# **Return of Organization Exempt From Income Tax**

Form **990** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

A For the 2017 calendar year, or tax year beginning 01/01, 2017, and ending 07/17, 20 18  C Name of organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING  Address change Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (212) 768 − 8513  X Terminated Amended return Application pending Population pending 122 EAST 42ND ST., 42ND FLOOR NEW YORK, NY 10168  Tax-exempt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527  Website: ▶ WWW. WOMENWORLDBANKING.ORG			of the Treasury enue Service		▶ li			•		instructions	•		•			spection		
STICETING TO   PROMOTE   WOMEN   S   WORLD   BANKING	A F	or th	e 201 <u>7</u> cal	endar yea	r, or tax	year beg	inning		01	/01 <b>,2017</b>	, and end	ing		07/	17 <b>,20</b>	18		_
Number and street (or P.O. box if mail is not delivered to afteret address)   Room/suite   E Telephone number (212 ) 768 – 8513	<b>B</b> c	neck if ap		•		PROMOTE	WOMEN	'S WO	RLD E	BANKING			D Employer id	dentifica	tion numb	oer		
122 EAST 42ND STREET, 42ND FL				ng Business /	As								13-311	8378				
Temmanded   Mark YORK, NY 10168   Signature   Mark YORK, NY 10168   NEW York Note   N		Name	change Nu	mber and str	eet (or P.0	O. box if mail	is not delive	red to stre	et addre	ess)	Room/suite		E Telephone	number				
NEW YORK, NY 10168		Initial	return 1:	22 EAST	42ND	STREET	, 42ND	FL					(212) 76	58 <del>-</del> 85	13			
Finame and address of principal efficer.   MARY ELLEN ISKENDERIAN   Hoy is this a group return for year present for period   Yes   No   No   Tax-excempt status:   Solicija.   X   Solicija.	X	Termi	iliatoa			•	, and ZIP or	r foreign p	ostal cod	de								
122 EAST   42ND ST.   42ND FLOOR NEW YORK, NY 10168   10   10   10   10   10   10   10   1		returr	1		•								<u> </u>					
Tax-exempt status:			ration F Na	ne and addr											for	Yes	Х	No
Webbles:   WWW. WOMENWORLDBANKING. ORS			1:	22 EAST						YORK, NY	10168		H(b) Are all subor	dinates inclu	uded?	Yes		No
Part   Summary			· ·	<u> </u>				(insert n	o.)	4947(a)(1)	or 5	27	If "No," atta	ach a list. (	see instruct	ions)		
Summary	_					ANKING.	ORG											
Briefly describe the organization's mission or most significant activities: THE MISSION OF STICHTING TO PROMOTE  WOMEN'S WORLD BANKING IS TO EXPAND THE ECONOMIC ASSETS, PARTICIPATION  AND POWER OF LOW-INCOME WOMEN AND THEIR HOUSERFOLDS, SEE SCHEDULE O.  Check this box			_		oration	Trust	Associati	ion	Other	<u> </u>	L Year	of forma	tion: 1979 <b>M</b>	State of	legal don	nicile:	N	1 <u>X</u>
WOMEN S WORLD BANKING IS TO EXPAND THE ECONOMIC ASSETS, PARTICIPATION	Pa																	
AND POWER OF LOW-INCOME WOMEN AND THEIR HOUSEHOLDS, SEE SCHEDULE O.		1													OMOTE			
4 Number of independent voting members of the governing body (Part VI, line 1b)	9																	
4 Number of independent voting members of the governing body (Part VI, line 1b)	nar																	
4 Number of independent voting members of the governing body (Part VI, line 1b)	Ver													ts.				
Net unrelated business taxable income from 990-T, line 34   Prior Year   Current Year		3												3				
Net unrelated business taxable income from 990-T, line 34   Prior Year   Current Year	δ.	_																
Net unrelated business taxable income from 990-T, line 34   Prior Year   Current Year	itie	5																
Net unrelated business taxable income from 990-T, line 34   Prior Year   Current Year	듩	, , , , , , , , , , , , , , , , , , , ,											6			25	5.	
8 Contributions and grants (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 11e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Contributions and grants (Part VIII, column (A), line 11e).  24 Total liabilities (Part X, line 26).  25 Signature Block  Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is fund. Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ď	7a Total unrelated business revenue from Part VIII, column (C), line 12																
Solution   Copy For   Solution   Copy For   Copy For		b	Net unrelate	ed business	taxable	income fron	n Form 99	0-T, line	34			. <u>,</u>		7b				0.
