Filing Instructions

Prepared for:	Prepared by:
518 SOUTH HANLEY	ARCO BUSINESS SERVICES, INC. 8300 EAGER RD, SUITE 500 BRENTWOOD, MO 63144

2023 EXTENSION OF TIME TO FILE FORM 990

Electronic Filing:

The extension for Form 990 has qualified for electronic filing. Form 8868 extends the due date of the organization's Form 990 return until November 15, 2024. The extension has been transmitted electronically to the IRS and no further action is required.

FORM 8822-B

Form 8822-B, Change of Address is attached as a PDF and will be filed with the federal return.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY

Form 8879-TE		IRS E-file Signature Authorization for a Tax Exempt Entity						OMB No. 1545-0047		
Form C	08/9-1E				-	-				
		For calendar ye	ar 2023, or fi			23, and ending	, 20	2023		
	ent of the Treasury Revenue Service		Go		•	he latest information.				
Name c			0.0				EIN or SSN			
	MICROF	INANCIN	G PAR	TNERS IN	AFRICA		86-117	71133		
Name a	nd title of officer or pe	rson subject to	tax J	. TYLER BI	LICKHAN					
		-		RESIDENT						
Part	I Type of	Return and	Returr	n Information						
Form 5 or 10a whiche	5330 filers may ente below, and the amo	r dollars and c ount on that lir	ents. For ne for the	all other forms, en return being filed v	ter whole dollars with this form was	s blank, then leave line	box on line 1a, 2a, 3a 1b, 2b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a,		
1a	Form 990 check h	nere						њ <u>1,165,797.</u>		
2a	Form 990-EZ che	ck here				Z, line 9)		2b		
3a	Form 1120-POL	check here)		3b		
4a	Form 990-PF che	ck here				e (Form 990-PF, Part \		lb		
5a	Form 8868 check							jb		
6a	Form 990-T chec					e 4))b		
7a	Form 4720 check		b	Total tax (Form 4	4720, Part III, line	1)		′b		
8a	Form 5227 check		b	FMV of assets a	t end of tax year	(Form 5227, Item D)	8	3b		
9a	Form 5330 check					9))b		
10a Part	Form 8038-CP ch					sted (Form 8038-CP, Person Subject		10b		
			-			I am a person sub				
								xamined a copy of the		
acknow of any entry t financi later th payme persor	wledgement of receined refund. If applicable o the financial institution to debinan 2 business days an 2 business days ant of taxes to receive	pt or reason for e, I authorize the ution account t the entry to the prior to the pare re confidential	or rejection ne U.S. Tr indicated this account ayment (s information	on of the transmiss reasury and its des in the tax prepara unt. To revoke a pa ettlement) date. I a on necessary to ar	ion, (b) the reaso signated Financial tion software for ayment, I must co also authorize the nswer inquiries ar	d the return to the IRS on for any delay in proc Agent to initiate an ele payment of the federal ntact the U.S. Treasur financial institutions ir id resolve issues relate pplicable, the consent	essing the return or re ectronic funds withdra taxes owed on this re y Financial Agent at 1 volved in the process d to the payment. I ha	efund, and (c) the date wal (direct debit) eturn, and the -888-353-4537 no ing of the electronic ave selected a		
	X I authorize AR	CO BUSI	NESS	SERVICES,	INC.		to enter my PIN	63139		
				ERO fir	m name			Enter five numbers, but		
Г	with a state age on the return's c	ncy(ies) regula lisclosure cons	ting chari sent scree	ties as part of the en.	IRS Fed/State pr	licated within this retur ogram, I also authorize my PIN as my signatur	the aforementioned I	ERO to enter my PIN		
Signature	return. If I have i	ndicated withi rogram, I will e	n this retu		the return is being	g filed with a state age				
Part		tion and A	uthenti	cation			Duit			
ERO's	EFIN/PIN. Enter yo	our six-digit ele	ectronic fil	ing identification						
	er (EFIN) followed by	-		-		4392896 Do not enter a				
submit	•					ectronically filed returr d e-File (MeF) Informat				
ERO's s	signature <u>ARC</u>	O BUSIN	ESS S	SERVICES,	INC.	Date	07/22/24			
		Do No				See Instructions less Requested 1				
For Pr	ivacy Act and Pape	erwork Reduc	tion Act	Notice, see instru	ictions.			Form 8879-TE (2023)		
LHA :	302521 01-05-24									

Form 8868

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.						
Part I - Id	entification								
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer identification number (TIN)					
Print									
	MICROFINANCING PARTNERS IN		86-11711	33					
File by the due date for filing your	for Number, street, and room or suite no. If a P.O. box, see instructions.								
return. See instructions.	City, town or post office, state, and ZIP code. For a for ST. LOUIS, MO 63139-1013								
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01			
Applicati	on Is For	Return	Application Is For			Return			
		Code				Code			
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09			
	0 (individual)	03	Form 5227			10			
Form 990		04	Form 6069			11			
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12			
						13			
Form 990-T (trust other than above) 06 Form 5330 (individual) Form 990-T (corporation) 07 Form 5330 (other than individual)					14				
Form 1041-A 08									
	u enter your Return Code, complete either Part II or Par		including signature is applicable of	nly for an	extension of				
	e Form 5330.								
	oplication is for an extension of time to file Form 5330, y	iou must ei	nter the following information						
	n Name								
	n Number								
	n Year Ending (MM/DD/YYYY)								
	Itomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)						
	oks are in the care of J. TYLER BLICKHAN								
THE BC	518 SOUTH HANLEY		LOUIS, MO 63105						
Telenh			Fax No. 314-450-7800						
	organization does not have an office or place of business								
	s for a Group Return, enter the organization's four-digit (check this			
box	If it is for part of the group, check this box								
	quest an automatic 6-month extension of time until N								
	organization named above. The extension of time until and				ipt organization res	unnio			
	calendar year 20 23 or								
	tax year beginning	20	and onding		<i>,</i>	20			
		, 20			,2	.0			
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n				
	Change in accounting period				[
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			^			
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.			
	is application is for Forms 990-PF, 990-T, 4720, or 6069					•			
	mated tax payments made. Include any prior year overp			3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa	-				•			
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.			

