

Form **990**

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

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **MICROLOAN FOUNDATION USA**

Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
237 BONAD ROAD
 City or town, state or province, country, and ZIP or foreign postal code
CHESTNUT HILL MA 02467

D Employer identification number: **42-1751736**

E Telephone number: **781-436-5360**

G Gross receipts \$ **44,181**

F Name and address of principal officer:
STEVEN MARK
237 BONAD ROAD
CHESTNUT HILL MA 02467

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.MICROLOANFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2008** **M** State of legal domicile: **MA**

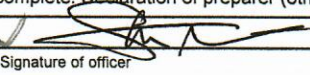
H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	46,941	43,703
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	374	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23	478
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,338	44,181
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,000	20,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,428	2,016
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,428	22,016	
19 Revenue less expenses. Subtract line 18 from line 12	13,910	22,165	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	29,042	39,923
	22 Net assets or fund balances. Subtract line 21 from line 20	17,379	7,119
		11,663	32,804

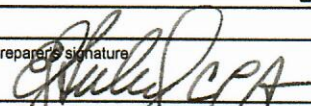
Part II Signature Block

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 Here Signature of officer:  Date: **8/1/17**

Type or print name and title: **STEVEN MARK** **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **EDWARD J. SULESKI, JR CPA** Preparer's signature:  Date: **07/20/17** Check if PTIN self-employed **P00168057**

Firm's name: **ROGERS, SULESKI & ASSOCIATES, LLC** Firm's EIN: **04-3438177**

Firm's address: **464 HILLSIDE AVE - SUITE 202** Phone no.: **781-444-5500**

NEEDHAM HEIGHTS, MA 02494