

Return of Organization Exempt From Income Tax

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning and ending

Form header section containing organization name (MICROCREDIT ENTERPRISES), address (5758 GEARY BLVD, SAN FRANCISCO, CA 94121), and identification numbers.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for 2011 and prior years.

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.

Signature block containing officer signature (KYLE SALYER), preparer name (HOWARD ZANGWILL), and firm information (RINA ACCOUNTANCY CORPORATION).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: TO REDUCE POVERTY BY MOBILIZING PRIVATE INVESTMENT CAPITAL TO FINANCE MICRO-BUSINESSES OF POOR FAMILIES THROUGHOUT THE DEVELOPING WORLD. MICROCREDIT ENTERPRISES GEARS ITS ENTREPRENEURIAL RESULTS TO PRODUCE JOBS, SUSTAIN MICRO-BUSINESSES AND IMPROVE HUMAN LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,080,818. including grants of \$ ) (Revenue \$ 1,471,005.) DURING 2011 MCE ISSUED \$16.3 MILLION IN NEW LOANS TO 22 MICROFINANCE INSTITUTIONS. AT THE END OF 2011 MCE'S TOTAL OUTSTANDING PORTFOLIO OF LOANS WAS \$22.4 MILLION HELD BY 32 MICROFINANCE INSTITUTIONS. THIS CAPITAL WILL BE USED TO SUPPORT THE DEVELOPMENT OF MICRO-BUSINESSES OF POOR ENTREPRENEURS IN 18 COUNTRIES AROUND THE WORLD.

SINCE DISBURSING ITS FIRST LOAN IN 2006, MCE HAS FINANCED LOANS FOR OVER 167,000 MICRO-BORROWERS, IMPACTING THE LIVES OF OVER 835,000 INDIVIDUALS. 98% OF THE BORROWERS ARE WOMEN AND 81% LIVE IN RURAL AREAS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,080,818.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....   |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....  | 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.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....   | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | X   |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| 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? <i>If "Yes," complete Schedule G, Part I</i> .....  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                            |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....  |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....  | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, question text, and Yes/No response columns. Includes rows 1a-14b with various tax-related questions.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year .....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | 1a   |     | 11 |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent .....   |     |    |
|           | 1b   |     | 10 |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? .....   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? .....   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body? .....  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? .....  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? .....   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 .....  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....   | X   |    |
| <b>12c</b> |  |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? .....  |     | X  |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? .....   |     | X  |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official .....   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization .....  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KYLE SALYER - 415-230-4330**  
**5758 GEARY BLVD #261, SAN FRANCISCO, CA 94121**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) CHRISTOPHER DUNFORD<br>DIRECTOR                    | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) DAN BRUNNER<br>DIRECTOR                            | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) DARLENE DAGGETT<br>DIRECTOR                        | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) ERIC MCCALLUM<br>DIRECTOR                          | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) GARY FORD<br>DIRECTOR, PRESIDENT & CEO             | 20.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) GREG LEDFORD<br>DIRECTOR                           | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JOHN AYLIFFE<br>DIRECTOR                           | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) JONATHAN LEWIS<br>CHAIRMAN                         | 8.00   | X  |                       | X       |              |                              |        | 0.   | 0.  | 8,640.  |
| (9) KAREN ANSARA<br>DIRECTOR                           | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) SHEILA LEATHERMAN<br>DIRECTOR                     | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) WILLIAM WAY<br>DIRECTOR                           | 2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) KYLE SALYER<br>EXECUTIVE VP, FINANCE & OPERATIONS | 40.00  |  |                       | X       |              |                              |        | 112,630.   | 0.  | 6,457.  |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |





**Part VIII Statement of Revenue**

|  |   |   | (A)<br>Total revenue    | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|--|---|---|-------------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>              | <b>1 a</b> Federated campaigns .....  | <b>1a</b>   |                         |   |   |  |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>   |                         |   |   |  |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>   |                         |   |   |  |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>   |                         |   |   |  |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>   |                         |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....   | <b>1f</b> 387,319.  |                         |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |   |                         |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |   | 387,319.                |   |   |  |  |
|  | <b>Program Service Revenue</b>  | <b>2 a</b> <u>MICROFINANCE LENDING A</u> .....              | Business Code<br>525990 | 1471005.  | 1471005.                                |  |  |
| <b>b</b> .....   |   |   |                         |   |   |  |  |
| <b>c</b> .....   |   |   |                         |   |   |  |  |
| <b>d</b> .....   |   |   |                         |   |   |  |  |
| <b>e</b> .....   |   |   |                         |   |   |  |  |
| <b>f</b> All other program service revenue .....                           |   |   |                         |   |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....                                      |   |   | 1471005.                |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....   |   | 13,534.                 |   |   | 13,534.  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |   |                         |   |   |  |  |
|  | <b>5</b> Royalties .....  |   |                         |   |   |  |  |
|  | <b>6 a</b> Gross rents .....  | (i) Real  |                         |   |   |  |  |
|  |   | (ii) Personal   |                         |   |   |  |  |
|  |   | <b>b</b> Less: rental expenses .....                        |                         |   |   |  |  |
|  |   | <b>c</b> Rental income or (loss) .....                      |                         |   |   |  |  |
|  | <b>d</b> Net rental income or (loss) .....  |   |                         |   |   |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory .....   | (i) Securities  |                         |   |   |  |  |
|  |   | (ii) Other  |                         |   |   |  |  |
|  |   | <b>b</b> Less: cost or other basis and sales expenses ..... |                         |   |   |  |  |
|  |   | <b>c</b> Gain or (loss) .....                               |                         |   |   |  |  |
|  | <b>d</b> Net gain or (loss) .....   |   |                         |   |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>a</b>  |                         |   |   |  |  |
|  |   | <b>b</b> Less: direct expenses .....                        | <b>b</b>                |   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                |   |   |                         |   |   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 ..... | <b>a</b>  |   |                         |   |   |  |  |
|  | <b>b</b> Less: direct expenses .....  | <b>b</b>  |                         |   |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities .....  |   |                         |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....    | <b>a</b>  |   |                         |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold .....   | <b>b</b>  |                         |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....   |   |                         |   |   |  |  |
| <b>Miscellaneous Revenue</b>   |   | <b>Business Code</b>  |                         |   |   |  |  |
| <b>11 a</b> <u>MISCELLANEOUS REVENUE</u> .....                             | 525990  | 15,676.   | 15,676.                 |   |   |  |  |
|  | <b>b</b> .....  |   |                         |   |   |  |  |
|  | <b>c</b> .....  |   |                         |   |   |  |  |
|  | <b>d</b> All other revenue .....  |   |                         |   |   |  |  |
|  | <b>e Total.</b> Add lines 11a-11d .....   |   | 15,676.                 |   |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                            |   | 1887534.  | 1486681.                | 0.  | 13,534.                                 |  |  |