Form 99(
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EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions a		Go to www.irs.gov/Form990 for instructions and th	ne latest in	formation.	Inspection					
-			ar year, or tax year beginning and e							
	Check if applicable:		C Name of organization D Employer identification number							
	Address change	S MICR								
Γ	Name change		usiness as	86-1171133						
Γ	Initial			Room/suite	E Telephone number					
	Final return/	518	314-776-13	19						
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,213,361.				
	Amende return		LOUIS, MO 63139-1013		H(a) Is this a group retur	'n				
	Applica- tion pending	F Name a	nd address of principal officer: J. TYLER BLICKHAN OUTH HANLEY, ST. LOUIS, MO 63105			Yes X No				
I	Tax-exer		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 🗌 527	If "No," attach a list					
	Website		MICROFINANCINGAFRICA.ORG		H(c) Group exemption n					
κ	Form of o	organization: [X Corporation Trust Association Other	L Year of	of formation: 2006 M S					
		Summary								
	1 B	Briefly describ	be the organization's mission or most significant activities: MICRO	FINAN	CING PARTNERS	IN				
Governance	<u>A</u>		(MPA) PROVIDES GRANTS FOR THE STREN							
Lua I	2 C	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its net assets	5.				
eve Ove	3 N	Number of vo	ting members of the governing body (Part VI, line 1a)			11 11				
		Number of independent voting members of the governing body (Part VI, line 1b)								
20 20	{ 5 ⊺	Fotal number		5						
Activities &	6 T	Fotal number		120						
\c ti	[7a ⊺	Fotal unrelate	d business revenue from Part VIII, column (C), line 12			0.				
_	` b N	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.				
					Prior Year	Current Year				
đ	8 C	Contributions	and grants (Part VIII, line 1h)		1,147,908.	1,000,013.				
Revenue	9 P	•	ce revenue (Part VIII, line 2g)		0.	0.				
Sev V	10 Ir		come (Part VIII, column (A), lines 3, 4, and 7d)		20,053.	38,985.				
	111 C		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,831.	126,799.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,182,792.	1,165,797.				
			milar amounts paid (Part IX, column (A), lines 1-3)		673,333.	816,233.				
		•	to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15 S	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>13,98</u>		169,670.	208,892.				
Exnenses	2 16 a P	Professional f	undraising fees (Part IX, column (A), line 11e)	·····	0.	0.				
ž	b T	Fotal fundrais	ing expenses (Part IX, column (D), line 25)	0.	100 250					
	1 " "		es (Part IX, column (A), lines 11a-11d, 11f-24e)		129,358.	286,545.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>972,361.</u> 210,431.	1,311,670.				
	19 R	Revenue less	expenses. Subtract line 18 from line 12			-145,873.				
Net Assets or					ginning of Current Year	End of Year				
Ssei			Part X, line 16)		1,054,278.	983,987.				
etA	21 T		(Part X, line 26)		13,631.	5,599.				
	<u>∃ 22</u> N art II	<u>let assets or</u>	fund balances. Subtract line 21 from line 20		1,040,647.	978,388.				
		Jugiatur								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here	J. TYLER BLICKHAN, BOARD PRESIDEN	IT.	
	Type or print name and title		
	Print/Type preparer's name Preparer's sign	ature Date	Check X PTIN
Paid	C. AUSTIN MOORE	07/2	22/24 self-employed P01050851
Preparer	Firm's name ARCO BUSINESS SERVICES, I	INC.	Firm's EIN 43-1910319
Use Only	Firm's address 8300 EAGER RD, SUITE 500		
	BRENTWOOD, MO 63144		Phone no. (314) 918-2119
