
	Add	ess ge KIVA MICROFUNDS			
	Narr	e		71-09	02446
			Room/suite		
	Tern		202	E Telephone number	
	Ame	nded	202		58-7500
	retur	san FRANCISCO, CA 94110		G Gross receipts \$	11,515,298.
	tion pend	F Name and address of principal officer:MATTHEW FLANNERY		H(a) Is this a group	
		SAME AS C ABOVE		for affiliates?	
1.1	Tax.e	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 527	H(b) Are all affiliates in	
_		ite: ► WWW.KIVA.ORG	01 527	Construction and Different According to State (Matching Matching) and	a list. (see instructions)
		organization: x Corporation Trust Association Other	L. Veer	H(c) Group exemption	
	art I	Summary	L rear	of formation: 2005	M State of legal domicile: CA
	1		NTCOTON	70 00 0000000	
JCe	L .	Briefly describe the organization's mission or most significant activities: KIVA'S PEOPLE, THROUGH LENDING, FOR THE SAKE OF ALLEVIATING POVERTY		IS TO CONNECT	
Activities & Governance	2				
ver		Check this box I if the organization discontinued its operations or dispo			ssets.
в	3	Number of voting members of the governing body (Part VI, line 1a)			7
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
itie	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		66	
tivi	6	Total number of volunteers (estimate if necessary)		436	
Ă	14	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>		
-		Net unrelated business taxable income from Form 990-T, line 34			0.
	8	Contributions and events (Det ) (III I've dt)		Prior Year	Current Year
anı	9	Contributions and grants (Part VIII, line 1h)	······	8,989,177.	11,322,524.
Revenue	1000	Program service revenue (Part VIII, line 2g)	······	0.	0.
Å	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		132,771.	118,836.
3	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,107.	73,938.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,127,055.	11,515,298.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,942,344.	3,273,400.
- Jei	Ioa	Professional fundraising fees (Part IX, column (A), line 11e)		5,000.	0.
Ě	17	Total fundraising expenses (Part IX, column (D), line 25)			
	10	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,290,180.	2,951,691.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,237,524.	6,225,091.
58	19	Revenue less expenses. Subtract line 18 from line 12		889,531.	5,290,207.
ance	00		Beg	jinning of Current Year	End of Year
Bal	20	Total assets (Part X, line 16)		6,195,433.	11,565,224.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		427,578.	443,407.
E Po	22 rt II	Net assets or fund balances. Subtract line 21 from line 20		5,767,855.	11,121,817.
_					
true	a pena	Ities of perjury, I declate that Thaye examined this return, including accompanying schedules	s and stateme	nts, and to the best of my	y knowledge and belief, it is
uue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer h	nas any knowledge.	

Sign Here	Signature of officer MATTHEW FLANNERY, CEO & CO-FOUNDER Type or print name and title	Date	8/14/1
Paid	Print/Type preparer's name LIOR TEMKIN	Date 08/03/11	Check PTIN if self-employed
Preparer	Firm's name SINGERLEWAK LLP	Firm	n's EIN 🕨
Use Only	Firm's address 10960 WILSHIRE BLVD. SUITE 700 LOS ANGELES, CA 90024-3783		
May the II	RS discuss this return with the preparer shown above? (see instructions)	Pno	ne no. (310) 477-3924 X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 032001 02-22-11

Pa	rt III Statement of Program Service Accomplishments		age
	Check if Schedule O contains a response to any question in this Part III		2
1	Briefly describe the organization's mission:		_
	SEE SCHEDULE O		
			_
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	]
3	If "Yes," describe these new services on Schedule O.		٦.
•	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	11
1	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
la	(Code:) (Expenses \$4,949,961. including grants of \$) (Revenue \$		-
	KIVA IS PARTNERED WITH OVER 110 MFIS IN MORE THAN 50 COUNTRIES ACROSS		
	THE GLOBE. THIS NETWORK OF PARTNERSHIP ENABLES KIVA TO CONNECT WITH		
	BORROWERS SEEKING MICRO-LOANS. KIVA'S MFI PARTNERS ARE RESPONSIBLE FOR		_
	SELECTING AND VETTING THE BORROWERS AND ADMINISTRATING THE LOANS.		
	KIVA'S ONLINE PLATFORM CONNECTS THESE BORROWERS WITH OVER 577,000		
	INDIVIDUALS TO DATE WHO WANT TO CONTRIBUTE LOAN FUNDS VIA THE INTERNET.		
b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
			_
			_
C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
			_
			_
d	Other program services. (Describe in Schedule O.)		
4	(Expenses \$ including grants of \$ ) (Revenue \$ )		
4	/ <b>F</b>		

	000	10010
For	m 990	(2010)

KIVA MICROFUNDS

	n 990 (2010) KIVA MICROFUNDS 71-0992446	i	F	Page 3
Pa	rt IV Checklist of Required Schedules			
		a	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
120	If "Yes," complete Schedule A	1	x	
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			1
	public office? If "Yes," complete Schedule C, Part I	3		x
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			3
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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? <i>If "Yes," complete</i> Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or quasi-endowments?	<b>—</b>		
	If "Yes," complete Schedule D, Part V	10		x
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	Distantion.	<b>EFVERIN</b>	and St
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	10000	THE PAR	0.126.995
	Part VI	11a	х	
	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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	o the law year include a lootilote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

032003 12-21-10

-	m 990 (2010) KIVA MICROFUNDS 71-099244	6	F	Page 4
Pa	art IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
20	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? <i>If "Yes," complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
C	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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	12444200540	х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
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? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization cell, eveloperation of the terminate of the terminate operations of the terminate operation of terminate operation of terminate operations operat	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?!/f "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 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		x	
34	was the organization related to any tax-exempt or taxable entity?	33	^	v
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		x
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	00		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		x
	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 11 and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38 Form	х	

032004 12-21-10

Form 990 (2010)

KIVA MICROFUNDS

_	n 990 (2010) KIVA MICROFUNDS 71-0992440	0	I	Pa
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	0		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0	10	20110
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1217.23	1000	
	filed for the calendar year ending with or within the year covered by this return 2a 6	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			2
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Î
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		l
b	If "Yes," enter the name of the foreign country:	Jac Sk		ĺ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	in the state		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
82	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	722	13763	l
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	0	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year7d	ACCES!		I
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	ļ
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	ļ
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			I
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8	Rev:20283	ł
		842351		I
b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a		ł
10	Section 501(c)(7) organizations. Enter:	9b	NEXCERCISE	ł
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l
11	Section 501(c)(12) organizations. Enter:			l
а	Gross income from members or shareholders11a	200		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	100		I
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	2010/28	ľ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	1.1.1.1	ŀ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		f
	Note. See the instructions for additional information the organization must report on Schedule O.	1.00	16161	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Sugar.	
	organization is licensed to issue qualified health plans		53.5	
С	Enter the amount of reserves on hand 13c			
4	Did the organization receive any payments for indoor tanning services during the tax year?			
4a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		

032005
12-21-10

-		992446	F	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and for a "No	" respo	nse
	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 to any question in this Part VI			X
Sec	ction A. Governing Body and Management			
78			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year1a	7		
b	ID	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1000	1.572	
3	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management accessed as the supervision of the			
4	of officers, directors or trustees, or key employees to a management company or other person?	3	-	x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Does the organization have members or stockholders?		-	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			<u> </u>
	governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		5 (E. 196	No.
	by the following:	6.00		4
а	The governing body?	8a	x	100000000000000000000000000000000000000
b		8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates	3,		
	and branches to ensure their operations are consistent with those of the organization?	10b		
l la	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	0.000.000.000
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a h	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	<u>12a</u>	X	<u> </u>
5		101	x	
с	to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	^ ^	<u> </u>
	in Schedule O how this is done	120	x	
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independent		North States	TRANSING.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	San Carlos Carlos
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	3.83	1650	55.55
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participat	on		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
and the second s				
17 18	List the states with which a copy of this Form 990 is required to be filed CA			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a public inspection. Indicate how you make these available. Check all that apply.	vailable for		
	Image: Inspection. Indicate now you make these available. Check all that apply.       Image: Ima			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest p	allow 10		
	statements available to the public.	olicy, and fin	ancial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the c	ragnization		
	MATTHEW FLANNERY - 415-358-7500	nganization;		
	3180 18TH STREET SUITE 202, SAN FRANCISCO, CA 94110			
032006		Form	990 (	2010)

032006 12-21-10

Form 990 (2010)

KIVA MICROFUNDS

71-0992446

Form 990 (2		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 to any question 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 with	hin the organization's tax year.	34

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Γ		(	C)			(D)	(E)	(F)
Name and Title	Average				sition	۱		Reportable	Reportable	Estimated
	hours per	(c	hec	k all	that	app	oly)	compensation	compensation	amount of
	week	10				Γ	Γ	from	from related	other
	(describe	trustee or director						the	organizations	compensation
	hours for	IO 8	stee			sate		organization	(W-2/1099-MISC)	from the
	related	truste	altrus		yee	mper		(W-2/1099-MISC)		organization
	organizations in Schedule	Individual	Institutional trustee	5	Key employee	Highest compensated employee	5			and related
	O)	Indiv	Instit	Officer	Key e	Highe	Former			organizations
ALEX EDELSTEIN					-		-			
BOARD MEMBER	1.00	x						0.	0.	0.
JULIE HANNA FARRIS										
BOARD MEMBER	2.00	x						0.	0.	٥.
REID HOFFMAN										· · · · · · · · · · · · · · · · · · ·
BOARD MEMBER	1.00	х						0.	0.	٥.
AMY ROWE KLEMENT			1				-			
BOARD MEMBER	1.00	x						0.	Ο.	0.
TABREEZ VERJEE										
BOARD MEMBER	1.00	x						0.	0.	0.
MATTHEW FLANNERY										
CEO, CO-FOUNDER & BOARD MEMBER	40.00	х		х				128,250.	0.	5,620.
PREMAL SHAH										, .
PRESIDENT & BOARD MEMBER	40.00	x		х				128,250.	0.	7,565.
NAOMI BAER										
SENIOR DIRECTOR OF GLOBAL PARTNER OP	40.00			х				91,125.	0.	8,996.
ISABELLE BARRES							01			
VICE PRESIDENT OF MICROFINANCE STRAT	40.00			х				79,232.	0.	170.
AUSTIN CHOI										
GENERAL COUNSEL	40.00			х				121,940.	Ο.	9,068.
JENNIFER HAMILTON										
CHIEF FINANCIAL OFFICER	40.00			х				115,000.	0.	9,029.
TIM HASSETT										
VICE PRESIDENT OF MICROFINANCE TEAM	40.00			х				117,720.	Ο.	13,384.
PHU HOANG										
VICE PRESIDENT OF PRODUCT MANAGEMENT	30.00			х				42,869.	0.	4,248.
LISA HOGEN										
CHIEF DEVELOPMENT OFFICER	30.00			х				43,524.	0.	-200.
SAM MANKIEWICZ										
CHIEF TECHNICAL OFFICER	40.00			х				125,995.	0.	8,101.
CAILIN NELSON										
SENIOR DIRECTOR OF ENGINEERING	40.00			х				103,887.	0.	7,635.
ZVI BOSHERNITZAN										
SENIOR SOFTWARE ENGINEER	40.00					х		104,600.	Ο.	8,458.
032007 12-21-10										