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 358,170.              | 180,578.                        | 177,592.                               |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   | 16,767.               | 8,509.                          | 8,258.                                 |                             |
| 10 Payroll taxes  | 28,615.               | 13,739.                         | 14,876.                                |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  | 3,088.                | 3,088.                          |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 19,750.               |                                 | 19,750.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   | 65,020.               |                                 | 65,020.                                |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 16,354.               | 1,503.                          | 14,851.                                |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 7,600.                | 7,600.                          |  |                             |
| 17 Travel   | 81,990.               | 68,678.                         | 13,312.                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   | 682,184.              | 682,184.                        |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 729.                  |                                 | 729.                                   |                             |
| 23 Insurance  | 17,230.               |                                 | 17,230.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>FOREIGN CURRENCY LOSS</b>  | 85,862.               | 85,862.                         |  |                             |
| b <b>MISCELLANEOUS</b>  | 44,292.               | 1,070.                          | 43,222.                                |                             |
| c <b>CAPITAL DEVELOPMENT</b>  | 18,681.               | 18,681.                         |  |                             |
| d <b>MARKETING</b>  | 7,767.                | 7,767.                          |  |                             |
| e All other expenses  | 4,565.                | 1,559.                          | 3,006.                                 |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 1,458,664.            | 1,080,818.                      | 377,846.                               | 0.                          |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |  |
|---|--|--------------------------|-------------|--------------------|--|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 3,170,756.               | <b>1</b>    | 1,533,392.         |  |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>    |                    |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 2,350.                   | <b>3</b>    | 1,650.             |  |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                    |  |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>    |                    |  |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                          | <b>6</b>    |                    |  |
|   | <b>7</b> Notes and loans receivable, net .....   | 13,478,468.              | <b>7</b>    | 22,419,111.        |  |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 50,521.                  | <b>9</b>    | 72,367.            |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 3,640.        |             |                    |  |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 1,413.        | 2,956.      | <b>10c</b> 2,227.  |  |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                    |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 205,000.                 | <b>13</b>   | 205,000.           |  |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 148,291.                 | <b>15</b>   | 178,403.           |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....   | 17,058,342.  | <b>16</b>                | 24,412,150. |                    |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 7,526.                   | <b>17</b>   | 10,972.            |  |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |  |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |  |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>   |                    |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 13,443,456.              | <b>23</b>   | 18,143,511.        |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 1,500,000.               | <b>24</b>   | 3,750,000.         |  |
| <b>25</b> 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 ..... | 60,550.  | <b>25</b>                | 31,987.     |                    |  |
| <b>26 Total liabilities.</b> Add lines 17 through 25 .....  | 15,011,532.  | <b>26</b>                | 21,936,470. |                    |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |  |
|   | <b>27</b> Unrestricted net assets .....  | 1,345,341.               | <b>27</b>   | 1,148,043.         |  |
|   | <b>28</b> Temporarily restricted net assets .....  | 201,469.                 | <b>28</b>   | 827,637.           |  |
|   | <b>29</b> Permanently restricted net assets .....  | 500,000.                 | <b>29</b>   | 500,000.           |  |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                    |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>   |                    |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>   |                    |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>   |                    |  |
| <b>33</b> Total net assets or fund balances .....   | 2,046,810.   | <b>33</b>                | 2,475,680.  |                    |  |
| <b>34</b> Total liabilities and net assets/fund balances .....  | 17,058,342.  | <b>34</b>                | 24,412,150. |                    |  |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

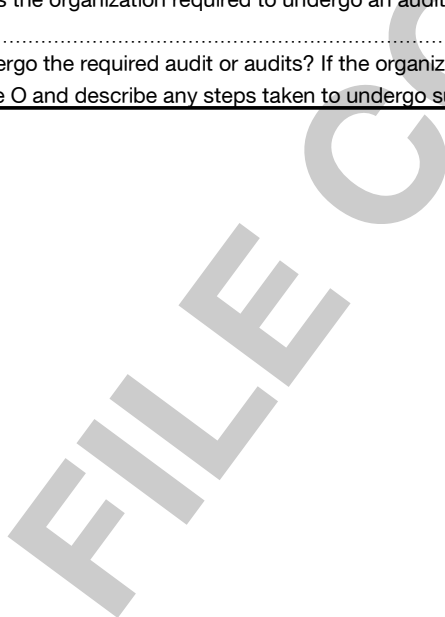
|   |  |   |            |
|---|--|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 1,887,534. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 1,458,664. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 428,870.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 2,046,810. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 0.         |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 2,475,680. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

Form 990 (2011)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **MICROCREDIT ENTERPRISES** Employer identification number **20-3154063**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 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 government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... |     |    |
| (ii) A family member of a person described in (i) above? .....   |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                          |
|---|-----------|--------------------------|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....  | <b>15</b> | %                        |
| <b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007   | (b) 2008   | (c) 2009   | (d) 2010   | (e) 2011   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 642,389.   | 343,040.   | 58,511.    | 977,460.   | 387,319.   | 2,408,719. |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... | 655,051.   | 1,235,653. | 1,778,212. | 1,320,347. | 1,471,005. | 6,460,268. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |            |            |            |            |            |            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |            |            |            |            |            |            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |            |            |            |            |            |            |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 1,297,440. | 1,578,693. | 1,836,723. | 2,297,807. | 1,858,324. | 8,868,987. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |            |            |            |            |            | 0.         |
| <b>b</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 .....           |            |            |            |            |            | 0.         |
| <b>c</b> Add lines 7a and 7b .....  |            |            |            |            |            | 0.         |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |            |            |            |            |            | 8,868,987. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007   | (b) 2008   | (c) 2009   | (d) 2010   | (e) 2011   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| <b>9</b> Amounts from line 6 .....  | 1,297,440. | 1,578,693. | 1,836,723. | 2,297,807. | 1,858,324. | 8,868,987. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... | 72,753.    | 90,451.    | 8,644.     | 13,653.    | 13,534.    | 199,035.   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |            |            |            |            |            |            |
| <b>c</b> Add lines 10a and 10b .....  | 72,753.    | 90,451.    | 8,644.     | 13,653.    | 13,534.    | 199,035.   |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |            |            |            |            |            |            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 | 4,400.     |            |            | 1,336.     | 15,676.    | 21,412.    |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   | 1,374,593. | 1,669,144. | 1,845,367. | 2,312,796. | 1,887,534. | 9,089,434. |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | 97.57 % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....                      | <b>16</b> | 90.97 % |