9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20.  23 1, 153															Curre	ent Ye	ar	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  10 Segment 12 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	<u>e</u>	8	Contribution	is and grant	s (Part V	III, line 1h)					V EOD	ון ــــــו						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  10 Segment 12 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	enr	9	Program se	rvice revenu	ıe (Part V	'III, line 2g)				BUBLICI	NEDECTION	.						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  10 Segment 12 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Şe	10	mvesimem	income (Pa	art viii, co	Jiuiiiii (A), ii	nes 3, 4, a	and ru)				J						
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20.  Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		11	Other rever	ue (Part VI	II, colum	n (A), lines	5, 6d, 8c, 9	9c, 10c, a	and 11e	e)								
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25) ▶  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		12					•											
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  5 Total fundraising expenses (Part IX, column (D), line 25)  6 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  7 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  9 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  11 Total liabilities (Part X, line 26)  12 Net assets or fund balances. Subtract line 21 from line 20.  13 Signature Block  Under penalties of perjuny, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.													238,0					
16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) ▶  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20.  22 Net assets or fund balances. Subtract line 21 from line 20.  35, 551, 094.  36 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		14																
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20.  35,551,094.  36,787,679.  4,787,679.  4,787,679.  4,787,679.  52 12,351,189.  6 24,324,262.  7 37,806,583.  9 2 2 2 Net assets (Part X, line 16)  7 37,806,583.  9 2 2 Net assets or fund balances. Subtract line 21 from line 20.  8 35,551,094.  9 2 35,551,094.  9 2 35,551,094.  9 2 35,551,094.	es												7,325,4					
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20.  35,551,094.  36,787,679.  4,787,679.  4,787,679.  4,787,679.  52 12,351,189.  6 24,324,262.  7 37,806,583.  9 2 2 2 Net assets (Part X, line 16)  7 37,806,583.  9 2 2 Net assets or fund balances. Subtract line 21 from line 20.  8 35,551,094.  9 2 35,551,094.  9 2 35,551,094.  9 2 35,551,094.	ens	16a	Professiona	I fundraisin	g fees (Pa	art IX, colun	nn (A), line	e 11e)						0.				_0.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20.  35,551,094.  36,787,679.  4,787,679.  4,787,679.  4,787,679.  52 12,351,189.  6 24,324,262.  7 37,806,583.  9 2 2 2 Net assets (Part X, line 16)  7 37,806,583.  9 2 2 Net assets or fund balances. Subtract line 21 from line 20.  8 35,551,094.  9 2 35,551,094.  9 2 35,551,094.  9 2 35,551,094.	×										). 							
19 Revenue less expenses. Subtract line 18 from line 12	_	17	Other exper	ises (Part I	X, columr	n (A), lines 1	11a-11d, 1	1f-24e)										
Total lassets (Part X, line 16) 37,806,583. 0.  20 Total assets (Part X, line 16) 37,806,583. 0.  21 Total liabilities (Part X, line 26) 2,255,489. 0.  22 Net assets or fund balances. Subtract line 21 from line 20. 35,551,094. 0.  Signature Block Under penalties of perjuny, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		18	•									-						_
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	. "	19	Revenue le	ss expenses	s. Subtra	ct line 18 fro	om line 12											_0.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ts or											Begii			End	of Year	r	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	sse 3alau	20	Total assets	(Part X, line	e 16)							-						_
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	nd E											.						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		_			ances. Si	ubtract line 2	21 from lin	e 20					35,551,0	94.				<u> </u>
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																		
													nowledge.			and bel	lief, i	t is