032007 12-21-10

Form 990 (2010)

17060803 701224 3070

	ors. Trustees Kov E	mol	01/01		nd L	link	0.01	Composited	71-0992	446		Pa
Part VII Section A. Officers, Directo (A)	(B)		oye	es, a (C	na H	iigh	est	Compensated Employ				
Name and title	Average							(D)	(E)			(F)
	hours per	(c	hecl	k all t		ann	۱v)	Reportable	Reportable		10.50% 0.40%	mate
	week		T				97	compensation	compensation	n	10000000	ount
	(describe	ctor						from the	from related	23		ther
	hours for	er dire			3	Ba		organization	organizations (W-2/1099-MIS		comp	ensa m th
	related	trustee or director	ruster			eusa		(W-2/1099-MISC)	(112/1000-1010	°,	orgar	
	organizations	al tru	onal t		loyee	e					and	
	in Schedule	Individual	Institutional trustee	Officer	Key employee	rugnest compensated employee	Former				organ	
	O)	bu	Ins.	害	Key	6H H	μ				Jun	
JEREMY FRAZAO												100
SENIOR SOFTWARE ENGINEER	40.00					x		111,002.		0.		15,
BENNETT GRASSANO												,
DEVELOPMENT DIRECTOR	40.00					x		102,700.		0.		7,
COMA JHAVERI												',
PRODUCT MANAGER	40.00				3	x		102,000.		0.		8,
ONATHAN KART								,		<u>.</u>		۰,
ENIOR SOFTWARE ENGINEER	40.00					x		111,000.		0.		c
		1	-	-		-	-	111,000.		0.		6,
			_	-	-	-	-					
					3.5							
			-	-	-	-	+					
			-	-	-	+	-					
		-	-		_	_	_					
1b Sub-total					L	_	+					
1b Sub-total						•		1,629,094.		0.	1	19,
C. Total from continuation at a second					5	8		=,025,051.		۰.	±.	
c Total from continuation sheets to P	art VII, Section A					•		٥.		0.	1	
d Total (add lines 1b and 1c)	art VII, Section A	•••••			}	•		0. 1.629.094.				19,5
d Total (add lines 1b and 1c)     Total number of individuals (including	but not limited to the	•••••			}	who	rec	0. 1.629.094.	000 in reportable	0.		19,5
d Total (add lines 1b and 1c)	but not limited to the	•••••			}	who	rec	0. 1.629.094.	000 in reportable	0.	1:	
Total from continuation sheets to P <u>d Total (add lines 1b and 1c)</u> Total number of individuals (including     compensation from the organization	but not limited to the	ose l	isteo	d abc	D ove) v			0. 1,629,094. seived more than \$100,		0.		19,5 es
Total from continuation sheets to P <u>d</u> Total (add lines 1b and 1c)     Total number of individuals (including         compensation from the organization     Did the organization list any former of	but not limited to the	ose I stee,	isteo key	d abc	loyee	e, oi	r hig	0. 1,629,094. eived more than \$100, hest compensated em	ployee on	0.	1: Ye	
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? If "Yes," complete Schedule J</li> </ul>	art VII, Section A but not limited to the ▶ fficer, director or trus	ose l	isteo key	d abc	ove) v	e, oi	r hig	0. 1,629,094. eived more than \$100, hest compensated em	ployee on	0.	1:	
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? If "Yes," complete Schedule J</li> <li>4 For any individual listed on line 1a, is t</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus <i>I for such individual</i> the sum of reportable	ose l stee,	isteo key	d abo empl	loyee	e, oi nd c	r hig	0. 1,629,094. reived more than \$100,0 whest compensated empty r compensation from the	ployee on	0.	1: Ye	
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is t and related organizations greater than</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus for such individual the sum of reportable \$150,000? If "Yes,"	ose l stee, e cor	key	empl esatione	loyee	e, or nd c	r hig othe	0. 1,629,094. reived more than \$100,0 whest compensated empensated empensation from the such individual	ployee on ne organization	0.	1: Ye	
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>F For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus <i>I for such individual</i> the sum of reportable \$150,000? <i>If</i> "Yes," e or accrue compension	ose l etee, e cor corr	key hper	empl nsatio	loyee	e, or nd c <i>ile</i> o	r hig othe I for	0. 1,629,094. seived more than \$100, whest compensated empensated empensation from the such individual	ployee on ne organization	0.	1: Ye 3	es l
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i></li> <li>For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If "Yes," Yes,"</i></li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus <i>I for such individual</i> the sum of reportable \$150,000? <i>If</i> "Yes," e or accrue compension	ose l etee, e cor corr	key hper	empl nsatio	loyee	e, or nd c <i>ile</i> o	r hig othe I for	0. 1,629,094. seived more than \$100, whest compensated empensated empensation from the such individual	ployee on ne organization	0.	1: Ye 3	s
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv rendered to the organization? <i>If</i> "Yes,"</li> </ul>	Art VII, Section A but not limited to the fificer, director or trus for such individual the sum of reportable \$150,000? If "Yes," e or accrue compense complete Schedule	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, hest compensated em r compensation from the such individual l organization or individ	ployee on ne organization ual for services	0.	11 7(e 3 4 5	es
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? If "Yes," complete Schedule J</li> <li>4 For any individual listed on line 1a, is t and related organizations greater than 5 Did any person listed on line 1a receiv rendered to the organization? If "Yes," ection B. Independent Contractors</li> <li>Complete this table for your five higher</li> </ul>	Art VII, Section A but not limited to the fificer, director or trus for such individual the sum of reportable \$150,000? If "Yes," e or accrue compense complete Schedule	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, hest compensated em r compensation from the such individual l organization or individ	ployee on ne organization ual for services	0.	11 7(e 3 4 5	es
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If "Yes,"</i></li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus <i>I for such individual</i> the sum of reportable \$150,000? <i>If</i> "Yes," e or accrue compensi- <i>complete Schedule</i> st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, hest compensated em r compensation from the such individual l organization or individ	ployee on ne organization ual for services	0.	11 7(e 3 4 5	es
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If</i> "Yes,"</li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compens complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0.	11 Ye 3 4 5	es
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If "Yes,"</i></li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compens complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$	ployee on ne organization ual for services 100,000 of compe	0. 0.	11 7(e 3 4 5	1
<ul> <li>d Total (add lines 1b and 1c)</li></ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compens complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total (add lines 1b and 1c)</li></ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compens complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If</i> "Yes,"</li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compens complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If</i> "Yes,"</li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compens complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If</i> "Yes,"</li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compens complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If</i> "Yes,"</li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compensite complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If</i> "Yes,"</li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compensite complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total (add lines 1b and 1c)</li></ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compensite complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated em r compensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total (add lines 1b and 1c)</li></ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus l for such individual the sum of reportable \$150,000? If "Yes," e or accrue compensite complete Schedule st compensated inde	ose l stee, e cor corr satio J for	key mpei mplet on fro	empl nsatio e Sci om ar ch pe	loyee	e, or nd c ile u nrela	r hig othe <i>I for</i> ated	0. 1,629,094. seived more than \$100, thest compensated empensated empensation from the such individual l organization or individ t received more than \$ (B)	ployee on ne organization ual for services 100,000 of compe	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>d Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i></li> <li>For any individual listed on line 1a, is t and related organizations greater than</li> <li>Did any person listed on line 1a receiv rendered to the organization? <i>If "Yes,"</i></li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> <li>(A)</li> </ul>	art VII, Section A but not limited to the fficer, director or trus <i>I for such individual</i> the sum of reportable a \$150,000? <i>If</i> "Yes," e or accrue compens <i>complete Schedule</i> st compensated inder ness address	ose   stee, corr satio J for epen	key mper aplet nden	empl nsati e Sci om ar t con	loyee	e, oi nd c inrelations	tha	0. 1,629,094. reived more than \$100,0 whest compensated empensated empensation from the such individual organization or individual organization or individual the received more than \$ (B) Description of ser	ployee on ne organization ual for services 100,000 of compe vices	0. 0.	1: Ye 3 4 5 ion from (C)	1
<ul> <li>d Total from continuation sheets to P</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>4 For any individual listed on line 1a, is t and related organizations greater than</li> <li>5 Did any person listed on line 1a receiv rendered to the organization? <i>If</i> "Yes,"</li> <li>ection B. Independent Contractors</li> <li>Complete this table for your five higher the organization. NONE</li> </ul>	art VII, Section A but not limited to the but not limited to the fficer, director or trus of for such individual the sum of reportable a \$150,000? If "Yes," e or accrue compensite to complete Schedule st compensated inde ness address	ose   stee, corr satio J for epen	key mper aplet nden	empl nsati e Sci om ar t con	loyee	e, oi nd c inrelations	tha	0. 1,629,094. reived more than \$100,0 whest compensated empensated empensation from the such individual organization or individual organization or individual the received more than \$ (B) Description of ser	ployee on ne organization ual for services 100,000 of compe vices	0. 0.	1: Ye 3 4 5 ion from (C)	1