May the IF	RS discuss this return with the preparer shown above? See instruc	ctions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instruction	IS. 332001 12-21-23	Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) MICROFINANCING PARTNERS IN AFRICA 86-117	1133	Page
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	MICROFINANCING PARTNERS IN AFRICA (MPA) PROVIDES GRANTS FOR THE		
	STRENGTHENING AND EXPANSION OF MICROFINANCING PROGRAMS IN AFRICA	А, ТО	
	EMPOWER THOSE LIVING IN EXTREME POVERTY TO LIFT THEMSELVES UP W	-	
	DIGNITY THROUGH ACCESS TO FINANCIAL SERVICES AND EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>	37
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	oenses. ar	nd
	revenue, if any, for each program service reported.	,	
10			
4a	(Code:) (Expenses \$292,242. including grants of \$292,242.) (Revenue \$ EDUCATION PROGRAM - EDUCATORS IDENTIFY AND AWARD SCHOLARSHIPS TO	<u></u>	
		EGRAT	Ľ
	MICROFINANCING INTO THE CURRICULUM, AND GUIDE THEM THROUGH		
	PAY-IT-FORWARD ACTIVITIES, THEREBY EMPOWERING THEM. DUE TO EXTR		
	POVERTY, 52.5 MILLION GIRLS OF PRIMARY AND SECONDARY SCHOOL AGE	ARE 1	NOT
	ATTENDING SCHOOL IN SUB-SAHARAN AFRICA. A GIRL IN SCHOOL IS L	IKELY	
	TO: EARN UP TO 25% MORE PER YEAR COMPLETED OF SECONDARY SCHOOL	;	
	REINVEST 90% OF HER EARNINGS IN HER FAMILY; REINVEST IN HER CHI	-	'S
	EDUCATION; RESIST GENDER VIOLENCE; AND BECOME A FORCE FOR CHANGE		
	COMMUNITY. MICROFINANCING PARTNERS IN AFRICA'S SCHOLARSHIP PROG		
	EMPOWERS EDUCATORS TO IDENTIFY AND GIVE SCHOLARSHIPS TO STUDENT	5 WHU	
	ARE STRUGGLING IN EXTREME POVERTY, ASSIGN THEM MENTORS, INCLUDE		
1b			
	LOANS PROGRAM MICROFINANCE LOAN PROGRAMS ARE A POWERFUL TOOL II	N	
	BREAKING THE CYCLE OF EXTREME POVERTY, OFFERING OPPORTUNITIES FOR	OR	
	INDIVIDUALS AND COMMUNITIES TO GENERATE SUSTAINABLE INCOME AND	ACHIE	VE
	FINANCIAL STABILITY. ONE IN THREE AFRICANS LIVE BELOW THE GLOBA	ն	
	POVERTY LINE WHICH IS CURRENTLY \$2.15 USD/DAY. POVERTY MEANS D		
	•	TER,	
	HEALTHCARE; LITTLE OR NO OPPORTUNITY TO GO TO SCHOOL OR LEARN A		
			<u>,</u>
	CONSTANT FEAR FOR THE FUTURE; AND INCREASED RISK OF EXPLOITATION		
	ABUSE. MICROFINANCING "THE MICROFINANCING PARTNERS IN AFRICA WAY		
	CHALLENGES MEMBERS TO INVEST OR SAVE FIRST, CREATE A SENSE OF CO		ITY
	BY HELPING GROUP MEMBERS OVERCOME OBSTACLES WHILE MANAGING INCO	ME	
	PROJECTS, AND MANAGE CLEAR AND FIXED REPAYMENT TERMS.		
1c	(Code:) (Expenses \$ 121,500. including grants of \$ 121,500.) (Revenue \$		
	LIVING LOANS PROGRAM - IN MANY RURAL AREAS OF AFRICA, LIVESTOCK		
	FARMING, PARTICULARLY COW REARING, OFFERS A PROMISING INCOME-GE	VERAT	TNG
	OPPORTUNITY FOR FARMERS. THE COWS PROVIDE A STEADY SUPPLY OF MIL		1110
			Т
	WHICH CAN BE SOLD TO A LOCAL DAIRY FOR PROFIT. SUBSISTENCE FARM		
	RURAL UGANDA STRUGGLE TO GROW ENOUGH CROPS TO FEED THEIR CHILDR		
	HAVE SURPLUS TO SELL AT A LOCAL MARKET FOR PROFIT. MICROFINANC		
	PARTNERS IN AFRICA'S COW PROGRAM TRAINS FARMERS TO HELP EACH OT	HER I	N
	AGRICULTURAL BEST PRACTICES. ONCE THEIR "INVESTMENT" IS COMPLET	E, THI	Ε
	FAMILY RECEIVES A PREGNANT COW. WHEN THE CALF IS BORN, THE COW		
	PRODUCES 18-24 LITERS OF MILK EACH DAY, ENOUGH TO FEED THE FAMIL		D
	SELL THE EXTRA. THIS EXTRA INCOME IS INVESTED IN EDUCATION FOR		-
			עמ
	CHILDREN, INCREASING SAVINGS, AND IMPROVING THE FARM. THE FAMIL	ых РА	12
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 422,561. including grants of \$ 166,419.) (Revenue \$)	
1e	Total program service expenses 1,072,375.		
		Form 9	90 (202
32002	SEE SCHEDULE O FOR CONTINUATION(S)		
	3		
07	722 146755 MICRO 2023.04010 MICROFINANCING PARTNE	RS T	MICR