Sign	<b>)</b>	Signatu	re of officer						Da	)5/10/ nte	2019		
Here		MARY	ELLEN	ISKEN	DERIAN		PRESIDENT/CEO						
		Type or	print name	and title									
	Prin	t/Type pre	eparer's nam	ie		Preparer's signature	- 828L	Date	Chec	k if	PTIN		
	PH]	LLLIP	GROFF	1			1000	4/17/201	9 self-	employed	P01	247783	
Preparer Use Only	Firm	's name	► KPM	G LLP					Firm's EIN	N ▶ 13	3-5565	5207	
	Firm	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102 Pho								. 21	2-758	3-9700	
May the IF	RS di	scuss th	is return v	vith the p	reparer show	n above? (see instru	ctions)				X	Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

9			,			-	
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
All corporati	ons required to file an income tax return other	er than For	m 990-T (including 112	0-C filers), partnerships	, RE	MICs,	and trusts
nust use Fo	orm 7004 to request an extension of time to f	ile income	tax returns.				
				Enter filer's identifying	ng nu	mber, s	see instructions
Tuno or	Name of exempt organization or other filer, see in	nstructions.		Employer identification no	umbe	er (EIN)	) or
Type or							
orint	STICHTING TO PROMOTE WOMEN'S			13-311837	8		
ile by the lue date for	Number, street, and room or suite no. If a P.O. bo		ctions.	Social security number (S	SN)		
ling your	122 EAST 42ND STREET, 42ND FL						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
1011401101101	NEW YORK, NY 10168						
Inter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1
		(					
Application		Return	Application				Return
s For		Code	Is For				Code
orm 990 oı	r Form 990-EZ	01	Form 990-T (corporat	tion)			07
orm 990-BI	L	02	Form 1041-A				08
orm 4720	(individual)	03	Form 4720 (other tha	ın individual)			09
orm 990-PF	F	04	Form 5227				10
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-T	(trust other than above)	06	Form 8870				12
	CARLOS HORNILLO	S-DALIS	ME				
The book	s are in the care of ▶ 122 EAST 42ND S	TREET,	42ND FL NEW YORK	NY 10168			
Telephone	e No. ▶ 212 768-8513		Fax No. ▶				
	anization does not have an office or place of	 business ir	the United States, che	ck this box			▶ □
	or a Group Return, enter the organization's fo						this is
	e group, check this box						
	e names and EINs of all members the extens						
	est an automatic 6-month extension of time u			19 , to file the exemp	t ord	aniza	tion return
	organization named above. The extension is			/		,	
ightharpoonup	calendar year 20 or						
X	calendar year 20 or tax year beginning01/0	01 . 20 18	8 and ending	07/17	20	18 .	
	tax your boginning	,		'			
2 If the ta	ax year entered in line 1 is for less than 12 m	onths, ched	ck reason: Initial r	eturn X Final retur	n		
	Change in accounting period	ionino, ono	ok rodoon middir	otam marrotar	••		
	application is for Forms 990-BL, 990-PF, 9	90-T. 4720	), or 6069, enter the	tentative tax less any			
	undable credits. See instructions.	.,	o, o. oooo, ooo	tomative tary toos any	3a	\$	0.
	application is for Forms 990-PF, 990-T,	4720. o	r 6069, enter any re	efundable credits and		Ψ	
	ted tax payments made. Include any prior year				3b	\$	0.
	e due. Subtract line 3b from line 3a. Include					Ψ	
	onic Federal Tax Payment System). See instru		,,	1, ., <u>.</u>	3с	\$	0.
•	u are going to make an electronic funds withdrawa		it) with this Form 8868 se	ee Form 8453-FO and Form			
nstructions.	gg to make an electronic rando withdrawa	(3 301 400	,		55		
	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forr	n 886	<b>8</b> (Rev. 1-2017)

JSA 7F8054 1.000

5322NV 2231 713288 PAGE 1 Form 990 (2017) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: THE MISSION OF STICHTING TO PROMOTE WOMEN'S WORLD BANKING IS TO EXPAND THE ECONOMIC ASSETS, PARTICIPATION AND POWER OF LOW-INCOME WOMEN AND THEIR HOUSEHOLDS BY HELPING THEM ACCESS FINANCIAL SERVICES, KNOWLEDGE AND MARKETS. FOR MORE INFORMATION, SEE SCHEDULE O. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?......X Yes If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ STICHTING TO PROMOTE WOMEN'S WORLD BANKING CEASED ALL ACTIVITY AS OF 12/31/2017 AND REVOKED ITS RIGHT TO DO BUSINESS IN NEW YORK STATE AS OF 7/17/2018. 4b (Code: including grants of \$ ) (Expenses \$ including grants of \$ ) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ **4e** Total program service expenses ▶ 0.