032008 12-21-10

		0 (2010) KIVA MICROFU	NDS				71-0992446	Page 9
Pa	art V	VIII Statement of Revenue	Contract Contracts of					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	a Federated campaigns	1a					
grai	1	b Membership dues						
am,	- 1	c Fundraising events	1c					
gif		d Related organizations	1d				ALC: STREET	
sim's		e Government grants (contributions)	1e			and the second second		
ers		f All other contributions, gifts, grants, and						
oth		similar amounts not included above	1f	11,322,524.		States and the states of the		
not pu		g Noncash contributions included in lines 1a-1f: \$	187	109,839.				
<u> </u>		h Total. Add lines 1a-1f			11,322,524.			
				Business Code				
Program Service Revenue	2							
Ser		b						
ven		c						
gra		d						
Pro		f All other program convice revenue						
05352-		f All other program service revenue g Total. Add lines 2a-2f				No. 20 Street Street Street Street		
	3							
ŝ		other similar amounts)			118,836.			118,836.
	4							,
	5	Royalties						
			Real	(ii) Personal		A STATISTICS IN THE REAL PROPERTY OF		STATISTICS AND STATISTICS
	6	a Gross Rents		(1)	and a start of the second	Supervise Second	and the second second	
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)		>				
			curities	(ii) Other				
		assets other than inventory						
		b Less: cost or other basis						
		and sales expenses					Server and the server of the	
		c Gain or (loss)		1				
		d Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·				
Other Revenue	8	a Gross income from fundraising event including \$						
Bev		contributions reported on line 1c). Se						
Jer		Part IV, line 18	8	۱ <u> </u>				
ŧ		b Less: direct expenses						
		c Net income or (loss) from fundraising		····· •				
	9 ;	a Gross income from gaming activities.						
		Part IV, line 19	a					
		<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from gaming acti</li></ul>						
		a Gross sales of inventory, less returns	vities .				100000000000000000000000000000000000000	
	10 1	and allowances						
	i	b Less: cost of goods sold	e b					
		c Net income or (loss) from sales of inve		and the second se				
- t		Miscellaneous Revenue	antory .	Business Code			C State State State	
	11 a	a MISCELLANEOUS INCOME		900099	73,938.			73,938.
	ł	b			, ,			
	c	c						
	c	d All other revenue						
	e	e Total. Add lines 11a-11d			73,938.			
12000	12	Total revenue. See instructions.	<u></u> .	<b>&gt;</b>	11,515,298.	0.	0.	192,774.
032009	10							Form <b>990</b> (2010

Form 990 (2010) KIVA MICROFUNDS

71-0992446 Page 10

	Section 501(c)( All other organizations must com	3) and 501(c)(4) organiza plete column (A) but are	tions must complete all not required to complet	columns. e columns (B) (C) and (D)	10
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				Here and the second
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	986,089.	780,540.	146,014.	59,535
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1 600 510			
7	Other salaries and wages	1,699,749.	1,345,401.	251,911.	102,437
8	Pension plan contributions (include section 401(k)			and marginal	0.00000
~	and section 403(b) employer contributions)	73,502.	58,180.	10,884.	4,438
9	Other employee benefits	229,484.	181,648.	33,981.	13,855
0	Payroll taxes	284,576.	225,294.	41,915.	17,367
11	Fees for services (non-employees):				
	Management				
b	Legal	10,049.		10,049.	
C.	Accounting	60,112.		60,112.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees				
	Other	17,165.		17,165.	
12	Advertising and promotion	126,801.	113,498.	13,303.	
13	Office expenses	56,681.	33,955.	18,151.	4,575
4	Information technology	105,078.	76,459.	22,722.	5,897
5	Royalties				
6	Occupancy	223,535.	176,569.	33,332.	13,634
7	Travel	89,486.	75,408.	3,329.	10,749
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1 2	Payments to affiliates	710 010	560 454		
2 3	Depreciation, depletion, and amortization	718,819.	569,451.	103,774.	45,594
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
	CONTRACTORS	894,799.	806,539.	88,260.	
b	MFI PARTNERSHIPS PROGRA	235,038.	235,038.	, ·	
с	IN-KIND SUPPLIES/MATERI	109,838.	88,810.	11,045.	9,983.
d	STAFF DEVELOPMENT	80,507.	12,266.	67,989.	252.
е	VOLUNTEER PROGRAM	71,098.	71,098.	,	
f	All other expenses	152,685.	99,807.	21,338.	31,540.
	Total functional expenses. Add lines 1 through 24f	6,225,091.	4,949,961.	955,274.	319,856.
6	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	-,,		515,030.

032010 12-21-10

Form 990 (2010)

#### Form 990 (2010) Part X | Balance Sheet

KIVA MICROFUNDS

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			258,082.	1	2,244,027
	2	Savings and temporary cash investments			3,642,400.		6,040,791
	3	Pledges and grants receivable, net			238,000.		923,020.
	4	Accounts receivable, net			18,491.		4,254.
	5	Receivables from current and former officers, d	irectors, truste	es, kev		100160	New Street Street
		employees, and highest compensated employe					
		of Schedule L		Constraints of the second seco		5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c				and the	
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net		·····	1,013,938.	7	783,712.
SS	8	Inventories for sale or use		····· -	1,010,000.		705,712,
4	9				121,461.	8	242 265
		Land, buildings, and equipment: cost or other	1 1		121,401.	9	243,365.
	104			2 005 002		1.1.1	
	h	basis. Complete Part VI of Schedule D	10a	3,005,902.	053 365	ISTER 199	1 000 001
	11	Less: accumulated depreciation	100	1,726,518.	857,765.		1,279,384.
	12	Investments - publicly traded securities			5,875.	11	7,250.
	13	Investments - other securities. See Part IV, line	11			12	
	14	Investments - program-related. See Part IV, line	11		25.000	13	
	1992	Intangible assets		······ –	25,000.	14	25,000.
	15	Other assets. See Part IV, line 11			14,421.	15	14,421.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		6,195,433.	16	11,565,224.
	17	Accounts payable and accrued expenses	•••••••		404,499.	17	431,748.
	18	Grants payable	••••••	······		18	
	19	Deferred revenue		······ –		19	
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete I				21	
pili	22	Payables to current and former officers, director	rs, trustees, ke	ey employees,	and the second	1.4.5	
Lial		highest compensated employees, and disqualifi	ed persons. C	omplete Part II		668 60	
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			23,079.	25	11,659.
	26	Total liabilities. Add lines 17 through 25			427,578.	26	443,407.
		Organizations that follow SFAS 117, check he	ere 🕨 🔯	and complete			
ces	100000	lines 27 through 29, and lines 33 and 34.					
aŭ	27	Unrestricted net assets			4,987,770.	27	9,190,074.
Ba	28	lemporarily restricted net assets			780,085.	28	1,931,743.
pu	29	Permanently restricted net assets				29	2)
Ъ		Organizations that do not follow SFAS 117, ch	neck here 🕨 🕨	and			
2 2		complete lines 30 through 34.		10			
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equilation	uipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other	funds		32	
~	33	Total net assets or fund balances		ACTIVATION OF A CONTRACT OF A	5,767,855.	33	11,121,817.
	34	Total liabilities and net assets/fund balances					

Form 990 (2010)

032011 12-21-10

	1990 (2010) KIVA MICROFUNDS	71-0992446	5	Pa	ige <b>1</b> :
га	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	,515	. 298
2	Total expenses (must equal Part IX, column (A), line 25)	2		,225	-
3	Revenue less expenses. Subtract line 2 from line 1	3		,290	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	,767	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		_	,755
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11	,121	,817
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				x
-				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1000
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		k - 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			<b>从</b> 行款
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:		10.00		
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form 990 (2010)

032012 12-21-10

(Form 9 Department Internal Rev	SCHEDULE A         Form 990 or 990-EZ)         Public Charity Status and Public Support         Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.         Partment of the Treasury ternal Revenue Service         ame of the organization						OMB No. 1545 <b>201</b> Open to Pr Inspection	<b>D</b> ublic on	
Name of	the organizat	ion KIVA MICRO	FUNDS			1		entification	numbe
Part I	Reason		ity Status (All organization	s must comple	te this nart ) See inst	ructions		0992440	
A REAL PROPERTY OF THE PARTY OF	11Y 22/201 887 Yester	11.Y 2.S 2001 2.4 YO	because it is: (For lines 1 thro			100110113	•		
1			s, or association of churches						
2			0(b)(1)(A)(ii). (Attach Schedu						
3			tal service organization desc		170(b)(1)(A)(iii)				
4			operated in conjunction with			<b>Η</b>	iii) Enter the	a hospital's n	amo
	city, and sta		-persite an eer generien man	a noopital acco				s nospitai s n	ume,
5	An organizat	ion operated for the	benefit of a college or univers	sity owned or or	perated by a governm	nental ur	nit described	Lin	
		(b)(1)(A)(iv). (Compl				i of fical car			
6			ent or governmental unit des	cribed in sectio	on 170(b)(1)(A)(v).				
7			eives a substantial part of its			from th	e general pu	blic describe	d in
1 <u></u> 1		(b)(1)(A)(vi). (Comple		- 10	5		<b>J</b>		
8			ection 170(b)(1)(A)(vi). (Com	plete Part II.)					
9 X			eives: (1) more than 33 1/3%		rom contributions, m	embersh	nip fees, and	gross receip	ts from
			nctions - subject to certain ex						
			axable income (less section 5						
		509(a)(2). (Complete				U			
10	An organizat	ion organized and o	perated exclusively to test for	public safety.	See section 509(a)(4)	).			
11 📖	An organizat	ion organized and o	perated exclusively for the be	nefit of, to perfo	orm the functions of,	or to car	ry out the pi	urposes of or	ne or
			ations described in section 50						
	describes the	e type of supporting	organization and complete lir	nes 11e through	n 11h.				
_	а 📖 Туре	l b	Type II c	Type III - Func	tionally integrated		d 🗌 1	ype III - Othe	er
e			t the organization is not cont						
	foundation m	nanagers and other t	han one or more publicly sup	ported organiza	itions described in se	ection 50	9(a)(1) or se	ction 509(a)(2	2).
f	If the organiz	ation received a writ	ten determination from the IF	RS that it is a Ty	pe I, Type II, or Type	Ш			
	100 Billion 100 Billion	rganization, check th							C
g	Since Augus	t 17, 2006, has the c	rganization accepted any gift	or contribution	from any of the follo	wing pe	rsons?		
			irectly controls, either alone o					Ye	s No
	the gove	erning body of the s	upported organization?					11g(i)	
	(ii) A family	member of a persor	described in (i) above?					11g(ii)	
	(iii) A 35% (	controlled entity of a	person described in (i) or (ii) a	above?				11g(iii)	
h	Provide the f	ollowing information	about the supported organization	ation(s).					
			(iii) Type of		() D1	1.11	a tha		
	of supported anization	(ii) EIN	organization in col.	. (i) listed in your	(v) Did you notify the organization in col.	organizati	s the on in col. zed in the	(vii) Amoun support	t of

(i) Name of supported organization	(ii) EIN	organization (described on lines 1-9 above or IRC section	(iv) Is the organization (v) Did you notify the in col. (i) listed in your governing document? (i) of your support?		organizatio (i) organiz (i) organiz U.S	on in col. ed in the ??	(vii) Amount of support		
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Schedule /	A (Form 990 or 990-EZ) 2010
Part II	Support Schedule for Organ

Pac	e	2
au	5	-

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.)