	000	(0000)
⊢orm	990	(2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? 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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
L	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	126		X
13 14a		13 14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	148		- 23
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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 hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
332003	12-21-23	Form	990	(2023)

332003 12-21-23

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Form	990	(2023)
	330	

			Vee	Ne
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		х
25 0	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
u	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2. If "Yes." complete Schedule P. Part V. line 2	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	550		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
332004	12-21-23 E	Form	990	(2023)

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Form	990 (2023) MICROFINANCING PARTNERS IN AFRICA	86-1171	133	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_			
	filed for the calendar year ending with or within the year covered by this return	2a 5			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	L
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
			9b		
10	Section 501(c)(7) organizations. Enter:		0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
		11a			
	Gross income from members or snareholders Gross income from other sources. (Do not net amounts due or paid to other sources against				
U		11b			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		10-		
			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?		138		<u> </u>
L	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	404			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		x
			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			000	(0000)
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Form 9	90 (2	023)
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MICROFINANCING PARTNERS IN AFRICA

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

	Check if Schedule O contains a response or note to any	line in this Part VI	 X	
oction /	A Governing Body and Management			Ì

Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	11						
	If there are material differences in voting rights among members of the governing body, or if the governing			1					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other	1					
	officer, director, trustee, or key employee?			2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 wa	s filed?	4		X			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe						
	on Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did 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 approva	al by inc	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37			
	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					v			
	taxable entity during the year?			<u>16a</u>		X			
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	•	•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			104					
Sec	exempt status with respect to such arrangements?			16b	I	L			
17 19	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 000	T (continue 501(a)(2)-		availe				
18		10 990	- (Section 501(C)(3)S	oniy)	availal	JIE			
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)								
10	X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, compared to the organization made its governing documents.			finar					
19		n nii Ct C	minuerest policy, and	mane	JIdl				
20	statements available to the public during the tax year.		l recordo						

20	State the name, address, and te	ephor	ne number (of the pers	son who	possesses the organization's	books and records
	J. TYLER BLICKHAN	1 –	314-7	76-13	319	-	
	518 SOUTH HANLEY	, S'	T. LOU	IS, M	10 6	3105	

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Form 990	(2023)
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Г	Dout VII	<u>_</u>	man a ma ati a m		Divestave	Tweetees	Kay, Emeralay, and	Linhaat	
I	Part VII	C 0	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	rignest	Compensated
ĩ		Em	ployees, and	Independ	ont Contra	otore		-	-
			ipioyees, and	i independe					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more box, unless person i officer and a directo				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANTOINETTE TEMPORITI, CPPS BOARD MEMBER	20.00	x						0.	0.	0.
(2) LINDA HALL	3.00									
SECRETARY		x		x				0.	Ο.	0.
(3) FR BRAD MODDE	0.00									
BOARD MEMBER		x						0.	Ο.	0.
(4) CHRISTINA ORIDOTA	0.00	1								
BOARD MEMBER		х						0.	0.	0.
(5) PAUL PIECHOWSKI	0.00									
BOARD MEMBER		Х						0.	Ο.	0.
(6) TIM BUBENIK	0.00									
BOARD MEMBER		Х						0.	0.	0.
(7) J. TYLER BLICKHAN	3.00									
TREASURER		Х		Х				0.	0.	0.
(8) JULIE SHEARBURN	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) MARK SCHAEFFER	0.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SHILPA THORNTON	3.00									
PRESIDENT		Х		X				0.	0.	0.
(11) JOHN DEGREGORIO BOARD MEMBER	0.00	x						0.	0.	0.
		-								
		-								
		-								
		_								
										Form 990 (2022)

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Form 990 (2023)

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	990 (2023) MICROFINA	NCING F	PAR	TN	ER	S	IN	A	AFRICA	86-11	.711	.33	Pa	ge 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offic	not cl , unles	Posi heck i ss per	more rson i	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Est am	(F) imatec ount o other pensati	f
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		frc orga and	m the nizatic relate	on d
			•											
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VII								0.		0.			0.
_ <u>a</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								÷.	000 of reportable				0.
											_		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-			•	-		Ŭ	• • •			3		х
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization				v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
	rendered to the organization? If "Yes," com					-			-			5		Х
	tion B. Independent Contractors							- 44	· · · · · · · · · · · · · · · · · · ·	100.000 of come				
1	Complete this table for your five highest con the organization. Report compensation for t										CIISALI			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C) ompen		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	d to t	thos (ted	above) who received mo	ore than				
											F	=orm 9	90 (20	023)

		(2023) MICROFINANCING PART	INERS IN AFRIC	A	86-1171	133 Page 9
Pa	rt V	III Statement of Revenue				
		Check if Schedule O contains a response or note to a	any line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 239,59 d Related organizations 1d 1d e Government grants (contributions) 1e 1d f All other contributions, gifts, grants, and similar amounts not included above 1f 760,42 g Noncash contributions included in lines 1a-1f 1g \$ Business 0	<u>18.</u> 1,000,013.			
Program Service Revenue		a				
	3 4 5	g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	38,985.			38,985.
	6	a Gross rents (i) Real (ii) Perso b Less: rental expenses 6a 6b c Rental income or (loss) 6c 6c d Net rental income or (loss) 6c 6c a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
Other Revenue		b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c a Gross income from fundraising events (not including \$ 239, 595. of 0				
U		contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events a Gross income from gaming activities. See	64.			126,764
	10 a	Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold	<u>35.</u> 0.			
Miscellaneous Revenue		c Net income or (loss) from sales of inventory a				35.
332009	12	e Total. Add lines 11a-11d Total revenue. See instructions	1,165,797.	0.	0.	165,784. Form 990 (2023

MICROFINANCING PARTNERS IN AFRICA Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				X
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	27,500.	27,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		F 00 F 00		
	individuals. See Part IV, lines 15 and 16	788,733.	788,733.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	101 000	101 000		
7	Other salaries and wages	181,009.	181,009.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	07 000	27 002		
10	Payroll taxes	27,883.	27,883.		
11	Fees for services (nonemployees):				
	Management				
b	F	9,629.	1 670	7,950.	
	Accounting	9,029.	1,679.	7,950.	
	Lobbying				
-	Professional fundraising services. See Part IV, line 17	1 956		1 956	
f	5 F	4,856.		4,856.	
g	Other. (If line 11g amount exceeds 10% of line 25,	120 560		139,569.	
	column (A), amount, list line 11g expenses on Sch 0.)	139,569. 8,616.		8,616.	
12	Advertising and promotion	24,032.		24,032.	
13	Office expenses	13,362.		13,362.	
14	Information technology	13,302.		13,302.	
15	Royalties	18,682.		18,682.	
16		45,571.	45,571.	10,002.	
17		43,371.	45,571.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,141.		3,141.	
19 20	Conferences, conventions, and meetings	5,141.		J,141•	
20 21	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22	Insurance	4,810.		4,810.	
23 24	Other expenses. Itemize expenses not covered	_,010.			
27	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	DONATION PROCESSING FEE	13,980.			13,980.
b	RECRUITING EXPENSES	297.		297.	
С					
d					
е	All other expenses	1 011 1-1	1 0 2 0 2		4.4.4.4.4
25	Total functional expenses. Add lines 1 through 24e	1,311,670.	1,072,375.	225,315.	13,980.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

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332010 12-21-23

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Net Assets or Fund Balances

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Form 990 (2023)

Part X Balance Sheet

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13,631.