JSA 7E1020 1.000 5322NV 2231

Form **990** (2017)

713288

Form 990 (2017) Page **3** 

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form **990** (2017)

5322NV 2231 713288 PAGE 5

Page 4 Form 990 (2017)

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	.		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	٠		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		Х
20	If "Yes," complete Schedule L, Part I	250		21
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
-	Schedule L. Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			3.5
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		v
00	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	Λ	

7E1030 1.000 5322NV 2231 713288 Form 990 (2017) Page **5** 

Part V Statements Regarding Other IRS Filings and Tax Compliance Nο 0. 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a **b** If "Yes," enter the name of the foreign country:  $\blacktriangleright \underline{\text{GERMANY}}$ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . . Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Х b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

JSA 7E1040 1.000

Form **990** (2017)

5322NV 2231 713288

Page 6

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>  1a                                  </u>			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Code	. 1	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	114		
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," 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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{NY}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record CARLOS HORNILLOS-DALISME 122 EAST 42ND STREET, 42ND FL NEW YORK, NY 10168 212-768-8513	is:▶		

JSA 7E1042 1.000 Form **990** (2017)

5322NV 2231 PAGE 8 713288

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

### 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 ne	ither the organization no	r any related organization	n compensated any current offic	er, director, or trustee.
_	_	3	, ,	,	

						•				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than contract Highest compensated employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Õ	stee			nsated				
(1)SAMIT GHOSH	5.00									
DIRECTOR END: 6/21/2018	0.	X						0.	0.	0.
(2)NEJIRA NALIC	5.00									
DIRECTOR END: 6/21/2018	0.	Х						0.	0.	0.
(3)BETH ROBERTS	5.00									
DIRECTOR END: 6/21/2018	5.00	Х						0.	0.	0.
(4)ANGELA SUN	5.00									
DIRECTOR END: 6/21/2018	0.	Х						0.	0.	0.
(5)CONNIE COLLINGSWORTH	5.00									
COCHAIR/ DIR. END 6/21/2018	0.	Х		Х				0.	0.	0.
(6)MUNA SUKHTIAN	5.00									
COCHAIR/ DIR. END: 6/21/2018	0.	Х		Х				0.	0.	0.
(7)UZOMA DOZIE	5.00									
DIRECTOR END: 6/21/2018	0.	Х						0.	0.	0 .
(8) INEKE BUSSEMAKER	5.00									
DIRECTOR END: 6/21/2018	0.	Х						0.	0.	0
(9)MICHAEL USEEM	5.00									
DIRECTOR END: 6/21/2018	0.	Х						0.	0.	0 .
(10)EMER DOOLEY	5.00									
DIRECTOR END: 6/21/2018	0.	Х						0.	0.	0
(11)CHINWE ONYEAGORO	5.00									
DIRECTOR END: 6/21/2018	0.	Х						0.	0.	0 .
(12)SYVIA CHIN	5.00									
DIRECTOR END: 7/17/2018	0.	Х						0.	0.	0
(13)LIZ MUNSON	5.00									
DIRECTOR END: 7/17/2018	0.	Х						0.	0.	0
(14)CARLOS HORNILLOS-DALISME	35.00									
CFAO END: 7/17/2018	5.00			Χ				0.	0.	0

7E1041 1.000

Form **990** (2017)