Calendar year (of fiscal year beginning in) \>       (g) 2006       (g) 2007       (g) 2008       (g) 2009       (g) 2010       (f) Total         I offits, grans, contributions, and grants, 1       (g) 2006       (g) 2007       (g) 2008       (g) 2009       (g) 2010       (f) Total         I max revenues levide for the organization without charge       (g) 2006       (g) 2007       (g) 2008       (g) 2009       (g) 2010       (f) Total         I max value of services or facilities       (g) 2007       (g) 2008       (g) 2009       (g) 2009       (g) 2010       (f) Total         I max value of services or facilities       (g) 2008       (g) 2009       (g) 2010       (f) Total         I tot	Se	ction A. Public Support						
Gifts, grants, contributions, and membership fees received. (b) or ch include any "unusual grants.")     Tax revenues leviel for the organ- ization's behalf     Taxterenues leviel for the organ- ization's behalf     To the Value of any the services or facilities turnished by a governmental unit to the organization's included on first through 3     To position without charge To total. Add lines 1 through 3     To position without charge To total. Add lines 1 through 3     To position without charge To total. Add lines 1 through 3     To position without charge the organization's included on line 1 that exceeds 2% of the amount shown on line 11, column (i)     Column (i)	Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
include any 'unusual grants.''       2         2 Tax revenues levied (or the organization's banefit and either pad to or expended on its banefit and either pad to or expended on its banefit and either pad to or expended on its banefit and either pad to or expended on its banefit and either pad to or expended on its banefit and either pad to expended on its banefit and either pad to or expended on its banefit and either pad to expended on its banefit and either pad to or expended on its banefit and either pad to expended on its expended on its banefit and either pad to expended on its expended on i	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf		membership fees received. (Do not						
2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf		include any "unusual grants.")						
ization's benefit and either paid to or expended on its behalf	2							
3 The value of services or facilities furnished by a governmental unit to the organization without charge 2 Total. Add lines 1 through 3								
3 The value of services or facilities furnished by a governmental unit to the organization without charge 2 Total. Add lines 1 through 3								
furnished by a governmental unit to the organization without charge       Image: constraint of total contributions by each pression (other than a governmental unit or publicly supported organization) included on line 1 that exceede 25% of the amount shown on line 11, column (i)       Image: constraint of total support to the constraint of total contributions by each pression (other than a governmental unit or publicly supported organization) included on line 1 that exceede 25% of the amount shown on line 11, column (i)       Image: constraint of total support by each pression (constraint of total constraint of total support. Summerices to the constraint of total support by each pression (constraint of total support.)         2 Fublic support Summerices to the constraint of the support support of total constraints in sources and income from unrelated business activities, whether or not the business is regularly carried on securities from similar sources and or lines of the support. Add lines 7 through 10       Image: constraint of total support by each pression source (constraint of the support, total lines 7 through 10         10       Other income. Do not include gain or loss from the sale of capital essets (Explain in Part IV) and the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization of Public Support Percentage         12       Gross receipts from related activities, act. (see instructions)       Image: support text = 200.01 (the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the so on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, fibs, rights, and line 14 is 10% or more, and if the organization did not check the box on line 13	3							
4 Total. Add lines 1 through 3								
4 Total. Add lines 1 through 3         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)         6 Public support. Subtratules 5 tom line 4.         Section B. Total Support         Section Come from interest, divideds, payments received on securities losans, ents, royatiles activities, whether or not the business is regulariy carried on								
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 (1)       Image: Content of the content o	4							
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)				And the second second	All the order of the	Contrastor According	A STATISTICS AND THE	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       image: column (f)         6 Public support. Subleat line 5 from line 4.       image: column (f)         7 Amounts from line 4       image: column (f)         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       image: column (f)         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV)       image: column (f)         10 Other income, Do not include gain or loss from teated activities, etc. (see instructions)       image: column (f)       image: column (f)         12 Gross receipts from related activities, etc. (see instructions)       image: column (f)       image: column (f)       image: column (f)         13 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       image: column (f)       image: column (f)         14 Public support percentage for 2000 Foedule A, Part II, line 14       image: column (f)       image: column (f)       image: column (f)         16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and the organization qualifies as a publicly supported organization and the organization qualifies as a pub								
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtrat line 5 too line 4. Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from similar sources 19 Net income from similar sources 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 2 Gross necelitys form leated activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 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 4 Public support percentage form 2009 Schedule A, Part II, line 14 4 Public support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization ad stop here. The organization dualifies as a publicly supported organization 14 Total support. Add line 14 is 10% or more, add if the organization meets the "facts-and-circumstances" test. check this box and stop here. Explain Ine 14 is 10% or more, and stop here. The organization dualifies as a publicly supported organization 17 10% - facts-and-circumstances test - 200. If the organization did not check the box on line 13, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. check this box and stop here. Explain Ine 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, end line 14 is 10% or more, and if the organization meets the "facts-and-circu								
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       Image: Column (f)         6 Public support: Subtract time 5 from line 4.       Image: Column (f)         26 rection B. Total Support       Image: Column (f)         26 rection B. Total Support: Subtract time 5 from line 4.       Image: Column (f)         26 rection B. Total Support: Subtract time 5 from line 4.       Image: Column (f)         26 rection B. Total Support: Subtract time 5 from line 4.       Image: Column (f)         27 Amounts from line 4       Image: Column (f)       Image: Column (f)         37 Amounts from line 4.       Image: Column (f)       Image: Column (f)         38 Gross income from interest, dividends, payments received on securities losans, rents, royatiles and income from similar sources       Image: Column (f)       Image: Column (f)         9 Net income from unrelated business activities, whether or not the business is regularly carried on       Image: Column (f)       Image: Column (f)         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)       Image: Column (f)       Image: Column (f)       Image: Column (f)         12 Gross receipts from related activities, etc. (see instructions)       Image: Column (f)       Image: Column (f)       Image: Column (f)         13 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) corganization, check this box and				and the second				
amount shown on line 11, column (f)       amount shown on line 11, column (f)       amount shown on line 11, column (f)         6       Public support. Buthat the 5 from line 4.       amount shown on line 13, for amount shown on line est, dividends, payments received on securities loans, rents, royalties and income from initerest, dividends, payments received on securities loans, rents, royalties and income from initerest, dividends, payments received on securities loans, rents, royalties and income from initerest, dividends, payments received on securities loans, rents, royalties and income from initerest, dividends, payments received on securities loans, rents, royalties and income from initerest, dividends, payments received on securities loans, rents, royalties       amount shown on line 14, securities loans, rents, royalties         9       Net income from initerest, dividends, payments received on securities loans, rents, royalties       amount shown on line 14, securities loans, rents, royalties         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)       12         11       Total support, Add lines 7 through 10       12         12       5 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         crganization, check this box and stop here       amount (f) divided by line 11, column (f)       14       % 5         15       Public support percentage from 2000 Schedule A, Part II, line 14       15       % 6         16       33 1/3% support test - 200, If the organizatio								
column (i)       6       Public support. Subtract line 5 from line 4.         Section B. Total Support       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7 Amounts from line 4       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV)       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)       (b) 2007       (c) 2008       (c) 2009       (c) 20								
6       Public support. Subtract line 4.		1 10						
Section B. Total Support       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         2 alendar year (or fiscal year beginning in) >       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         3 Gross income from interest,       dividends, payments received on securities loans, rents, royalties and income from similar sources and income from similar sources.       Image: Comparison of	6							
Calendar year (or fiscal year beginning in)       (a) 2006       (b) 2007       (c) 2008       (d) 2009       (e) 2010       (f) Total         7 Amounts from line 4       6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       9       (a) 2009       (e) 2010       (f) Total         9 Net income from numelated business activities, whether or not the business is regularly carried on	Sec	tion B. Total Support				Market Rough Voluce (Pro-		
7 Amounts from line 4       11       12       19       19       10 <t< td=""><td>_</td><td></td><td>(a) 2006</td><td>(1-) 0007</td><td>(-).0000</td><td>( 1) 00000</td><td>1 1 2 2 2 2 2</td><td></td></t<>	_		(a) 2006	(1-) 0007	(-).0000	( 1) 00000	1 1 2 2 2 2 2	
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       Image: Comparison of the securities loans, rents, royalties and income from similar sources         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV.)       Image: Comparison of the			(a) 2006	( <b>D</b> ) 2007	(c) 2008	(a) 2009	(e) 2010	(f) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources       9         9       Net income from similar sources stand income from similar sources       9         9       Net income from unrelated business activities, whether or not the business is regularly carried on to close from the sale of capital assets (Explain in Part IV.)       10         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)       12         11       Total support. Add lines 7 through 10       12         12       Gross receipts from related activities, etc. (see instructions)       12         13       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       >         2       Gross receipts from related activities, etc. (see instructions)       14       %         14       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14       %         15       Public support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >       >         16a       33 1/3% support test - 2009. If the organization did not check a box on line 13, or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organizati								
securities loans, rents, royalties and income from similar sources	Ű	a series and a series of the						
and income from similar sources								
9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV.)       Image: Comparison of Comparison								
activities, whether or not the business is regularly carried on	~							
business is regularly carried on	9							
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)       Image: Comparison of the compari		warmen and the concernment of the second						
or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization b 10% -facts-and-circumstances test - 2009.If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
assets (Explain in Part IV.)  11 Total support, Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 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  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  f7a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box on line 13, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box on line 13, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	10	a se a fina a ser a se a se a se a se a se a se a						
11 Total support. Add lines 7 through 10       12         12 Gross receipts from related activities, etc. (see instructions)       12         13 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         14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (fi))       14         15 Public support percentage from 2009 Schedule A, Part II, line 14       15         16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       1         17a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		and the second						
12 Gross receipts from related activities, etc. (see instructions)   13 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   14   15   Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))   16   17   18   19   19   10   11   11   12             12 <b>12 14 14 14 14 15 16 16 17</b>								
<ul> <li>13 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)</li> <li>organization, check this box and stop here</li> <li>Section C. Computation of Public Support Percentage</li> <li>14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))</li> <li>14 9%</li> <li>15 Public support percentage from 2009 Schedule A, Part II, line 14</li> <li>16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the</li> </ul>		and the second sec						
organization, check this box and stop here       Image: Computation of Public Support Percentage         Section C. Computation of Public Support Percentage       Image: Computation of Public Support Percentage         14       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       Image: Computation of Public Support Percentage         15       Public support percentage from 2009 Schedule A, Part II, line 14       Image: Computation of Public Support Percentage from 2009 Schedule A, Part II, line 14       Image: Computation field for the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Computation field for the organization field for the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       Image: Computation field for the organization       Image: Computation field for the organization for the organization field for the organization field for the organization field for the organization for more, and if the organization meets the "facts-and-c								
<ul> <li>Section C. Computation of Public Support Percentage</li> <li>14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))</li> <li>14 14 %</li> <li>15 Public support percentage from 2009 Schedule A, Part II, line 14</li></ul>	13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
14       Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))       14       %         15       Public support percentage from 2009 Schedule A, Part II, line 14       15       %         16a 33 1/3% support test - 2010.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >       >         b 33 1/3% support test - 2009.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       >       >         17a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization       >         b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the       >	Soc	organization, check this box and stop	here	•			<u></u>	<u></u>
<ul> <li>15 Public support percentage from 2009 Schedule A, Part II, line 14</li></ul>				-				
<ul> <li>16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the</li> </ul>	14	Public support percentage for 2010 (I	ine 6, column (f) di	ivided by line 11, o	column (f))		14	%
<ul> <li>16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the</li> </ul>	15	Public support percentage from 2009	Schedule A, Part	II, line 14				%
<ul> <li>b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances test - 2009. If the organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the</li> </ul>	16a	33 1/3% support test - 2010. If the or	rganization did not	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this box	and
<ul> <li>b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances test - 2009. If the organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the</li> </ul>	12	stop here. The organization qualifies	as a publicly supp	orted organizatior				
<ul> <li>If a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the</li> </ul>	b	33 1/3% support test - 2009. If the or	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
<ul> <li>If a 10% -facts-and-circumstances test - 2010.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the</li> </ul>		and stop here. The organization quali	fies as a publicly s	supported organiz	ation			▶□
and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the	1/a	10% -facts-and-circumstances test	t - 2010.If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more.
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		and if the organization meets the "fac	ts-and-circumstan	ces" test, check ti	his box and stop h	ere. Explain in Pa	rt IV how the organi	zation
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	d organization		
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	b	10% -facts-and-circumstances test	t - 2009.If the orga	nization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
		more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part IV how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization meets the "facts-and-circ	umstances" test.	The organization of	ualifies as a public	cly supported orga	anization	
8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	and see instructions	