**Section D. Computation of Investment Income Percentage**

|   |           |        |
|---|-----------|--------|
| <b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | 2.19 % |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....                        | <b>18</b> | %      |

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

Name of the organization

MICROCREDIT ENTERPRISES

Employer identification number

20-3154063

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)





|  |   |
|--|---|
| Name of organization<br><br><b>MICROCREDIT ENTERPRISES</b> | Employer identification number<br><br><b>20-3154063</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |
|                              |  | \$ _____                                       |                      |

|  |   |
|--|---|
| Name of organization<br><b>MICROCREDIT ENTERPRISES</b> | Employer identification number<br><b>20-3154063</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**MICROCREDIT ENTERPRISES**

Employer identification number

**20-3154063**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 500,000.         | 500,000.       | 500,000.           | 500,000.             |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 3,598.           | 13,653.        | 8,644.             | 19,864.              |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 3,598.           | 13,653.        | 8,644.             | 19,864.              |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 500,000.         | 500,000.       | 500,000.           | 500,000.             |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     | X  |
| (ii) related organizations  |     | X  |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 3,640.                          | 1,413.                       | 2,227.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 2,227.         |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other .....   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) <b>INTEREST PAYABLE</b>  | 23,019.        |
| (3) <b>OTHER PAYABLES</b>  | 8,395.         |
| (4) <b>DEFERRED SERVICING FEES</b>   | 573.           |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| (11)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 31,987.        |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 1,887,534. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 1,458,664. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 428,870.   |
| 4  | Net unrealized gains (losses) on investments   | 4  |            |
| 5  | Donated services and use of facilities   | 5  |            |
| 6  | Investment expenses  | 6  |            |
| 7  | Prior period adjustments   | 7  |            |
| 8  | Other (Describe in Part XIV.)  | 8  |            |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  |            |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 428,870.   |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |            |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 2,311,210. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |
| a | Net unrealized gains on investments   | 2a |            |
| b | Donated services and use of facilities  | 2b | 1,105,860. |
| c | Recoveries of prior year grants   | 2c |            |
| d | Other (Describe in Part XIV.)   | 2d |            |
| e | Add lines 2a through 2d   | 2e | 1,105,860. |
| 3 | Subtract line 2e from line 1  | 3  | 1,205,350. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 682,184.   |
| b | Other (Describe in Part XIV.)   | 4b |            |
| c | Add lines 4a and 4b   | 4c | 682,184.   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 1,887,534. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 1,882,340. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities   | 2a | 1,105,860. |
| b | Prior year adjustments   | 2b |            |
| c | Other losses   | 2c |            |
| d | Other (Describe in Part XIV.)  | 2d |            |
| e | Add lines 2a through 2d  | 2e | 1,105,860. |
| 3 | Subtract line 2e from line 1   | 3  | 776,480.   |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a | 682,184.   |
| b | Other (Describe in Part XIV.)  | 4b |            |
| c | Add lines 4a and 4b  | 4c | 682,184.   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 1,458,664. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: ACCOUNTING FOR UNCERTAIN TAX POSITIONS:**

THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN  
 UNCERTAIN TAX POSITION ONLY AFTER CONSIDERING THE PROBABILITY THAT A TAX  
 AUTHORITY WOULD SUSTAIN THE POSITION IN AN EXAMINATION. FOR TAX POSITIONS  
 MEETING A MORE-LIKELY-THAN-NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE  
 FINANCIAL STATEMENTS IS THE BENEFIT EXPECTED TO BE REALIZED UPON  
 SETTLEMENT WITH THE TAX AUTHORITY. FOR TAX POSITIONS NOT MEETING THE  
 THRESHOLD, NO FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. AS OF DECEMBER

**Part XIV** Supplemental Information (continued)

31, 2010, THE ORGANIZATION HAS HAD NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE. ALL INCOME TAX RETURNS SINCE INCEPTION ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

GEORGE MILLER CONTRIBUTION FOR LOSS ON LOAN TO TYM





**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization: **MICROCREDIT ENTERPRISES**  
Employer identification number: **20-3154063**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| RUSSIA & THE NEWLY INDEPENDENT STATES                   | 0                                   | 0  | LOANS TO RECIPIENTS LOCATED IN REGION   |  | 6,300,000.   |
| EAST ASIA AND THE PACIFIC                               | 0                                   | 0  | LOANS TO RECIPIENTS LOCATED IN REGION   |  | 5,400,000.   |
| SOUTH AMERICA   | 0                                   | 0  | LOANS TO RECIPIENTS LOCATED IN REGION   |  | 2,600,000.   |
| NORTH AMERICA   | 0                                   | 0  | LOANS TO RECIPIENTS LOCATED IN REGION   |  | 1,566,027.   |
| SUB-SAHARAN AFRICA                                      | 0                                   | 0  | LOANS TO RECIPIENTS LOCATED IN REGION   |  | 400,000.   |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3 a</b> Sub-total .....                              | 0                                   | 0  |   |  | 16,266,027.  |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |   |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |   |  | 16,266,027.  |