5322NV 2231 713288 PAGE 9 Form 990 (2017) Page **8** 

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continu	ed)	
(A) Name and title	(B) Average			-	<b>C)</b> sition			(D) Reportable	<b>(E)</b> Reportable	F	<b>(F)</b> stimated	1
Name and the	hours per	l '		neck	more	e than c		compensation	compensation from		nount of	
	week (list any hours for					is both tor/trust		from	related	com	other pensati	on
	related							the organization	organizations (W-2/1099-MISC)		rom the	J11
	organizations	dire	stitut	Officer	y em	ploy	Former	(W-2/1099-MISC)	(** =, *********************************	٠ -	janizatio d related	
	below dotted line)	Individual trustee or director	Institutional		Key employee	t con					anization	
		uste	trustee		ee	npen						
		Ф	tee			Highest compensated employee						
15) MARY ELLEN ISKENDERIAN	35.00					<u> </u>						
PRESIDENT & CEO END: 7/17/2018	5.00			Х				0.	0.			0.
16) JOHN JONES	35.00											
COO & EVP END: 7/17/2018	5.00			X				0.	0.			0.
17) SURJIT CHANA END: 7/17/2018	40.00											
EVP CORP ENG & MARKET	0.			X				0.	0.			0.
18) KATE HOOPER END: 7/17/2018	40.00			3.7								0
EVP MARKET RESEARCH & SOLUTION 19) HARSHA RODRIGUES	40.00			X				0.	0.			0.
EVP STRATEGY END: 7/17/2018	40.00			Х				0.	0.			0.
EVI BIRATEGI END. //1//2010	0.			21				0.	0.			
	<del></del>											
	T											
	ļ 											
	<del></del>											
	<del></del>											
1b Sub-total					<u> </u>		<b>—</b>	0.	0.			0.
c Total from continuation sheets to Part VII, S							•	0.	0.			0.
d Total (add lines 1b and 1c)	_					· · ·	<b>&gt;</b>	0.	0.			0.
2 Total number of individuals (including but not				d a	bove	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organization	n <b>▶</b>	0.										
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, directo	or, or ch ind	tru <i>lividi</i>	ıste ual	e,	key e	emp	oloyee, or highes	t compensated	3		X
												_
4 For any individual listed on line 1a, is the organization and related organizations great												
individual										4		Х
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on i	fron	n any	un	related organization	on or individual			
for services rendered to the organization? If "Ye										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
NONE			
		·	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Form **990** (2017)

Form	990 (2	2017) STICHTING	TO PROMOTE	WOMEN'S WORLI	BANKING	13-31183	78 Page <b>9</b>		
	t VIII								
		Check if Schedule O contains a resp	onse or note to a	ny line in this Part \	/III				
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns		0.					
	h	Total. Add lines 1a-1f	Business Code	0.					
Program Service Revenue	2a b c d e f	All other program service revenue							
Pro	g	Total. Add lines 2a-2f		0.					
	3 4 5	Investment income (including dividend and other similar amounts)	lends, interest,  nd proceeds	0. 0.					
	6a b c	Gross rents							
	d	Net rental income or (loss)		0.					
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other						
	С	and sales expenses Gain or (loss)							
	d	Net gain or (loss)	<u> ▶</u>	0.					
Other Revenue	8a b	Gross income from fundraising events (not including \$  of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	b						
	с 9а	Net income or (loss) from fundraising ever Gross income from gaming activities.	ts ▶	0.					
		See Part IV, line 19							
	c	Net income or (loss) from gaming activities		0.					
	10a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b	-					
	С	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	0.					
			Business Code						
	11a		_						
	b	-	-			-			

JSA 7E1051 1.000

d All other revenue

e Total. Add lines 11a-11d

Form **990** (2017)

5322NV 2231 713288 PAGE 11

0.

# Part IX Statement of Functional Expenses

				ganizations mus	

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	0.								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,	_								
	trustees, and key employees	0.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	0.								
8	Pension plan accruals and contributions (include	_								
	section 401(k) and 403(b) employer contributions)	0.								
9	Other employee benefits	0.								
10	Payroll taxes	0.								
	Fees for services (non-employees):	0								
	Management	0.								
	Legal	0.								
	Accounting	0.								
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.	0.								
	Investment management fees	0.								
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.								
	(A) amount, list line 11g expenses on Schedule O.)	0.								
	Advertising and promotion	0.								
13	Office expenses	0.								
14	Information technology	0.								
15 16	Royalties	0.								
	Occupancy Travel	0.								
	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	0.								
	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	0.								
	Insurance	0.								
	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.)									
а										
b										
С										
d										
е	All other expenses									
	Total functional expenses. Add lines 1 through 24e	0.								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)	0.								