Schedule A (Form 990 or 990-EZ) 2010

032022 12-21-10

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

71-0992446 Page 3

(Complete only if you checked the box on line 9 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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,104,354 2,507,404 4,831,398 5,765,776. 11,322,525 27,531,457. 2 Gross receipts from admissions, merchandise sold or services performed, 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 3,104,354 2,507,404 4,831,398 5,765,776 11,322,525 27,531,457. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 1,451,600 1,570,954 1,082,872 1,993,807 4,230,214 10,329,447. b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 150,000 103,818 143,327 290,749 687 894 c Add lines 7a and 7b 1,451,600 1,720,954 2,097,625 1,226,199 4,520,963 11,017,341. 8 Public support (Subtract line 7c from line 6.) 16,514,116. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 3,104,354 2,507,404 4,831,398 5,765,776 11,322,525 27,531,457. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 78,322 57,850 370,820 132,771 118,836 758,599. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 78,322. 57,850 370,820 132,771 118,836 758,599. 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 IV.) 102,106 2,984 73,938 179,028. 13 Total support (Add lines 9, 10c, 11, and 12.) 3,182,676. 2,565,254. 5,304,324. 5,901,531. 11,515,299. 28,469,084. 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 2010 (line 8, column (f) divided by line 13, column (f) 58.01 15 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 2.66 17 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2010. 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 X b 33 1/3% support tests - 2009. 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 and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 032023 12-21-10 Schedule A (Form 990 or 990-EZ) 2010

2010.04010 KIVA MICROFUNDS

Schedule A (Form 990 or 990-EZ) 2010 KIVA MICROFUNDS	71-0992446	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II,	line 10; Part II, line 17a o	r 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).		
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
NT COELT ANDOUR		
MISCELLANEOUS INCOME		
PARTNERSHIP INCOME		

032024 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

KI	VA MICROFUNDS	71-0992446
Organization type (check o	ine):	
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)( <sup>3</sup> ) (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	

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

_	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections
	509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%
	of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not 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) (2010)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

#### Name of organization

KIVA MICROFUNDS

Page 1 of 11 of Part I

Employer identification number

71-0992446

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	2004 CARITA FOUNDATION PO BOX 7899 PHILADELPHIA, PA 19101	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ALEX EDLESTEIN 10170 W. TROPICANA RD #156-169 LAS VEGAS, NV 89147	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$50,010.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$20,526.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$9,125.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	ANONYMOUS 3180 18TH STREET, SUITE 202		Person X Payroll
023452 12-23	SAN FRANCISCO, CA 94110		Noncash (Complete Part II if there is a noncash contribution.)
		Schedule B (Form 9	90, 990-EZ, or 990-PF) (2010)

17060803 701224 3070

KIVA MICROFUNDS

Page 2 of 11 of Part I

Employer identification number

71-0992446

Contributors (see instructions) Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$7,307.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$5,550.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$15,835.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$8,300.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$6,175.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c) Aggregate contributions	(d) Type of contribution
	Name, address, and ZIP + 4	Aggregate contributions	. Jpe of contribution
12	ANONYMOUS 3180 18TH STREET, SUITE 202		Person X Payroll
12	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$5,328.	Person X

023452 12-23-10

17060803 701224 3070

KIVA MICROFUNDS

#### Page 3 of 11 of Part I

Employer identification number

71-0992446

## Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
13	ASHOKA 1700 NORTH MOORE STREET ARLINGTON, VA 22209	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	BARBARA BARRY INCORPORATED 9526 PICO BOULEVARD LOS ANGELES, CA 90035	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	BARBARA EDWARDS PO BOX 163 BLUFFTON, TX 78607	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	CHEVRON PRODUCTS COMPANY P.O. BOX 9034 CONCORD, CA 94524	\$500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	CONE 855 BOYLSTON STREET, 3RD FLOOR BOSTON, MA 02116	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	CRAIGSLIST CHARITABLE FUND	\$25,000.	Person X Payroll Noncash
023452 12-23-	SAN FRANCISCO, CA 94122		(Complete Part II if there is a noncash contribution.) 00, 990-EZ, or 990-PF) (2010)

17060803 701224 3070

#### Schedule 3 (Form 990, 990-EZ, or 990-PF) (2010)

#### Name of organization

KIVA MICROFUNDS

Page 4 of 11 of Part I Employer identification number

71-0992446

## Part I Contributors (see instructions)

(a) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>    19</u>	DAVID JONATHON JACKSON FAMILY FUND PO BOX 811 RANCHO SANTA FE, CA 92067	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
20	DERMALOGICA 1535 BEACHEY PLACE CARSON, CA 90746	Aggregate contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d)
21	DEWEY & LEBOEUF LLP 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019	\$10,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	EDITH BALDINGER CHARITABLE LEAD ANNUITY TRUST 122 ST. JOHNS ROAD WILTON, CT 06897	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	GIVING EXPRESS ONLINE PO BOX 300 SAN FRANCISCO, CA 94104	\$5,292.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d)
24	GOOGLE INC. CHARITABLE GIVING FUND OF TIDES FOUNDATION P.O. BOX 29903	\$50,000.	Type of contribution Person X Payroll Noncash (Complete Part II if there
	SAN FRANCISCO, CA 94129		is a noncash contribution.)
023452 12-23			90, 990-EZ, or 990-PF) (2010)

17060803 701224 3070

2010.04010 KIVA MICROFUNDS

KIVA MICROFUNDS

5 of 11 of Part I Page

Employer identification number

71-0992446

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	GOOGLE MATCHING GIFTS PROGRAM PO BOX 8809 PRINCETON, NJ 08543	\$8,303.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26	HENKEL 19001 N. SCOTTSDALE RD. SCOTTSDALE, AZ 85255	\$17,203.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27	HOLEWINSKI FAMILY FOUNDATION, INC. 780 5TH AVENUE SOUTH, SUITE 200 NAPLES, FL 34102	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28	INDEX 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$66,995.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29	INTEL 2200 MISSION COLLEGE BOULEVARD SANTA CLARA, CA 95054	\$64,733.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30	INTUIT FOUNDATION P.O. BOX 2160	\$17,109.	Person X Payroll Noncash
023452 12-23	PRINCETON, NJ 08543		(Complete Part II if there is a noncash contribution.) 90, 990-EZ, or 990-PF) (2010)

17060803 701224 3070

KIVA MICROFUNDS

Employer identification number

71-0992446

## Part I Contributors (see instructions)

(a) No.	(b)	(c)	(d)
31	Name, address, and ZIP + 4 INTUIT INC. 7535 TORREY SANTA FE ROAD	Aggregate contributions	Type of contribution       Person     X       Payroll     Image: Contribution
	SAN DIEGO, CA 92129	\$40,000.	Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32	J. SOIF 224 BYERS ROAD CHESTER SPRINGS, PA 19425	\$43,209.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33	JOHN N. CAULKINS 1600 BROADWAY, SUITE 1400 DENVER, CO 80202	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34	JOHN OLSON 7882 SAILBOAT KEY BLVD S S PASADENA, FL 33707	\$97,381.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35	JP MORGAN CHASE 712 MAIN ST. 4E HOUSTON, TX 77002	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	, , , , , , , , , , , , , , , , , , , ,		
36	JUSTGIVE PO BOX 300	\$5,065.	Person X Payroll Noncash

17060803 701224 3070

KIVA MICROFUNDS

Page 7 of 11 of Part I

Employer identification number

71-0992446

## Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
37	KEEN, INC. 926 N.W. 13TH AVENUE, STE. 210 PORTLAND, OR 97209	\$240,328.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
38	KRISTEN A. MULVIHILL & DAVID S. ROHDE 295 GREENWICH ST. 5G NEW YORK, NY 10007	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name address and ZID - 4	(c)	(d)
	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
39	LAWRENCE & ANNE HAMBLY TTEES 100 MT HAMILTON AVENUE LOS ALTOS, CA 94022	\$5,000.	Person     X       Payroll     Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	(d)
110.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
40	MEEDAN, INC. 972 MISSION ST, SUITE 500 SAN FRANCISCO, CA 94103	\$12,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Aggregate contributions	Type of contribution
41	MICROSOFT MATCHING GIFTS PROGRAM P.O. BOX 7405 PRINCETON, NJ 08543	\$27,459.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	MISSIONFISH - POINTS OF LIGHT FOUNDATION	\$5,497.	Person X Payroll Noncash
	ATLANTA , GA 30318		(Complete Part II if there is a noncash contribution.)