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

Schedule F (Form 990) 2011

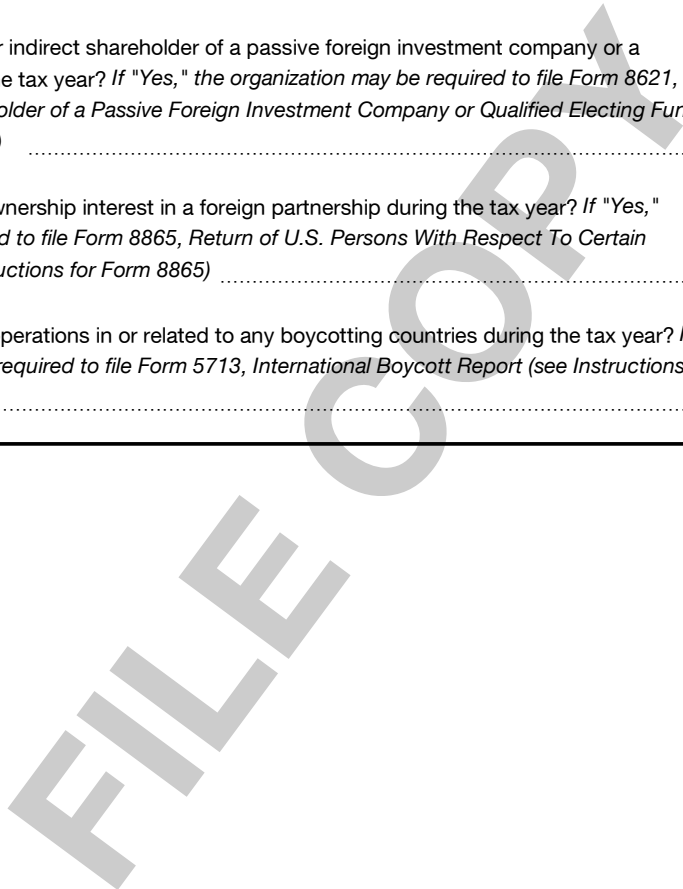




**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

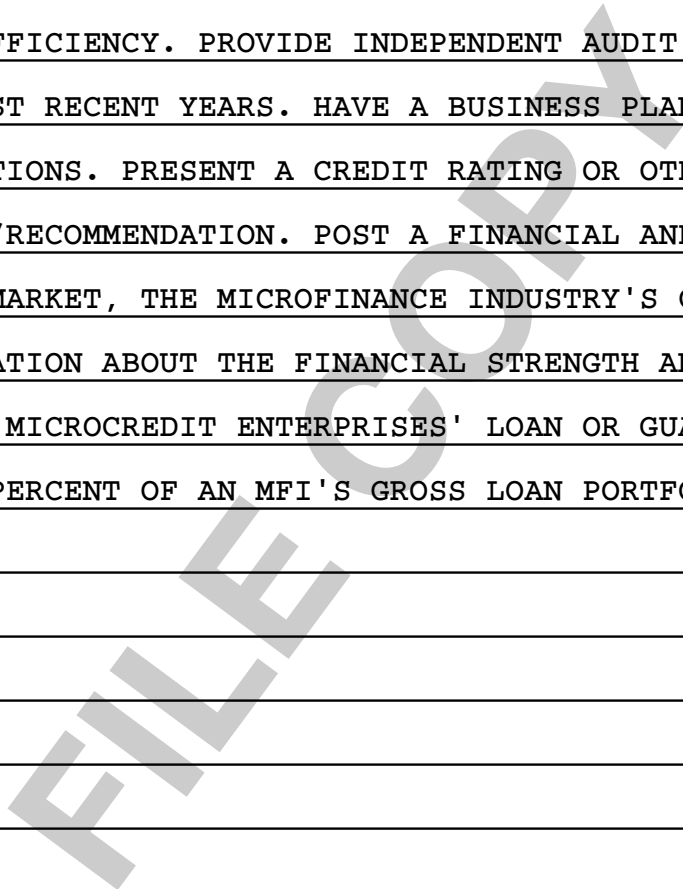
Schedule F (Form 990) 2011



**Part V Supplemental Information**

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: A MICRO-FINACE INSTITUTION (MFI) MUST SERVE AT LEAST 5,000 BORROWERS OR HAVE A MINIMUM US\$1,000,000 GROSS LOAN PORTFOLIO. MAINTAIN PORTFOLIO-AT-RISK (I.E., OUTSTANDING BALANCE OF ALL LOANS WITH PAYMENTS IN ARREARS BEYOND 30 DAYS) BELOW 10%. BE OPERATIONALLY SELF-SUFFICIENT OR DEMONSTRATE A CLEAR PLAN TO ACHIEVE OPERATIONAL SELF-SUFFICIENCY. PROVIDE INDEPENDENT AUDIT REPORTS COVERING AT LEAST THE TWO MOST RECENT YEARS. HAVE A BUSINESS PLAN WITH THREE YEARS OF FINANCIAL PROJECTIONS. PRESENT A CREDIT RATING OR OTHER SIMILAR EXTERNAL EVALUATION/RECOMMENDATION. POST A FINANCIAL AND OPERATIONAL PROFILE AT THE MIX MARKET, THE MICROFINANCE INDUSTRY'S CLEARINGHOUSE FOR STANDARDIZED INFORMATION ABOUT THE FINANCIAL STRENGTH AND PERFORMANCE OF MFIS. ADDITIONALLY, MICROCREDIT ENTERPRISES' LOAN OR GUARANTEE MAY NOT EXCEED THIRTY FIVE PERCENT OF AN MFI'S GROSS LOAN PORTFOLIO.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

MICROCREDIT ENTERPRISES

Employer identification number

20-3154063

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

DEVELOPING WORLD.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT OF THE 990 FORM IS PRESENTED TO THE MANAGEMENT FOR REVIEW. ONCE THE MANAGEMENT HAS MADE ANY NECESSARY CHANGES, THE 990 FORM IS SUBMITTED TO THE AUDIT COMMITTEE FOR APPROVAL. THE AUDIT COMMITTEE IS COMPRISED OF THE MEMBERS OF THE BOARD OF DIRECTORS. IT IS ELECTED BY THE BOARD TO ASSIST THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES BY REVIEWING: THE FINANCIAL REPORTS AND OTHER FINANCIAL INFORMATION PROVIDED BY THE ORGANIZATION TO ANY GOVERNMENTAL BODY OR THE PUBLIC; THE ORGANIZATION'S SYSTEMS OF INTERNAL CONTROLS REGARDING FINANCE, ACCOUNTING AND LEGAL COMPLIANCE THAT MANAGEMENT AND THE BOARD HAVE ESTABLISHED; AND THE CORPORATION'S AUDITING, ACCOUNTING AND FINANCIAL REPORTING PROCESSES GENERALLY.

FORM 990, PART VI, SECTION B, LINE 12C: MCE HAS A WRITTEN CONFLICT OF INTEREST POLICY, WHICH IS POSTED ON ITS WEBSITE. ACCORDING TO THE POLICY, ANY MEMBER, OFFICER, MEMBER OF A COMMITTEE (INCLUDING ADVISORY MEMBERS) THAT HAS MEMBER-DELEGATED POWERS, EMPLOYEE OR OTHER PERSON DESIGNATED BY THE MEMBERS AS SUBJECT TO THIS POLICY IS REQUIRED TO REVIEW AND SIGN MCE'S CONFLICT OF INTEREST POLICY EACH YEAR. BOARD MEMBERS AND STAFF MEMBERS ARE REQUIRED TO SIGN THE STATEMENT AT THE BEGINNING OF EACH FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S CEO IS ON A PRO BONO BASIS. ALL OTHER EMPLOYEE SALARIES ARE FIRST DETERMINED BASED ON REVIEWING SALARY DATA FOR COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS.