585,795.

454,852.

1,040,647.

1,054,278.

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31

32

33

5,599.

540,674.

437,714.

978,388.

983,987.

Form 990 (2023)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	493,050.	1	98,196.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	885,791.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	28,671.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	983,987.
	17	Accounts payable and accrued expenses	13,631.	17	5,599.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	

X

MICROFINANCING PARTNERS IN AFRICA

	1 990 (2023) MICROFINANCING PARTNERS IN AFRICA	86-11	L71133	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,165	<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,311	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-145		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,040		
5	Net unrealized gains (losses) on investments	5	83	3,6:	14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	978	3,3	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

SCH	EDU	ILE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Nam	Name of the organization Employer identification number								
				PARTNERS IN				8	6-1171133
Pa	tl	Reason for Public (Charity Status. (All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a		•	•				
12		An organization organized a	•	•	•		-	•	• •
		more publicly supported or	-						Check the box on
-	_	lines 12a through 12d that	•••					-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority o	of the direc	tors or truste	es of the sl	ipporting
h		organization. You must o	-		ion with it		d organizatio	n(a) hy hay	ina
b		Type II. A supporting org	-				•		•
		control or management o organization(s). You mus			ane perso	ns that co		ye ine supp	Joned
~		Type III functionally inte	-		in connoct	ion with	and functional	ly intograte	d with
С		its supported organization						ly integrate	a with,
d		Type III non-functionally						ted organiz	zation(s)
u	L	that is not functionally int						-	
		requirement (see instructi			•		-	anatonin	
е		Check this box if the orga		-				II. Type III	
-		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , p e	
f	Ente	r the number of supported c			0 0				
g		vide the following information	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed no document?	(v) Amount of	,	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									1

Schedule A (Form 990) 2023 Part II Support Sch

MICROFINANCING PARTNERS IN AFRICA

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.)

260	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	737,837.	762,174.	870,608.	1142455.	1000048.	4513122.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
	Total. Add lines 1 through 3	737,837.	762,174.	870,608.	1142455.	1000048.	4513122.			
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)						4512100			
	Public support. Subtract line 5 from line 4.						4513122.			
	••	() 00 (0	(1) 0000	()	(1) 0000	() 0000				
	ndar year (or fiscal year beginning in)	(a) 2019 737,837.	(b)2020 762,174.	(c) 2021 870,608.	(d) 2022 1142455.	(e) 2023 1000048.	(f) Total 4513122.			
	Amounts from line 4	131,031.	/02,1/4.	070,000.	1142455.	1000040.	4515122.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	23,197.	19,221.	29,518.	25,506.	38,985.	136,427.			
•	and income from similar sources	23,197.	19,221.	29,JIO.	23,300.	50,905.	130,427.			
9	Net income from unrelated business									
	activities, whether or not the									
10	business is regularly carried on Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)	-9,743.	23,811.	12,700.	14 831.	126,764.	168,363.			
11	Total support. Add lines 7 through 10	577100				11077010	4817912.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	101/9110			
	First 5 years. If the Form 990 is for th	-								
	organization, check this box and stor	-		-						
Sec	ction C. Computation of Publi									
	Public support percentage for 2023 (I			olumn (f))		14	93.67 %			
15			•			15	96.32 %			
16a	33 1/3% support test - 2023. If the o					ore, check this bo>	and			
	stop here. The organization qualifies						37			
b	b 33 1/3% support test - 2022. 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 qual	ifies as a publicly s	upported organiza	ition						
17a	10% -facts-and-circumstances test									
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2022. 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	ne facts-and-circum	istances test, cheo	ck this box and st	t op here. Explain ii	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·			
	Schedule A (Form 990) 2023									

Schedule A	(Form 990)	2023	MICROFINANCING	PARTNERS	IN	AFRICA	
Part III	Support	Schedule fo	r Organizations Descri	bed in Section	ı 509)(a)(2)	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A. Public Support

000							
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					-	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after Jupe 20, 1075						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3) organ	ization,
_	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Per	centage			<u> </u>	
	Public support percentage for 2023 (•	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2022. If the	-	-				%, and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	3 12-21-23		, ••	. ,			ule A (Form 990) 2023
			16			20.00	

1

Yes No

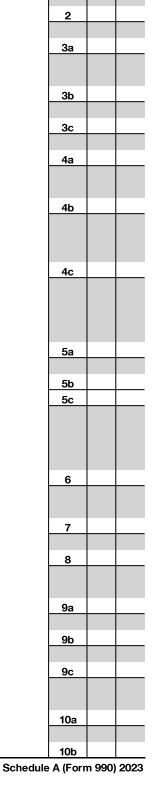
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23



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Schedule A (Form 990) 2023 MICROFINANCING PARTNERS IN AFRICA

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
-	me erganzaten eappertea a gerennienta entry.	Describe in the terrow you supported a governmental entity (see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

14530722 146755 MICRO

18

Schedule A (Form 990) 2023	
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Schedule A (Form 990) 2023 MICROFINANCING PARTNERS IN AFRICA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