17060803 701224 3070

Schedule B (Forr	n 990, 9	90-EZ, or	990-PF)	(2010)
------------------	----------	-----------	---------	--------

KIVA MICROFUNDS

#### Part I Contributors (see instructions)

Employer identification number

71-0992446

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
43	NAU 1323 NW IRVING STREET PORTLAND, OR 97209	\$30,706.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
44	NETWORK FOR GOOD 7920 NORFOLK AVE. SUITE 520 BETHESDA, MD 20814	\$24,352.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
45	OMIDYAR NETWORK FUND, INC 1991 BROADWAY ST., SUITE 200 REDWOOD CITY, CA 94063	\$1,662,488.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 PILLSBURY PO BOX 7880	Aggregate contributions	Type of contribution Person X Payroll Noncash (Complete Part II if there
No. 46 (a) No. 47	Name, address, and ZIP + 4         PILLSBURY         PO BOX 7880         SAN FRANCISCO, CA 94120         (b)	Aggregate contributions \$20,000. (c)	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)
No. 46 (a) No.	Name, address, and ZIP + 4         PILLSBURY         PO BOX 7880         SAN FRANCISCO, CA 94120         (b)         Name, address, and ZIP + 4         SALESFORCE.COM         THE LANDMARK@ ONE MARKET, SUITE 300	Aggregate contributions \$	Type of contribution         Person       X         Payroll       Image: Complete Part II if there         is a noncash contribution.)       (d)         Type of contribution       Complete Part II if there         Person       X         Payroll       Image: Complete Part II if there         Noncash       Image: Complete Part II if there         (Complete Part II if there       Image: Complete Part II if there
No. 46 (a) No. 47 (a)	Name, address, and ZIP + 4         PILLSBURY         PO BOX 7880         SAN FRANCISCO, CA 94120         (b)         Name, address, and ZIP + 4         SALESFORCE, COM         THE LANDMARK@ ONE MARKET, SUITE 300         SAN FRANCISCO, CA 94105         (b)	Aggregate contributions \$	Type of contribution         Person       X         Payroll       Image: Complete Part II if there is a noncash contribution.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II if there is a noncash contribution         (complete Part II if there is a noncash contribution.)       Image: Complete Part II if there is a noncash contribution.)         (d)       Complete Part II if there is a noncash contribution.)

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

17060803 701224 3070

KIVA MICROFUNDS

Page 9 of 11 of Part I

Employer identification number

71-0992446

Part I Contributors (see instructions)

		1	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	SMS FOUNDATION INC.         P.O. BOX 5324         MADISON, WI 53705	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
50	T.T. & W.F. CHAO FAMILY FOUNDATION		Person X
	P.O. BOX 227237	\$10,000.	Payroll Noncash (Complete Part II if there
	DALLAS, TX 75222		is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
51	TECHINSURANCE GROUP, LLC		Person X
	1301 CENTRAL EXPY S. STE. 115	\$5,000.	Payroll Noncash
	ALLEN , TX 75013		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
52	THE CALIFORNIA GOVERNOR'S CONFERENCE FOR WOMEN AND FAMILIES		Person X
	1321 7TH STREET, SUITE 205	\$75,000.	Payroll Noncash
	SANTA MONICA, CA 90401		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
53	THE GRAMMIE JEAN FOUNDATION		Person X
	8104 HIGHWOOD DRIVE, #G123	\$5,000.	Payroll Noncash
	BLOOMINGTON, MN 55438		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
54	THE MURIAL JONES FOUNDATION - RICHARD BRINDLE		Person X
	3180 18TH STREET, SUITE 202	\$145,880.	Payroll Noncash
	SAN FRANCISCO, CA 94110		(Complete Part II if there is a noncash contribution.)

023452 12-23-10

17060803 701224 3070

3070\_\_\_1

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

KIVA MICROFUNDS

Page 10 of 11 of Part I

Employer identification number

71-0992446

## Part I Contributors (see instructions)

(a) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
55	UNIVERSAL CITY STUDIOS LLLP 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	\$10,000.	Person X Payroll I Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Nome address and ZID - 1	(c)	(d)
	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
56	UTE CITY CHARITABLE TRUST P.O. BOX 1909 RANCHO SANTA FE, CA 92067	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name address and ZID - 4	(c)	(d)
	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
57	VISA PO BOX 194607 SAN FRANCISCO, CA 94119	\$1,000,000.	Person       X         Payroll       Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
58	WAL-MART STORES, INC - SAM'S CLUB CORPORATE GIVING 702 SW 8TH STREET BENTONVILLE, AR 72716	Aggregate contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	(d)
59	Name, address, and ZIP + 4         WILLIAM SPRUILL         500 N BOUNDARY ST.         RALEIGH, NV 27604	Aggregate contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d)
60	YELLOW HOUSE FUND OF TIDES FOUNDATION P.O. BOX 29903	Aggregate contributions \$8,000.	Type of contribution Person X Payroll Noncash Complete Port II if these
	SAN FRANCISCO, CA 94129		(Complete Part II if there is a noncash contribution.)
023452 12-23			90, 990-EZ, or 990-PF) (2010)

17060803 701224 3070

2010.04010 KIVA MICROFUNDS

KIVA MICROFUNDS

Page 11 of 11 of Part I

Employer identification number

71-0992446

Part I Contributors (see instructions)

-			1
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	ANONYMOUS 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	\$45,032.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
62	KEEN 926 N.W. 13TH AVENUE, STE. 210 PORTLAND, OR 97209	\$5,613.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
63	MICROSOFT CORPORATION 1 MICROSOFT WAY REDMOND, WA 98052	\$38,270.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll On Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-23-	10		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

3070\_\_\_1

17060803 701224 3070

## Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

KIVA MICROFUNDS

Page 1 of 1 of Part II

Employer identification number

71-0992446

## Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
61	FLIP VIDEOS, CAMERAS, CASES, & MEMORY STICKS		
		\$45,032.	07/31/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
62	FOOTWARE		
		\$5,613.	12/14/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
63	SOFTWARE LICENSES		
		\$38,270.	12/01/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. rom	(b) Description of noncash property given	\$(c) FMV (or estimate)	(d)
art I		(see instructions)	Date received
-  .		\$	

17060803 701224 3070

2010.04010 KIVA MICROFUNDS

	m 990, 990-EZ, or 990-PF) (2010)				Page	of	of Part II
Name of orga	nization				Employer identifica	tion numi	ber
IVA MICR	OFUNDS				71-0992446		
Part III	Exclusively religious, charitable, etc more than \$1,000 for the year. Com Part III, enter the total of <i>exclusively</i> re \$1,000 or less for the year. (Enter this	plete columns (a) through eligious, charitable, etc., co	(e) and the followi ontributions of	c)(7), (8), or (10) o ing line entry. For c	rnanizations annr	e <b>gating</b> leting	
(a) No. from							
Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Desc	ription of how gift	is held	
		(e) Tran	nsfer of gift				
-	Transferee's name, address	s, and <b>ZIP</b> + 4	R	elationship of tran	nsferor to transfer	ee	
- (a) No.							
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Desci	ription of how gift	is held	3
		-					
		(e) Tran	sfer of gift				
-	Transferee's name, address	, and ZIP + 4	Re	elationship of tran	sferor to transfere	9 <b>0</b>	
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Descr	iption of how gift i	is held	
	Transferee's name, address,		sfer of gift	lationship of tran	sferor to transfere	е	
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descri	iption of how gift i	s held	
			sfer of gift				
-	Transferee's name, address,	and ZIP + 4	Re	lationship of trans	sferor to transfere	e	
-							

023454 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCH	EDU	LE D
-----	-----	------

Department of the Treasury

(Form	990)

# Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.



Internal Revenue Service ....

Nar	ne of the organization KIVA MICROFUNDS	Employer identification number 71-0992446
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if the
2		(b) Foundation of a the second state
1		(b) Funds and other accounts
2	Total number at end of year	
3	Aggregate contributions to (during year)	
4	Aggregate grants from (during year)	
5	Aggregate value at end of year	(b)
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
6	are the organization's property, subject to the organization's exclusive legal control?	Yes No
U	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
Pa	impermissible private benefit?	Yes No
1	The organization answered Tes to Form 990, Part IV	, line 7.
	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historica Protection of natural habitat	
	Protection of natural habitat Preservation of a certified h	istoric structure
2		
-	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co day of the tax year.	onservation easement on the last
	day of the tax year.	
а	Total number of conservation essements	Held at the End of the Tax Year
b	Total number of conservation easements Total acreage restricted by conservation easements	2a
с	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	2c
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
	year	ization during the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	ne vear 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ve	ar 🕨 \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	()(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	anization's accounting for
De	conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIV,
h	the text of the footnote to its financial statements that describes these items.	
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be treasures, or other similar except hold (some billion of the statement hold (some billion of the sta	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser relating to these items:	vice, provide the following amounts
		1997 - 14
	(i) Revenues included in Form 990, Part VIII, line 1	► \$
2	(ii) Assets included in Form 990, Part X	► \$
1772)	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p the following amounts required to be reported under SEAS 116 (ASC 050) relation to the main in	Drovide
а	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1	
b	Revenues included in Form 990, Part VIII, line 1	► \$
	Assets included in Form 990, Part X	▶ ⊅

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

	edule D (Form 990) 2010 KIVA MICRO				71-099	2446 Page 2
Га	art III Organizations Maintaining	Collections of A	Art, Historical 1	Freasures, or	Other Similar As	sets (continued)
3	Using the organization's acquisition, acces	sion, and other recor	ds, check any of th	ne following that a	are a significant use of i	ts collection items
	(check all that apply):					
a			d 🔄 Loan or ex	kchange program	S	
Ł		6	e 🛄 Other			
c	generations					
4	Provide a description of the organization's	collections and expla	in how they further	the organization	's exempt purpose in P	art XIV.
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or other :	similar assets	
	to be sold to raise funds rather than to be r	naintained as part of	the organization's	collection?		Yes No
Pa	IT IV Escrow and Custodial Arra	ngements. Comp	lete if the organizat	ion answered "Ye	es" to Form 990, Part IN	/, line 9, or
	reported an amount on Form 990, P	art X, line 21.				
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for contributio	ons or other asset	ts not included	
	on Form 990, Part X?					X Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	ollowing table:			
			ana ang ang ang ang ang ang ang ang ang			Amount
С	Beginning balance				1c	28,469,545.
d	Additions during the year			•••••••••••••••••••••••••••••••••••••••	1d	10,134,124.
е	Distributions during the year			•••••••••••••••••••••••••••••••••••••••	10 1e	4,919,284.
f	Ending balance			••••••••••••••••••••••••••••••	11 If	33,684,385.
2a	Did the organization include an amount on I	Form 990, Part X, line	21?	•••••••		Yes X No
b	If "Yes," explain the arrangement in Part XIV	/.			L	
	rt V Endowment Funds. Complete	if the organization ar	swered "Yes" to F	orm 990 Part IV	line 10	
		(a) Current year	(b) Prior year		ack (d) Three years bac	k (e) Four years back
1a	Beginning of year balance		(b) Thoryear	(C) Two years of	ack (d) milee years bac	(e) Four years back
b						
С	Net investment earnings, gains, and losses					
d	24 White Market Architecture (Architecture) (1) https://www.internet.org/architecture) and a contract of the contract of th					
e						
°C						
f						
	Administrative expenses					
9 2	End of year balance					
	Provide the estimated percentage of the year	ar end balance held a	is:			
a	Board designated or quasi-endowment	200	_%			
D	Permanent endowment	%				
c		%				
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered	for the organization	12-11-11 (J. 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					[3a(ii)]
b	in res to balli, are the related organization	s listed as required o	n Schedule R?			3b
4	Describe in Part XIV the intended uses of the	e organization's endo	wment funds			
Par	t VI Land, Buildings, and Equipn	nent. See Form 990	, Part X, line 10.			
	Description of investment	(a) Cost or ot basis (investm	1	t or other ( (other)	c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements			43,442.	36,027.	7 415
d	Equipment			341,061.	167,041.	7,415.
е	Other			621,399.		174,020.
Total	Add lines 1a through 1e. (Column (d) must e	aual Form 990 Dart	X column (P) line	10(01)	1,523,450.	1,097,949.
	in the second seco	quarionn 330, Fall	n, column (B), line i	U(C).)	🕨	1,279,384.