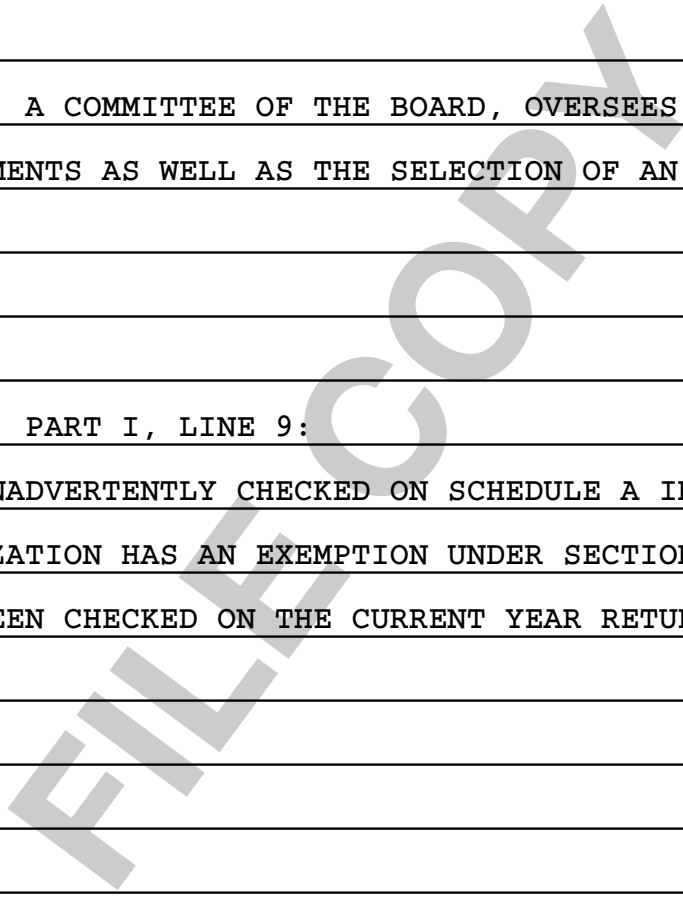
|  |   |
|--|---|
| Name of the organization<br><b>MICROCREDIT ENTERPRISES</b> | Employer identification number<br><b>20-3154063</b> |
|--|---|

THE SALARY IS REVIEWED BY THE EVP, FOR BUDGETARY PURPOSES, AND MUST BE APPROVED BY THE CEO AND EVP.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE.

THE AUDIT COMMITTEE, A COMMITTEE OF THE BOARD, OVERSEES THE AUDIT OF THE FINANCIAL STATEMENTS AS WELL AS THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990 SCHEDULE A, PART I, LINE 9:  
PART I, BOX 7 WAS INADVERTENTLY CHECKED ON SCHEDULE A IN PRIOR YEAR RETURNS. THE ORGANIZATION HAS AN EXEMPTION UNDER SECTION 509(A)(2); PART I, BOX 9 HAS BEEN CHECKED ON THE CURRENT YEAR RETURN.



2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description                               | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | MACHINERY & EQUIPMENT                     |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 2         | COMPUTER                                  | 11/09/09      | SL     | 5.00 |      | 16       | 1,133.                   |            |                     |                      | 1,133.                 | 265.                               |                         | 227.                   | 492.                            |
| 3         | COMPUTER - BERARD                         | 01/20/10      | SL     | 5.00 |      | 16       | 1,293.                   |            |                     |                      | 1,293.                 | 257.                               |                         | 259.                   | 516.                            |
| 4         | COMPUTER - SALYER                         | 05/31/10      | SL     | 5.00 |      | 16       | 1,214.                   |            |                     |                      | 1,214.                 | 162.                               |                         | 243.                   | 405.                            |
|           | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT |               |        |      |      |          | 3,640.                   |            |                     |                      | 3,640.                 | 684.                               |                         | 729.                   | 1,413.                          |
|           | * GRAND TOTAL 990 PAGE 10 DEPR            |               |        |      |      |          | 3,640.                   |            |                     |                      | 3,640.                 | 684.                               |                         | 729.                   | 1,413.                          |



**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20\_\_\_\_

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**MICROCREDIT ENTERPRISES**

**20-3154063**

Name and title of officer

**KYLE SALYER**

**EVP, FINANCE & OPERATIONS**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|                                    |                                       |  |                          |
|------------------------------------|---------------------------------------|--|--------------------------|
| <b>1a</b> Form 990 check here      | ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) | <b>1b</b> <u>1887534</u> |
| <b>2a</b> Form 990-EZ check here   | ▶ <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9)                      | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here | ▶ <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22)                                | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here   | ▶ <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)     | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here     | ▶ <input type="checkbox"/>            | <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)      | <b>5b</b> _____          |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **RINA ACCOUNTANCY CORPORATION** to enter my PIN **25334**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**94290726068**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **08/15/12**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

California Exempt Organization  
Annual Information Return

Calendar Year 2011 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

|   |                    |   |
|---|--------------------|---|
| Corporation/Organization name<br><b>MICROCREDIT ENTERPRISES</b>       |                    | California corporation number<br><b>2757202</b> |
| Address (suite, room, or PMB no.)<br><b>5758 GEARY BLVD., NO. 261</b> |                    | FEIN<br><b>20-3154063</b>                       |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b> | ZIP Code<br><b>94121</b>                        |

|  |  |
|--|--|
| <p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p><b>E</b> Check accounting method:<br/>(1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed?<br/>(1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If "Yes," attach a roster. See instructions</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If "Yes," explain, and attach copies of revised documents.</p> | <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&amp;TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If "Yes," complete and attach form FTB 3509.</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
|--|--|

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

|                              |  |    |              |
|------------------------------|--|----|--------------|
| <b>Receipts and Revenues</b> | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 1,500,215.00 |
|                              | 2 Gross dues and assessments from members and affiliates   | 2  | 00           |
|                              | 3 Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>   | 3  | 387,319.00   |
|                              | 4 Total gross receipts for filing requirement test. Add line 1 through line 3.<br><b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B | 4  | 1,887,534.00 |
|                              | 5 Cost of goods sold   | 5  | 00           |
|                              | 6 Cost or other basis, and sales expenses of assets sold   | 6  | 00           |
|                              | 7 Total costs. Add line 5 and line 6   | 7  | 00           |
|                              | 8 Total gross income. Subtract line 7 from line 4  | 8  | 1,887,534.00 |
| <b>Expenses</b>              | 9 Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 1,458,664.00 |
|                              | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   | 10 | 428,870.00   |
| <b>Filing Fee</b>            | 11 Filing fee \$10 or \$25. See General Instruction F  | 11 | 10.00        |
|                              | 12 Total payments  | 12 | 00           |
|                              | 13 Penalties and Interest. See General Instruction J   | 13 | 00           |
|                              | 14 Use tax. See General Instruction K  | 14 | 00           |
|                              | 15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result  | 15 | 10.00        |

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 taxpayer) is based on all information of which preparer has any knowledge.