3

5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

MICROFINANCING PARTNERS IN AFRICA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

86-1171133 Page 7

1

2

3 4 **Current Year**

Schedule A (Form 990) 2023

Schedule A Part VI	(Form 990) 2023 Supplemental	Information. Provide the e	ING PARTNERS	Part II, line 10; Part II, li	86–1171133 Pag ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Sect	tion D, lines 2 and 3; Part IV, S 6, and 8; and Part V, Section E	ection E, lines 1c, 2a, 2b	o, 3a, and 3b; Part V, line	e 1; Part V, Section B, line 1e; Part V,
332028 12-21-2	23		21		Schedule A (Form 990) 2
30722	146755 MIC	RO		0 MICROFINAN	CING PARTNERS I MIC

SCHEDULE F St		Stateme	nt of Act	ivities Outside the Un	ited Sta	tes -	OMB No. 1545-0047
(Form 990)				nswered "Yes" on Form 990, Part IV,			2023
Depa	rtment of the Treasury	-	-	Attach to Form 990.			Open to Public
-	nal Revenue Service The of the organization	GO TO W	ww.irs.gov/Form	990 for instructions and the latest in	itormation.	Employer i	Inspection dentification number
INAII	le of the organization						
	CROFINANCING	PARTNERS	IN AFRI	CA		86-117	1133
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organ	ization answe	red "Yes" on
	Form 990, Part I	•					
1	-	-		ds to substantiate the amount of its gran he selection criteria used to award the g			X Yes No
2	For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outside the
3	Activities per Region. (1	he following Part	I, line 3 table ca	n be duplicated if additional space is ne	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (o gram service, e specific type (s) in the regio	expenditures for and investments
3 a	Subtotal	0	0				0.
	 Total from continuation sheets to Part I 	0	0				0.
c	Totals (add lines 3a and 3b)	0	0				0.

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

14530722 146755 MICRO

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO FUND MICROLOANS TO					
			IMPROVE EMPLOYMENT					
		VARIOUS REGIONS	AND LIVING					
		IN AFRICA	CONDITIONS.	236,022.	WIRE TRANSFER	0.		
			TO PROVIDE FINANCING					
			TO PLACE COWS WITH					
		VARIOUS REGIONS	IMPOVERISHED FAMILIES					
		IN AFRICA	TO CREATE SUSTAINABLE	121,500.	WIRE TRANSFER	0.		
			TO PROVIDE CLEAN					
			WATER FILTERS AND					
		VARIOUS REGIONS	INSTALL BOREHOLES TO					
		IN AFRICA	PROVIDE ACCESS TO	82,400.	WIRE TRANSFER	0.		
			TO FUND PAY-IT					
			FORWARD SCHOLARSHIP					
		VARIOUS REGIONS	PROGRAMS TO OUR					
		IN AFRICA	PARTNERS WORKING	292,292.	WIRE TRANSFER	0.		
			TO PROVIDE PIGS AND					
			MICROFINANCING					
		VARIOUS REGIONS	PROJECTS FOR					
		IN AFRICA	POST-FISTULA WOMEN,	44,519.	WIRE TRANSFER	0.		
			TO PROVIDE EMERGENCY					
			ASSISTANCE FOR					
		VARIOUS REGIONS	PARTNERS WHO ARE					
		IN AFRICA	FACING EXTREME	12,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 2

MICROFINANCING PARTNERS IN AFRICA Schedule F (Form 990) 2023

86-1171133

(f) Amount of

(g) Description of

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of (d) Amount of

Part III can be duplicated if additional space is needed.

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

(e) Manner of

Schedule F (Form 990) 2023

Page 3

(h) Method of

Schedule F (Form 990)	1010	MICROFINANCING	PARTNERS	IN	AFRICA
Part IV Foreigr	ו Forms	3			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the 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 the 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

MICROFINANCING PARTNERS IN AFRICA Schedule F (Form 990) 2023 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

MPA WORKS CLOSELY WITH ITS FOREIGN GRANTMAKING PARTNERS AND THE STAFF OF

MPA MAKE REGULAR TRIPS TO AFRICA TO VISIT THE COMMUNITIES THAT THE GRANTS

ARE TARGETING AND TO MONITOR THE PROGRESS OF THE PROGRAMS.

PART II, COLUMN (D):

REGION: VARIOUS REGIONS IN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE FINANCING TO PLACE COWS WITH

IMPOVERISHED FAMILIES TO CREATE SUSTAINABLE SOURCES OF INCOME.

REGION: VARIOUS REGIONS IN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE CLEAN WATER FILTERS AND INSTALL

BOREHOLES TO PROVIDE ACCESS TO CLEAN WATER FOR THOSE LIVING IN EXTREME

POVERTY.

REGION: VARIOUS REGIONS IN AFRICA

(D) PURPOSE OF GRANT: TO FUND PAY-IT FORWARD SCHOLARSHIP PROGRAMS TO OUR

PARTNERS WORKING TOWARDS BUILDING SUSTAINABLE INCOME.

REGION: VARIOUS REGIONS IN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE PIGS AND MICROFINANCING PROJECTS FOR

POST-FISTULA WOMEN, AND TO OFFER ULTRASOUND SERVICES TO PREGNANT WOMEN.

REGION: VARIOUS REGIONS IN AFRICA

(D) PURPOSE OF GRANT: TO PROVIDE EMERGENCY ASSISTANCE FOR PARTNERS WHO

ARE FACING EXTREME CHALLENGES.