Schedule D (Form 990) 2010

032052 12-20-10

Schedule D (Form 990) 2010 KIVA MICROFUND	DS		71-0992446 Page				
Part VII Investments - Other Securities.	See Form 990, Part X, lir	ne 12.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation:				
(4) Electric transfer		Cost or end-o	f-year market value				
<ul><li>(2) Closely-held equity interests</li><li>(3) Other</li></ul>							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
(I)							
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	•						
Part VIII Investments - Program Related.	See Form 990, Part X, lir	ne 13.					
(a) Description of investment type	(b) Book value		d of valuation:				
	(b) DOOK value	Cost or end-of	-year market value				
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)	-						
(8)	_						
(9) (10)							
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►							
Part IX Other Assets. See Form 990, Part X, lin		a denote the share of the second of					
	a) Description						
(1)	a, Description		(b) Book value				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15.)						
Part X Other Liabilities. See Form 990, Part >	K, line 25.						
1. (a) Description of liability		(b) Amount					
(1) Federal income taxes							
(2) DEFERRED RENT		11,659.					
(3) (4)		and the second					
(5)							
(6)							
(7)		1					
(8)							
(9)							
(10)							
(11)							
	251						
otal. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote FIN 48 (ASC 740).	to the organization's financial stat						

032053 12-20-10

Schedule D (Form 990) 2010

	edule D (Form 990) 2010 KIVA MICROFUNDS rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial Stat	71-099	2446 Page <b>4</b>
1				ementa	11,515,298.
2	Total expenses (Form 000, Det IV, ashing (A) I', or)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				6,225,091.
4	Net unrealized gains (losses) on investments				5,290,207.
5	Donated services and use of facilities				1,375.
6	Donated services and use of facilities				62,380.
7	Investment expenses		6		
8	Prior period adjustments				
9	Other (Describe in Part XIV.)				
10	Total adjustments (net). Add lines 4 through 8				63,755.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and rt XII Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per l	Return	5,353,962.
1			•	11	13,706,451.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			0533555	, ,
а	Net unrealized gains on investments	2a	1,375		
b	Donated services and use of facilities	2b	2,189,778		
с	Recoveries of prior year grants	20	_,,		
d	Other (Describe in Part XIV.)	2d		-	
е					2 101 152
3				2e	2,191,153.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••••••		3	11,515,298.
	Investment expenses not included on Form 990, Part VIII, line 7b	1.1			
h	Other (Describe in Part XIV.)	4a		1000	
č	Other (Describe in Part XIV.) Add lines 4a and 4b	4b		1.11	
5	***************************************			4c	0.
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XIII Reconciliation of Expenses per Audited Financial Stateme			5	11,515,298.
1	Total expenses and lases are units if "	ents wi	th Expenses per	Return	
100	Total expenses and losses per audited financial statements			1	8,352,489.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	i i			
a	Donated services and use of facilities	2a	2,127,398,		
D	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
22-202	Add lines 2a through 2d			2e	2,127,398.
3	Subtract line 2e from line 1			3	6,225,091.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			Sec.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,225,091.
Par	t XIV Supplemental Information				,,
Comp	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a	and 4. Part IV lines 1	h and 2h:	Part V line 4: Part
A, line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complex, LINE 2: EFFECTIVE JANUARY 1, 2009, KIVA ADOPTED FINANCIAL	ete this p	art to provide any add	ditional info	ormation.
ACCO	JNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION	I			
("AS	C") TOPIC NO. 740, "UNCERTAINTY IN INCOME TAXES" ("ASC 740") (FC	RMERLY			
FASB	INTERPRETATION NO. 48 ("FIN 48"), "ACCOUNTING FOR UNCERTAINTY I	N			
INCON	ME TAXES - AN INTERPRETATION OF FASE STATEMENT 109"). ASC 740				
CLARI	FIES THE UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ENTERPRI	SE'S			
FINAM	CIAL STATEMENTS. KIVA HAS DETERMINED THAT THE ADOPTION OF ASC 7	40 DID			
NOT F	ESULT IN THE RECOGNITION OF ANY LIABILITY FOR UNCERTAIN TAX				
032054 12-20-10			5	Schedule	D (Form 990) 2010

KIVA MICROFUNDS

# Part XIV Supplemental Information (continued)

POSITIONS.

PART IV, LINE 1B: FUNDS	OF	KIVA'S	USERS	ARE	HELD	SEPARATE	AND	APART	FROM	
-------------------------	----	--------	-------	-----	------	----------	-----	-------	------	--

THE OPERATIONAL FUNDS ACCOUNTS OF KIVA. KIVA IS ENTITLED TO THE INTEREST

EARNED ON THE FUNDS HELD IN THE FBO ACCOUNTS, PURSUANT TO THE BINDING

TERMS OF USE WITH INDIVIDUAL USERS AT THE TIME A USER ACCOUNT IS

ESTABLISHED. KIVA IS ALSO ENTITLED TO THE AUTO-CONVERTED DONATIONS FROM

KIVA CARDS HELD IN THESE ACCOUNTS, AND ONLINE DONATIONS INTENDED FOR KIVA

THAT ARE PROCESSED TO THESE ACCOUNTS. DONATIONS FROM INTEREST INCOME,

AUTO-CONVERTED KIVA CARDS, AND ONLINE DONATIONS ON THESE BANK ACCOUNTS FOR

THE YEARS ENDED DECEMBER 31, 2010 AND 2009 ARE AS FOLLOWS:

	2010	2009	
INTEREST INCOME	\$98,192	\$122,381	
AUTO-CONVERTED GIFT CERTIFICATES	525,600	364,600	
ONLINE DONATIONS	4,850,506	3,590,420	

IN THE EVENT AN ADMINISTRATIVE PROCESSING/RECORDING ISSUE RESULTS IN A

DIFFERENCE BETWEEN SUCH USER-ACCOUNT RECORDS AND THE FBO ACCOUNT BALANCES,

KIVA MAY BE EXPECTED TO COVER ANY SUCH RESULTING VARIANCE FOR THE FBO

ACCOUNTS. FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009, KIVA

INDEMNIFIED, IN THE APPROXIMATE AMOUNT OF \$3,000 AND \$110,000

RESPECTIVELY, THE KUF BANK ACCOUNTS FOR A SET OF REPAYMENTS THAT WERE

CREDITED TO VARIOUS USERS, BUT FOR WHICH CERTAIN MFI'S ULTIMATELY FAILED

TO MAKE THE CONTRACTUALLY REQUIRED CORRESPONDING REPAYMENTS.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

KIVA MICROFUNDS Part I

1

2

3

# Statement of Activities Outside the United States

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

Attach to Form 990. See separate instructions

Name of the organizati

OMB No. 1545-0047 l Open to Public tion

a neverice Service			p ere espirate mourou	0113.		nspection
e of the organization					Employer identi	fication number
MICROFUNDS						
	un ation on				71-0992446	
	rmation on A	Activities Ou	tside the United States. Comp	lete if the organ	ization answered "	Yes"
to Form 990, Par		n mointeis				
grantees' eligibility for th	he grants or ass	in maintain recor	ds to substantiate the amount of the g selection criteria used to award the gr	grants or assista	ince, the	
5	no grants or uss	istance, and the	selection chiena used to award the gr	ants or assistar	nce?	Yes No
For grantmakers. Desc	ribe in Part V th	e organization's	procedures for monitoring the use of g	arant funds outs	ide the United Sta	tos
		,			de the onlied Sta	les.
Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	Freenand Street, Street	rity listed in (d)	(f) Total
	offices in the region	employees, agents, and	(by type) (e.g., fundraising, program		ram service,	expenditures
	in the region	independent contractors	services, investments, grants to recipients located in the region)	52 55	specific type	for and investments
		in region	recipients located in the region)	of servic	e(s) in region	in region
SAHARAN AFRICA	c c	6	PROGRAM SERVICES	PARTNER MON	TTOPING	277 524
				PARTNER MON.	TIORING	377,524.
PE	0	1	MANAGEMENT			1,628.
PE	0	1				
	0	1	PROGRAM SERVICES	PARTNER MONI	TORING	80,846.
ε	0	1	FUNDRAISING			8,107.
						0,107.
	1 N					

SUB-SAHARAN AFRIC. 377,524. EUROPE 1,628. EUROPE 80,846. EUROPE 8,107. RUSSIA 0 1 PROGRAM SERVICES PARTNER MONITORING 7,308. MIDDLE EAST 0 1 PROGRAM SERVICES PARTNER MONITORING 43,698. EAST ASIA 0 2 PROGRAM SERVICES PARTNER MONITORING 119,263. SOUTH ASIA 0 0 PROGRAM SERVICES PARTNER MONITORING 3,409. 3 a Sub-total 0 13 641,783. b Total from continuation sheets to Part I 0 5 168,710. c Totals (add lines 3a and 3b) 0 18 810,493.

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

Schedule F (Form 990) 2010

032071 12-20-10

Schedule F (Form 990) Part I Continua	KIVA MICROFU		<b>n.</b> (Schedule F (Form 990), Part I, line	71-0992	446 Paç
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditur for region
CENTRAL AMERICA	0	1	PROGRAM SERVICES	PARTNER MONITORING	14,0:
SOUTH AMERICA	0	2	PROGRAM SERVICES	PARTNER MONITORING	80,04
NORTH AMERICA	0	2	PROGRAM SERVICES	PARTNER MONITORING	74,65
otals		5			168,71

032181 12-29-10

	(i) Method of valuation (book, FMV, appraisal, other)					
	(h) Description of non-cash assistance					
	(g) Amount of non-cash assistance					empt by
	(f) Manner of cash disbursement					recognized as tax-exi
than \$5,000	(e) Amount of cash grant					foreign country, r
recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501 (2020, 2020, 2020, 2020, 2020)
<ol> <li>Check this box if no ace is needed.</li> </ol>	(c) Region					sted above that are re-
recipient who received more than \$5,000. Check this b Part II can be duplicated if additional space is needed.	(b) IRS code section and EIN (if applicable)					cipient organizations li e grantee or counsel he
recipient who rec Part II can be dur	1 (a) Name of organization					Enter total number of re the IRS, or for which the

032072 12-20-10

	<ul> <li>(h) Method of valuation (book, FMV, appraisal, other)</li> </ul>					
/, line 16.	(g) Description of non-cash assistance					
to Form 990, Part IV	<ul><li>(f) Amount of non-cash assistance</li></ul>					
ie organization answered "Yes" to Form 99	(e) Manner of cash disbursement					
ites. Complete if th	(d) Amount of cash grant					
de the United Sta ed.	(c) Number of recipients					
e to Individuals Outsi ditional space is need	(b) Region					
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

032073 12-20-10

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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

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

Attach to Form 990.