|                                 |   |                        |   |                       |
|---------------------------------|---|------------------------|---|-----------------------|
| <b>Sign Here</b>                | Signature of officer <b>EVP, FINANCE &amp;</b>  | Title                  | Date  | Telephone             |
|                                 | Preparer's signature  | Date <b>08/15/12</b>   | Check if self-employed <input type="checkbox"/> | PTIN <b>P00026968</b> |
| <b>Paid Preparer's Use Only</b> | Firm's name (or yours, if self-employed) and address<br><b>RINA ACCOUNTANCY CORPORATION<br/>475 14TH STREET, SUITE 1200<br/>OAKLAND, CA 94612</b>   | FEIN <b>94-3158857</b> | Telephone <b>(510) 893-6908</b>                 |                       |
|                                 | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                        |   |                       |

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.**

128951 12-08-11

|                             |                            |   |   |    |              |              |
|-----------------------------|----------------------------|---|---|----|--------------|--------------|
| Receipts from Other Sources | 1                          | Gross sales or receipts from all business activities. See instructions  | •   | 1  | 00           |              |
|                             | 2                          | Interest  | •   | 2  | 11,034.00    |              |
|                             | 3                          | Dividends   | •   | 3  | 2,500.00     |              |
|                             | 4                          | Gross rents   | •   | 4  | 00           |              |
|                             | 5                          | Gross royalties   | •   | 5  | 00           |              |
|                             | 6                          | Gross amount received from sale of assets (See Instructions)  | •   | 6  | 00           |              |
|                             | 7                          | Other income  | •   | 7  | 1,486,681.00 |              |
|                             | 8                          | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7.<br>Enter here and on Side 1, Part I, line 1 |   | 8  | 1,500,215.00 |              |
|                             | 9                          | Contributions, gifts, grants, and similar amounts paid  | •   | 9  | 00           |              |
|                             | 10                         | Disbursements to or for members   | •   | 10 | 00           |              |
|                             | 11                         | Compensation of officers, directors, and trustees   | •   | 11 | 358,170.00   |              |
|                             | Expenses and Disbursements | 12  | Other salaries and wages  | •  | 12           | 00           |
|                             |                            | 13  | Interest  | •  | 13           | 682,184.00   |
|                             |                            | 14  | Taxes   | •  | 14           | 28,615.00    |
|                             |                            | 15  | Rents   | •  | 15           | 7,600.00     |
|                             |                            | 16  | Depreciation and depletion (See instructions)   | •  | 16           | 729.00       |
|                             |                            | 17  | Other Expenses and Disbursements  | •  | 17           | 381,366.00   |
|                             |                            | 18  | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 |    | 18           | 1,458,664.00 |

| Schedule L Balance Sheets        |   | Beginning of taxable year |                   | End of taxable year |               |
|----------------------------------|---|---------------------------|-------------------|---------------------|---------------|
|                                  |   | (a)                       | (b)               | (c)                 | (d)           |
| <b>Assets</b>                    |   |                           |                   |                     |               |
| 1                                | Cash  |                           | 3,170,756.        |                     | • 1,533,392.  |
| 2                                | Net accounts receivable                           |                           |                   |                     | •             |
| 3                                | Net notes receivable <b>STMT 5</b>                |                           | 13,478,468.       |                     | • 22,419,111. |
| 4                                | Inventories                                       |                           |                   |                     | •             |
| 5                                | Federal and state government obligations          |                           |                   |                     | •             |
| 6                                | Investments in other bonds                        |                           |                   |                     | •             |
| 7                                | Investments in stock                              |                           |                   |                     | •             |
| 8                                | Mortgage loans                                    |                           |                   |                     | •             |
| 9                                | Other investments <b>STMT 6</b>                   |                           | 205,000.          |                     | • 205,000.    |
| 10                               | <b>a</b> Depreciable assets                       | 3,640.                    |                   | 3,640.              |               |
|                                  | <b>b</b> Less accumulated depreciation            | ( 684. )                  | 2,956. ( 1,413. ) |                     | 2,227.        |
| 11                               | Land  |                           |                   |                     | •             |
| 12                               | Other assets                                      |                           | 201,162.          |                     | • 252,420.    |
| 13                               | <b>Total assets</b>                               |                           | 17,058,342.       |                     | 24,412,150.   |
| <b>Liabilities and net worth</b> |   |                           |                   |                     |               |
| 14                               | Accounts payable                                  |                           | 7,526.            |                     | • 10,972.     |
| 15                               | Contributions, gifts, or grants payable           |                           |                   |                     | •             |
| 16                               | Bonds and notes payable                           |                           | 14,443,456.       |                     | • 18,143,511. |
| 17                               | Mortgages payable                                 |                           |                   |                     | •             |
| 18                               | Other liabilities <b>STMT 7</b>                   |                           | 1,560,550.        |                     | • 3,781,987.  |
| 19                               | Capital stock or principle fund                   |                           |                   |                     | •             |
| 20                               | Paid-in or capital surplus. Attach reconciliation |                           |                   |                     | •             |
| 21                               | Retained earnings or income fund                  |                           | 2,046,810.        |                     | • 2,475,680.  |
| 22                               | <b>Total liabilities and net worth</b>            |                           | 18,058,342.       |                     | 24,412,150.   |

| Schedule M-1 Reconciliation of income per books with income per return                                |   |            |          |
|---|---|------------|----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000 |   |            |          |
| 1   | Net income per books  | • 428,870. |          |
| 2   | Federal income tax  | •          |          |
| 3   | Excess of capital losses over capital gains                         | •          |          |
| 4   | Income not recorded on books this year                              | •          |          |
| 5   | Expenses recorded on books this year not deducted in this return    | •          |          |
| 6   | <b>Total.</b><br>Add line 1 through line 5                          | 428,870.   |          |
| 7   | Income recorded on books this year not included in this return      | •          |          |
| 8   | Deductions in this return not charged against book income this year | •          |          |
| 9   | <b>Total.</b> Add line 7 and line 8                                 |            |          |
| 10  | <b>Net income per return.</b><br>Subtract line 9 from line 6        |            | 428,870. |

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1  
 INCLUDED ON PART I, LINE 3

| CONTRIBUTOR'S NAME       | CONTRIBUTOR'S ADDRESS                         | DATE OF GIFT | AMOUNT          |
|--------------------------|---|--------------|-----------------|
| GEORGE MILLER            | 5758 GEARY BLVD #261 SAN FRANCISCO, CA, 94121 |              | 85,862.         |
| TIDES FOUNDATION         | PO BOX 29903 SAN FRANCISCO, CA, 94129-0903    |              | 50,000.         |
| HUNTER DOUGLAS INC       | 5758 GEARY BLVD #261 SAN FRANCISCO, CA, 94121 |              | 200,000.        |
| GOLDMAN, SACHS & CO      | 200 WEST STREET NEW YORK, NY, 10282           |              | 25,000.         |
| GOLDMAN SACHS GIVES      | PO BOX 15203 ALBANY, NY, 12212-5203           |              | 20,000.         |
| TOTAL INCLUDED ON LINE 3 |   |              | <u>380,862.</u> |

| FORM 199                           | OTHER INCOME | STATEMENT         | 2 |
|------------------------------------|--------------|-------------------|---|
| DESCRIPTION                        |              | AMOUNT            |   |
| MISCELLANEOUS REVENUE              |              | 15,676.           |   |
| MICROFINANCE LENDING ACTIVITIES    |              | 1,471,005.        |   |
| TOTAL TO FORM 199, PART II, LINE 7 |              | <u>1,486,681.</u> |   |