332075 11-29-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							2023
Department of the Treasury Internal Revenue Service								
Name of the organization								entification number
		NANCING PARTNERS II					86-1171	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-E2	Z filers are not
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicities In-person so a Did the organization key employees list b If "Yes," list the 10 	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events							
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	aiser ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

MICROFINANCING PARTNERS IN AFRICA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Hevenue	1 G	iross receipts	413,923.			413,923
	2 Le	ess: Contributions	239,595.			239,595
	3 G	aross income (line 1 minus line 2)	174,328.			174,328
	4 C	ash prizes				
<i>"</i>	5 N	loncash prizes				
Direct Expenses	6 R	ent/facility costs	47,564.			47,564
Lecr E	7 Fo	ood and beverages				
		ntertainment				
		ther direct expenses				47 564
		irect expense summary. Add lines 4 througl let income summary. Subtract line 10 from I				47,564 126,764
_		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	1		•	1
hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
		iross revenue				
di ISES		ash prizes				
DILECT EXPENSES		loncash prizes				
	4 R	ent/facility costs				
+	5 O	ther direct expenses				
	6 V	olunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7 D	irect expense summary. Add lines 2 throug	h 5 in column (d)			
	8 N	let gaming income summary. Subtract line 7	7 from line 1, column (d)			
)	Enter	the state(s) in which the organization condu	icts gaming activities:			
а	ls the	organization licensed to conduct gaming a ," explain:	ctivities in each of these			Yes N
	Woro	any of the organization's gaming licenses re			vear?	Yes N
)a		s," explain:				
0a		s," explain:				

Sch	edule G (Form 990) 2023	MICROFINANCING PARTNERS IN AFRICA 86-	117113	3 Page 3
11	Does the organization conduct	gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, b	eneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	No
12	Indicate the percentage of garr	j?		
			13a	%
			13b	% %
			130	%
14	Enter the name and address of	the person who prepares the organization's gaming/special events books and records:		
	Name			
	Address			
15a		ontract with a third party from whom the organization receives gaming revenue?	Yes	No
156	Does the organization have a c		🖂 100	
b	If "Yes," enter the amount of ga	aming revenue received by the organization \$ and the amount		
	of gaming revenue retained by	the third party \$		
c	If "Yes," enter name and addre	ss of the third party:		
	Name			
	Address			
16	Gaming manager information:			
10	Gaming manager mormation.			
	Name			
	Coming manager companyatio	n \$		
	Gaming manager compensatio	n \$		
	Description of section section			
	Description of services provide	a		
		E Frankriger E besteren derst sonstander		
	Director/officer	Employee Independent contractor		
17				
a	Is the organization required une	der state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license	?	L Yes	└── No
b	Enter the amount of distribution	ns required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt act			
Pa	rt IV Supplemental Inf	ormation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b,	as applicable. Also provide any additional information. See instructions.		
3320	83 09-13-23		dule G (Forn	n 990) 2023
		33		

Schedule G	a (Form	990)	
D : N/	•		

		Schedule G (Form 990)
332084 04-01-23		. ,
	34	

SCHEDULE I (Form 990)	aranto ana etilor / lociotarios to erganizationo,						OMB No. 1545-0047	
	Compl	lete if the organization	n answered "Yes"	on Form 990, Pa	rt IV, line 21 or 22.		20	ZJ
Department of the Treasury			Attach to Form				Open to	
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspe	
Name of the organization MICROFINANCING PARTNERS IN AFRICA Employer					Employer identification			
Part I General Information on Grants a								
1 Does the organization maintain records the organization maintain recor	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	ion	
criteria used to award the grants or assis								No No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	′es" on Form 990, Part	t IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistance	
							PARTNERING MISSIC	N WITH
SISTERS OF THE MOST PRECIOUS BLOOD							THE SISTERS OF TH	E MOST
204 N MAIN STREET							PRECIOUS BLOOD TO	BRING
O'FALLON, MO 63366		170(B)(1)(A)(I)	0.	27,500.			AWARENESS AND	
2 Enter total number of section 501(c)(3) a								

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA

Schedule I (Form 990) 2023

MICROFINANCING PARTNERS IN AFRICA

86-1171133

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

-

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION WORKS CLOSELY IN COORDINATION WITH THE GRANTEE IN

PARTNERING MISSIONS TO FURTHER THE ORGANIZATION'S MISSION IN HELPING THOSE

IN EXTREME POVERTY IN AFRICA.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SISTERS OF THE MOST PRECIOUS BLOOD

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNERING MISSION WITH THE SISTERS

OF THE MOST PRECIOUS BLOOD TO BRING AWARENESS AND MICROFINANCING TO

Schedule I (Form 990)	MICROFINANCING PARTNERS IN AFRI al Information	CA 86-1171133 Page 2
Part IV Supplementa	al information	
AFRICA.		
332291 04-01-23		Schedule I (Form 990)
14-01-20		

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



MICROFINANCING PARTNERS IN AFRICA

86-1171133

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MICROFINANCING PROGRAMS IN AFRICA, TO EMPOWER THOSE LIVING IN EXTREME

POVERTY TO LIFT THEMSELVES UP WITH DIGNITY THROUGH ACCESS TO FINANCIAL

SERVICES AND EDUCATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MICROFINANCING AS A PART OF THE CURRICULUM, AND GUIDE THE STUDENTS

THROUGH PAY-IT-FORWARD ACTIVITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OFF THE LIVING LOAN BY PASSING ON THE FIRST ON YEAR OLD FEMALE CALF TO

THE NEXT QUALIFIED FARMER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE TWO OTHER PROGRAMS ARE THE HEALTH PROGRAM AND THE CLEAN WATER