Open to Public Inspection Employer identification number

71-0992446

OMB No. 1545-0047

2010

Name of the organization

## KIVA MICROFUNDS

Sec. Ber	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	(c Method of c noncash contrit	determ	ining amour	nts
1	Art - Works of art							
2	Art - Historical treasures							
з	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	х	53	109,839.	FMV			
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous						- 22-22-2	
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other				<i>i</i>			
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 organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledge	ement 29				
			9				Yes	No
30a	During the year, did the organization receive by	contribution	any property repo	orted in Part L lines 1-28 that	t it must hold for	Tangan (	163	NO
	at least three years from the date of the initial c	ontribution, a	and which is not re	equired to be used for exemi	ot purposes for			
	the entire holding period?					30a	TRACE OF	x
b	If "Yes," describe the arrangement in Part II.					JUa	els and	CONTRACT!
	Does the organization have a gift acceptance p	olicy that rec	uires the review o	f any non-standard contribu	tions?	31	x	
32a	Does the organization hire or use third parties of	r related org	anizations to solici	t process or sell popcash		31	-	
	contributions?			, F, Socos, or sei nonodsit		320		x
b	If "Yes," describe in Part II.					32a	TVARYS.	
33	If the organization did not report an amount in c	olumn (c) for	a type of property	v for which column (a) is che	cked			
	describe in Part II.		31 P		onou,			

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

Schedule M (Form 990) (2010)

032141 12-23-10

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047 <b>2010</b> Open to Public Inspection
Name of the organization	KIVA MICROFUNDS	Employer 71-099	identification number 2446
FORM 990, PART III,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
KIVA MICROFUNDS ("KI	IVA") IS A NONPROFIT, TAX-EXEMPT ORGANIZATION		
FOUNDED IN 2005 TO (	CONNECT PEOPLE THROUGH LENDING FOR THE SAKE OF		
ALLEVIATING POVERTY.	KIVA EMPOWERS INDIVIDUALS TO LEND TO LOW-INCOME		
BORROWERS AROUND THE	WORLD. KIVA PARTNERS WITH OVER 110 GLOBAL		
MICROFINANCE INSTITU	TIONS ("MFIS") IN MORE THAN FIFTY COUNTRIES. MFIS		
ARE RESPONSIBLE FOR	SELECTING BORROWERS, REVIEWING THE LOAN		

APPLICATIONS, AND UPLOADING THE LOAN REQUESTS TO KIVA'S WEBSITE ONCE

THEY HAVE APPROVED THE LOANS. WHEN THE LOAN FUNDS ARE RAISED, KIVA

SENDS THE MONEY (VIA A NET BILLING PROCESS) TO THE MFI, WHO USES THE

FUNDS TO REPLENISH THE LOAN THAT HAS BEEN PREDISBURSED TO THE BORROWER,

AND ADMINISTERS THE LOAN. TO DATE, KIVA HAS FACILITATED OVER US\$200

MILLION IN LOANS FROM LENDERS THROUGH THE WEBSITE, KIVA IS SUPPORTED

PRIMARILY THROUGH INDIVIDUAL AND CORPORATE CONTRIBUTIONS AND GRANTS

FROM FOUNDATIONS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS FIRST REVIEWED BY THE

ACCOUNTING MANAGER AND CFO TO ENSURE ACCURACY. IT IS THEN PASSED ON TO THE

AUDIT COMMITTEE FOR THEIR APPROVAL. THEY WILL THEN DISCUSS THEIR

FINDINGS, THEIR APPROVAL, AND ANY ISSUES THAT NEED TO BE ADDRESSED AT THE

ENSUING BOARD MEETING. AT THAT TIME, THE FORM 990 WILL BE SIGNED AND

SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THROUGH A

DISCLOSURE FORM, (1) MEMBERS OF THE BOARD, (2) OFFICERS AND (3) KEY

EMPLOYEES ARE ASKED TO DISCLOSE TO THE COMPANY'S GENERAL COUNSEL ANY FACTS

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

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization KIVA MICROFUNDS	Employer identification number 71-0992446
THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR OFFICERS IS	
DETERMINED THROUGH REVIEW OF COMPENSATION SURVEYS AND COMPARABILITY DATA OF	
LIKE TYPE INDIVIDUALS IN THE NONPROFIT, FOR PROFIT, AND REGIONAL AREAS.	
FORM 990, PART VI, SECTION C, LINE 18: CURRENTLY KIVA MAKES ITS FORM 990	
AVAILABLE FOR INSPECTION ON ITS WEBSITE WWW.KIVA.ORG AND UPON REQUEST.	
KIVA'S FORM 1023 IS MADE AVAILABLE UPON REQUEST BY THE INDIVIDUAL.	
FORM 990, PART VI, SECTION C, LINE 19: CURRENTLY, KIVA MAKES AVAILABLE	
COPIES OF ITS FINANCIAL STATEMENTS VIA ITS WEBSITE, GOVERNING DOCUMENTS	
INCLUDING THE CONFLICT OF INTEREST POLICY ARE AVAILABLE VIA ITS WEBSITE.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
DONATED SERVICES AND USE OF FACILITIES:62,380.TOTAL TO FORM 990, PART XI, LINE 563,755.	
FORM 990, PART XI, LINE 2C:	
SINCE THE FILING OF THE 2009 INFORMATIONAL RETURN, THERE HAVE BEEN NO	
CHANGES TO THE AUDIT OVERSIGHT AND SELECTION PROCESS.	
FORM 990, PART I, LINE 6:	
VOLUNTEER PROGRAM:	
IN 2010, KIVA ENGAGED 436 VOLUNTEERS TO ASSIST IN ITS OPERATIONS.	

VOLUNTEERS WERE COMPRISED OF THREE CATEGORIES; TRANSLATORS AND EDITORS, 032212 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O	(Form 990 or 990-EZ)	(2010)	
------------	----------------------	--------	--

KIVA MICROFUNDS

Page 2 Employer identification number 71-0992446

FELLOWS, AND GENERAL OFFICE SUPPORT.

KIVA TRANSLATORS AND EDITORS PLAY A KEY ROLE IN KIVA'S LOAN MONITORING

PROCESS, CHECKING EACH MICROLOAN PROPOSAL THAT IS POSTED FROM KIVA'S

FIELD PARTNERS TO THE WEBSITE, EXAMINING THE DETAILS PROVIDED ONLINE

FOR DATA INTEGRITY AND CLARITY. KIVA EDITORS REVIEW LOAN PROPOSALS

POSTED IN ENGLISH, REVISING AND CLARIFYING TEXT, WHILE KIVA TRANSLATORS

PROVIDE SPECIALIZED SUPPORT FOR PROJECTS REQUIRING TRANSLATION

PROFESSIONALS, CONTRIBUTING TO KIVA'S COMMUNICATIONS MATERIALS AND

TECHNICAL DOCUMENTATION.

KIVA FELLOWS ARE AN INTEGRAL PART OF THE KIVA TEAM, ACTING AS KIVA'S

EYES AND EARS IN THE FIELD AND HELPING TO EXTEND THE LIMITED RESOURCES

OF ITS FIELD PARTNERS TO MAXIMUM EFFECT. FELLOWS PROVIDE CONSULTATIVE

SERVICES TO ITS FIELD PARTNERS, PROVIDE PREMIUM CONTENT FOR ITS

LENDERS, AND SERVICE AS SHORT-TERM FIELD REPRESENTATIVES ON BEHALF OF

ITS STAFF.

KIVA'S GENERAL OFFICE SUPPORT VOLUNTEERS PERFORM AN ARRAY OF DUTIES

RANGING FROM MARKETING AND BUSINESS DEVELOPMENT, RECRUITMENT, CUSTOMER

SUPPORT, ANALYTICS, AND FELLOWS PROGRAM SUPPORT. THEY ARE INTEGRAL TO

THE SUPPORT AND DEVELOPMENT OF KIVA'S OPERATIONAL CAPACITY.

032212 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

3070\_ 1

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Related Organizations and Unrelated Partnerships</li> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>Attach to Form 990.</li> </ul>	Zations and Unrelated Partnerships answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 orm 990. ► See separate instructions.	tnerships le 33, 34, 35, 36, or 3 ctions.	87.	OMB No. 1545-0047 2010 Open to Public Inspection
KIVA MICROFUNDS				Ш	Employer identification number 71-0992446
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ete if the organization answered "Ye	s" to Form 990, Part IV, line 33.			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KIVA USER FUNDS, LLC - 26-1778383 3180 18TH STREET, SUITE 202 SAN FRANCISCO, CA 94110	FBO ACCOUNT HOLDER	CALIFORNIA		0. 33,684,384.N/A	A/A
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization	answered "Yes" to Form 990, F	art IV, line 34 becau:	I se it had one or more	related tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code PL section stat	(e) Public charity status (if section 501(c)(3))	ction 512 controll entity
					90 92-
For Paperwork Reduction Act Notice see the Instructions for Farm and					

3 (Form 990) 2010       KIVA MICROFUNDS         71-0992446       Page 2         Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related to regarizations treated as a partnership during the tax year.)	(b)     (c)     (d)     (e)     (f)     (f)     (g)     (h)     (i)     (i) <th>rust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or mo (b) (c) (d) (e) (f) (g) any activity level densitia Direct controlling Type of entity Share of total Share of</th> <th>Primary activity Legal domicile Ulrect controlling Type of entity Share of Percentage (state or state or state or entity or trust) or trust) or trust) or trust)</th> <th></th> <th></th>	rust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or mo (b) (c) (d) (e) (f) (g) any activity level densitia Direct controlling Type of entity Share of total Share of	Primary activity Legal domicile Ulrect controlling Type of entity Share of Percentage (state or state or state or entity or trust) or trust) or trust) or trust)		
Schedule R (Form 990) 2010       KIVA MICROFUNDS         Part III       Identification of Related Organizations         organizations treated as a partnership du	(a) Name, address, and EIN Prin of related organization	Part IV       Identification of Related Organizations Taxable as a Corporation or T         Part IV       organizations treated as a corporation or trust during the tax year.)         (a)       (a)         Name, address, and EIN       Prim	of related organization		