## FORM 199      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES      STATEMENT      3

| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|--------------|
| CHRISTOPHER DUNFORD<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121 | DIRECTOR<br>2.00                   | 0.           |
| DAN BRUNNER<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121         | DIRECTOR<br>2.00                   | 0.           |
| DARLENE DAGGETT<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121     | DIRECTOR<br>2.00                   | 0.           |
| ERIC MCCALLUM<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121       | DIRECTOR<br>2.00                   | 0.           |
| GARY FORD<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121           | DIRECTOR, PRESIDENT & CEO<br>20.00 | 0.           |
| GREG LEDFORD<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121        | DIRECTOR<br>2.00                   | 0.           |
| JOHN AYLIFFE<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121        | DIRECTOR<br>2.00                   | 0.           |
| JONATHAN LEWIS<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121      | CHAIRMAN<br>8.00                   | 0.           |
| KAREN ANSARA<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121        | DIRECTOR<br>2.00                   | 0.           |
| SHEILA LEATHERMAN<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121   | DIRECTOR<br>2.00                   | 0.           |
| WILLIAM WAY<br>5758 GEARY BLVD., NO. 261<br>SAN FRANCISCO, CA 94121         | DIRECTOR<br>2.00                   | 0.           |

KYLE SALYER  
5758 GEARY BLVD., NO. 261  
SAN FRANCISCO, CA 94121

EXECUTIVE VP, FINANCE & OP  
40.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

| FORM 199 | OTHER EXPENSES | STATEMENT | 4 |
|----------|----------------|-----------|---|
|----------|----------------|-----------|---|

| DESCRIPTION                         | AMOUNT   |
|-------------------------------------|----------|
| FOREIGN CURRENCY LOSS               | 85,862.  |
| MISCELLANEOUS                       | 44,292.  |
| CAPITAL DEVELOPMENT                 | 18,681.  |
| MARKETING                           | 7,767.   |
| OTHER EMPLOYEE BENEFITS             | 16,767.  |
| MANAGEMENT FEES                     | 3,088.   |
| ACCOUNTING FEES                     | 19,750.  |
| OTHER PROFESSIONAL FEES             | 65,020.  |
| OFFICE EXPENSES                     | 16,354.  |
| TRAVEL                              | 81,990.  |
| INSURANCE                           | 17,230.  |
| ALL OTHER EXPENSES                  | 4,565.   |
| TOTAL TO FORM 199, PART II, LINE 17 | 381,366. |

| FORM 199 | NET NOTES RECEIVABLE | STATEMENT | 5 |
|----------|----------------------|-----------|---|
|----------|----------------------|-----------|---|

| DESCRIPTION                           | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| NOTES AND LOANS RECEIVABLE, NET       | 13,478,468.  | 22,419,111. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 3 | 13,478,468.  | 22,419,111. |

| FORM 199 | OTHER INVESTMENTS | STATEMENT | 6 |
|----------|-------------------|-----------|---|
|----------|-------------------|-----------|---|

| DESCRIPTION                           | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
|                                       | 205,000.     | 205,000.    |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | 205,000.     | 205,000.    |

FORM 199

OTHER LIABILITIES

STATEMENT 7

| DESCRIPTION                            | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| INTEREST PAYABLE                       | 55,404.      | 23,019.     |
| OTHER PAYABLES                         | 3,948.       | 8,395.      |
| DEFERRED SERVICING FEES                | 1,198.       | 573.        |
| UNSECURED NOTES AND LOANS PAYABLE      | 1,500,000.   | 3,750,000.  |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 1,560,550.   | 3,781,987.  |

FILE COPY

# Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 20-3154063

Corporation name

California corporation number

**MICROCREDIT ENTERPRISES**

2757202

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California .....  | 1                            | \$25,000         |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
|---|------------------------------|------------------|-----------------------------|------------------------------|------------------|---|--|--|--|---|--|--|---|--|---|---|--|---|----|--|--|----|--|--|----|--|--|----|--|
| 2 Total cost of IRC Section 179 property placed in service .....  | 2                            |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation .....   | 3                            | \$200,000        |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....  | 4                            |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....   | 5                            |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 35%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property (elected IRC Section 179 cost) .....</td> <td style="text-align: center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....</td> <td style="text-align: center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from prior taxable years .....</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12 .....</td> <td style="text-align: center;">13</td> <td></td> </tr> </tbody> </table> |                              |                  | (a) Description of property | (b) Cost (business use only) | (c) Elected cost | 6 |  |  | 7 Listed property (elected IRC Section 179 cost) ..... | 7 |  | 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 ..... | 8 |  | 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 ..... | 9 |  | 10 Carryover of disallowed deduction from prior taxable years ..... | 10 |  | 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 ..... | 11 |  | 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 ..... | 12 |  | 13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12 ..... | 13 |  |
| (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 6   |                              |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 7 Listed property (elected IRC Section 179 cost) .....  | 7                            |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....  | 8                            |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....   | 9                            |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 10 Carryover of disallowed deduction from prior taxable years .....   | 10                           |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....  | 11                           |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....  | 12                           |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |
| 13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12 .....  | 13                           |                  |                             |                              |                  |   |  |  |  |   |  |  |   |  |   |   |  |   |    |  |  |    |  |  |    |  |  |    |  |

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

| (a)<br>Description property  | (b)<br>Date acquired | (c)<br>Cost or other basis | (d)<br>Depreciation allowed or allowable in earlier years | (e)<br>Depreciation Method | (f)<br>Life or rate | (g)<br>Depreciation for this year | (h)<br>Additional first year depreciation |
|--|----------------------|----------------------------|---|----------------------------|---------------------|-----------------------------------|---|
| 14 2 COMPUTER  | 11/09/09             | 1,133.                     | 265.  | SL                         | 5.00                | 227.                              |   |
| 3 COMPUTER - BERARD  | 01/20/10             | 1,293.                     | 257.  | SL                         | 5.00                | 259.                              |   |
| 4 COMPUTER - SALYER  | 05/31/10             | 1,214.                     | 162.  | SL                         | 5.00                | 243.                              |   |
| <b>TOTALS</b>  |                      | <b>3,640.</b>              | <b>684.</b>   |                            |                     |                                   |   |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.<br>See instructions for line 14, column (h) ..... |                      |                            |   |                            |                     | 15                                | 729.                                      |