PROGRAM. MICROFINANCING PARTNERS IN AFRICA'S SAFE WOMAN/HEALTH PROGRAM

HELPS MOTHERS THRIVE VIA ACCESS TO PRE-NATAL CARE, EDUCATION AND

MICROFINANCING. MICROFINANCING PARTNERS IN AFRICA EQUIPS MIDWIVES WITH

ULTRASOUNDS TO IDENTIFY THREE HIGH-RISK OBSTETRIC CONDITIONS THAT WOULD

MANDATE REFERRAL TO A HEALTH FACILITY WITH AN OBSTETRICIAN AND

EDUCATING THE MOTHERS ON THE IMPORTANCE OF DELIVERING AT THE VILLAGE

HEALTH CENTER. MICROFINANCING PARTNERS IN AFRICA'S WATER PROGRAM FUNDS

BORE HOLES AND EASY-TO-MAINTAIN WATER FILTERS TO SUPPORT GROUPS TO

MANAGE CLEAN WATER AS GROUP INCOME PROJECTS, HELP FAMILIES IN POVERTY

AFFORD CLEAN WATER VIA SMALL LOANS OR PAY-IT-FORWARD PLANS, AND

EMPOWERS MEMBERS TO TRAIN OTHERS.

Name of the organization MICROFINANCING PARTNERS IN AFRICA	Employer identification number 86-1171133			
EXPENSES \$ 422,561. INCLUDING GRANTS OF \$ 166,419. REVENUE \$ 0.				
FORM 990, PART VI, SECTION B, LINE 11B:				
AFTER THE ORGANIZATION HAS FINISHED COMPLETING THE FORM 99	0, IT IS PROVIDED			
TO THE GOVERNING BODY FOR REVIEW. THE REVIEW IS EVIDENCED	BY A MEMBER OF			
THE BOARD'S SIGNATURE ON THE E-FILE AUTHORIZATION(8879) TO	E-FILE THE FORM			
990.				
FORM 990, PART VI, SECTION B, LINE 12C:				
AT AN ANNUAL BOARD MEETING EACH YEAR, BOARD MEMBERS ARE RE	QUIRED TO			
DISCLOSE ANY ACTUAL OR PERCEIVED CONFLICTS OF INTEREST WHI	CH MAY HAVE			
ARISEN DURING THE YEAR OR ARE ANTICIPATED IN THE FUTURE.	EACH BOARD MEMBER			
IS REQUIRED TO CERTIFY THEIR UNDERSTANDING OF AND COMPLIAN	CE WITH THE			
CONFLICT OF INTEREST POLICY BY SIGNING A COPY OF THE POLIC	Y EACH YEAR.			
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL				
STATEMENTS AVAILABLE FOR PUBLIC INSPECTION BY INTERESTED PARTIES AT THE				
BUSINESS OFFICE UPON REASONABLE REQUEST.				
FORM 990, PART IX, LINE 11G, OTHER FEES:				
OTHER CONTRACT SERVICES:				
PROGRAM SERVICE EXPENSES	0.			
MANAGEMENT AND GENERAL EXPENSES	139,569.			
FUNDRAISING EXPENSES	0.			
TOTAL EXPENSES	139,569.			
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	139,569.			
332212 11-14-23	Schedule O (Form 990) 2023			

14530722 146755 MICRO

Schedule O (Form 990) 2023

Page 2

MICROFINANCING PARTNERS IN AFRICA				86-1171133			
Form 88822-B (Rev. December 2019) Department of the Treasury Internal Revenue Service	mber 2019) the Treasury				OMB No. 1545-1163		
Before you begin: If you are also cha	anging your home addre	ss, use Form 8822 to report that	t change.				
If you are a tax-exempt organization	(see instructions), check	here X					
Check all boxes this change affects.							
1 X Employment, excise, inco	me, and other business	returns (Forms 720, 940, 941, 9	90, 1041, 1065, ⁻	1120, etc	.)		
2 Employee plan returns (Fo	orms 5500, 5500-EZ, etc)					
3 X Business location							
4a Business name				4b En	4b Employer identification number		
MICROFINANCING PAR	INERS IN AFRI	CA		8	36-1171133		
5 Old mailing address (no., street, 4949 COLUMBIA AVENU ST. LOUIS		tate, and ZIP code). If a P.O. box, see instru		ss, also com	plete spaces below, see instructions.		
Foreign country name		Foreign province/county	<u> </u>	Foreign postal code			
6 New mailing address (no., stree 518 SOUTH HANLEY ST. LOUIS Foreign country name	t, room or suite no., city or town,	state, and ZIP code). If a P.O. box, see inst Foreign province/county		ress, also co <u>3105</u>	mplete spaces below, see instructions. Foreign postal code		
7 New business location (no., str	eet, room or suite no., city or tow	n, state, and ZIP code). If a foreign address	, also complete spaces	below, see	instructions.		
518 SOUTH HANLEY ST. LOUIS			MO 6	3105			
Foreign country name		Foreign province/county			Foreign postal code		
8 New responsible party's nam J. TYLER BLICKHAN							
9 New responsible party's SSN	I, ITIN, or EIN. (CAUTION	: YOU MUST REFER TO THE INSTR	UCTIONS FOR FOR	RM SS-4 T	0 SEE WHO MAY USE AN EIN.)		
10 Signature. Under penalties of pe Daytime telephone number of			-	lge and be	lief, it is true, correct, and complete.		
Signature of owner, officer, or	representative				Date		
Here PRESIDENT							