**Part III Summary**

|   |    |      |
|---|----|------|
| 16 Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or<br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or<br>Depreciation (if no election is made), enter the amount from line 15, column (g) .....   | 16 | 729. |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....  | 17 | 729. |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.<br>If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) ..... | 18 | 0.   |

**Part IV Amortization**

| (a)<br>Description of property   | (b)<br>Date acquired | (c)<br>Cost or other basis | (d)<br>Amortization allowed or allowable in earlier years | (e)<br>R&TC section (see instructions) | (f)<br>Period or percentage | (g)<br>Amortization for this year |  |
|--|----------------------|----------------------------|---|--|-----------------------------|-----------------------------------|--|
| 19   |                      |                            |   |  |                             |                                   |  |
| 20 Total. Add the amounts in column (g) .....  |                      |                            |   |  |                             | 20                                |  |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....   |                      |                            |   |  |                             | 21                                |  |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 ..... |                      |                            |   |  |                             | 22                                |  |



## Voucher at bottom of page.

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN  
WITH THE PAYMENT VOUCHER.**

If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:**

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2011 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:**

**Fiscal Year - See instructions.**

**Calendar Year - File and Pay by March 15, 2012.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the Emancipation Day holiday on April 16, 2012, tax returns filed and payments mailed or submitted on April 17, 2012 will be considered timely.

**ONLINE SERVICES:**

Corporations and exempt organizations can make payments electronically at the Franchise Tax Board's (FTB's) website using Web Pay. After a one-time online registration, corporations and exempt organizations can make an immediate payment or schedule payments up to a year in advance. FTB does not charge for this service. For more information, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **web pay**.

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

**2011**

**Payment Voucher for Corps  
and Exempt Orgs e-filed Returns**

CALIFORNIA FORM

**3586 (e-file)**

2757202 MICR 20-3154063 (415) 230-4330 11 FORM 3  
TYB 01-01-11 TYE 12-31-11  
MICROCREDIT ENTERPRISES

5758 GEARY BLVD NO 261  
SAN FRANCISCO CA 94121

Total Payment Amt

10.

TAXABLE YEAR  
**2011**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

|  |   |
|--|---|
| Exempt Organization name<br><b>MICROCREDIT ENTERPRISES</b> | Identifying number<br><b>20-3154063</b> |
|--|---|

**Part I Electronic Return Information** (whole dollars only)

|  |          |                     |
|--|----------|---------------------|
| <b>1</b> Total gross receipts (Form 199, line 4) .....             | <b>1</b> | <b>1,887,534</b> 00 |
| <b>2</b> Total gross income (Form 199, line 8) .....               | <b>2</b> | <b>1,887,534</b> 00 |
| <b>3</b> Total expenses and disbursements (Form 199, line 9) ..... | <b>3</b> | <b>1,458,664</b> 00 |

**Part II Settle Your Account Electronically for Taxable Year 2011**

|   |                  |  |
|---|------------------|--|
| <b>4</b> <input type="checkbox"/> Electronic funds withdrawal | <b>4a</b> Amount | <b>4b</b> Withdrawal date (MM/DD/YYYY) |
|---|------------------|--|

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

|                               |  |
|-------------------------------|--|
| <b>5</b> Routing number _____ | <b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>6</b> Account number _____ |  |

**Part IV Declaration of Officer**

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2011 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

|                  |                            |            |                                      |             |
|------------------|----------------------------|------------|--------------------------------------|-------------|
| <b>Sign Here</b> | Signature of Officer _____ | Date _____ | <b>EVP, FINANCE &amp; OPERATIONS</b> | Title _____ |
|------------------|----------------------------|------------|--------------------------------------|-------------|

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345B, 2011 Business e-file Handbook for Authorized e-file Providers, and in FTB Pub. 1345, 2011 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                      |   |                                     |  |   |                        |
|----------------------|---|-------------------------------------|--|---|------------------------|
| <b>ERO Must Sign</b> | ERO's signature _____                               | Date _____                          | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN _____       |
|                      | Firm's name (or yours if self-employed) and address | <b>RINA ACCOUNTANCY CORPORATION</b> |  |   | FEIN <b>94-3158857</b> |
|                      |   | <b>475 14TH STREET, SUITE 1200</b>  |  |   | ZIP Code <b>94612</b>  |
|                      |   | <b>OAKLAND, CA</b>                  |  |   |                        |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                                |   |                                     |   |                                       |                        |
|--------------------------------|---|-------------------------------------|---|---------------------------------------|------------------------|
| <b>Paid Preparer Must Sign</b> | Paid preparer's signature _____                     | Date _____                          | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN <b>P00026968</b> |                        |
|                                | Firm's name (or yours if self-employed) and address | <b>RINA ACCOUNTANCY CORPORATION</b> |   |                                       | FEIN <b>94-3158857</b> |
|                                |   | <b>475 14TH STREET, SUITE 1200</b>  |   |                                       | ZIP Code <b>94612</b>  |
|                                |   | <b>OAKLAND, CA</b>                  |   |                                       |                        |

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

|  |   |
|--|---|
| State Charity Registration Number: <b>CT</b> <u>0154098</u>  | <b>Check if:</b><br><input type="checkbox"/> Change of address<br><br><input type="checkbox"/> Amended report |
| <b>MICROCREDIT ENTERPRISES</b><br><small>Name of Organization</small><br><u>5758 GEARY BLVD., NO. 261</u><br><small>Address (Number and Street)</small><br><u>SAN FRANCISCO, CA 94121</u><br><small>City or Town, State and ZIP Code</small> | Corporate or Organization No. <u>2757202</u><br><br>Federal Employer I.D. No. <u>20-3154063</u>               |

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2011 ending 12/31/2011) list:  
 Gross annual revenue \$ 1,887,534. Total assets \$ 24,412,150.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

|   | Yes | No |
|---|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? |     | X  |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?   |     | X  |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?   |     | X  |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.  |     | X  |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.   |     | X  |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.   |     | X  |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.  |     | X  |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.  |     | X  |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?  | X   |    |

Organization's area code and telephone number 415-230-4330

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

|  |  |
|--|--|
| <b>KYLE SALYER</b><br><small>Signature of authorized officer</small> | <b>EVP, FINANCE &amp; OPERATIONS</b><br><small>Title</small> |
| <small>Printed Name</small>  | <small>Date</small>  |