JSA 7E1052 1.000

Form **990** (2017)

5322NV 2231

713288 PAGE 12 Form 990 (2017) Page **11** 

#### Part X **Balance Sheet**

1 6	ILA				
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	644,751.	1	0.
	2	Savings and temporary cash investments	17,003,613.	2	0.
	3	Pledges and grants receivable, net	704,055.	3	0.
	4	Accounts receivable, net	272,960.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other 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			
G		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
As	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	142,556.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	595,341.	10c	0.
	11	Investments - publicly traded securities	17,102,352.	11	0.
	12	Investments - other securities. See Part IV, line 11	1,240,479.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	100,476.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,806,583.	16	0.
	17	Accounts payable and accrued expenses	477,934.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	25,000.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jabi		disqualified persons. Complete Part II of Schedule L	0.		0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,752,555.	25	0.
_	26	Total liabilities. Add lines 17 through 25	2,255,489.	26	0.
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34.			
JUC BUC	27	Unrestricted net assets	8,528,640.	27	0.
3al	28	Temporarily restricted net assets	26,329,378.	28	0.
Þ	29	Permanently restricted net assets	693,076.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	35,551,094.	33	0.
_	34	Total liabilities and net assets/fund balances.	37,806,583.	34	0.
_			- , , , , , , , , , , , , , , , , , , ,	J+	Form <b>QQN</b> (2017)

Form **990** (2017)

7E1053 1.000 5322NV 2231 713288

Page **12** Form 990 (2017)

01111 00	(2011)				· u	90	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.		
3	Revenue less expenses. Subtract line 2 from line 1	3				0.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		35,5	51,0		
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		35,5	51,0	94.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					0.	
	33, column (B))						
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c			
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	า in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

Form **990** (2017)

7E1054 1.000 5322NV 2231 713288 PAGE 14

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**Open to Public** 

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Гах)	(see separate instructions), then		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		1	
	e of organization			' '	ntification number
	CHTING TO PROMOTE WO			13-3118	
Pai		organization is exempt under			
1	•	organization's direct and indirect p	olitical campaign ac	ctivities in Part IV. (see in	structions for
	definition of "political campa	•			
2		xpenditures (see instructions)			
3		campaign activities (see instruction			
Par		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the o	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		expended by the filing organization			
_					
2		ng organization's funds contributed			
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
4 5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbs. For each organization listed, entributions received that were promoted or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, sucl
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule	e C (Form 990 or 990-EZ) 2017	STICHI	TNG TO E	PROMOTE WOMEN	S WORLD BAN	KING 13-3	118378 Page <b>2</b>
Part I	I-A Complete if the org section 501(h)).	janizati	on is exer	npt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction under
A Ch				affiliated group (an excess lobbying exp		ach affiliated group mem	ber's name,
B Che	eck ▶ if the filing organiz	ation ch	ecked box /	A and "limited contr	ol" provisions app	oly.	
			ying Expen			(a) Filing	(b) Affiliated
	(The term "expendit				.)	organization's totals	group totals
<b>1a</b> To	tal lobbying expenditures to in	nfluence	public opin	ion (grass roots lob	bying)		
<b>b</b> To	tal lobbying expenditures to in	nfluence	a legislative	e body (direct lobby	ing)		
<b>c</b> To	tal lobbying expenditures (ad	d lines 1	a and 1b) .				
<b>d</b> Ot	her exempt purpose expendit	tures					
<b>e</b> To	tal exempt purpose expenditu	ures (ad	d lines 1c ar	nd 1d)			
f Lo	bbying nontaxable amount.	table in both					
СО	lumns.						
If t	he amount on line 1e, column (a	) or (b) is:	The lobbyir	ng nontaxable amount	is:		
No	ot over \$500,000			amount on line 1e.			
	ver \$500,000 but not over \$1,000			lus 15% of the excess			
	ver \$1,000,000 but not over \$1,5			lus 10% of the excess			
	er \$1,500,000 but not over \$17,	000,000	<u> </u>				
	ver \$17,000,000	, , ,	\$1,000,000				
_	assroots nontaxable amount						
	ubtract line 1g from line 1a. If						
	ubtract line 1f from line 1c. If z					tion file Form 4700	
-	there is an amount other th				•		□ vaa □ Na
re	porting section 4911 tax for the			raging Period Unde			Yes No
	(Some organizations that				٠,	ete all of the five colum	ne helow
	(come organizations tha			te instructions for			ms below.
-		Lobi	ying Expe	nditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (or fiscal year	(a	2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
	beginning in)	(-)	, = 0	(3) = 3 : 3	(0) 20 10	(2) 20	(0)
2a Lol	bbying nontaxable amount						
	bbying ceiling amount 50% of line 2a, column (e))						
<b>c</b> To	tal lobbying expenditures						
<b>d</b> Gr	assroots nontaxable amount						
	assroots ceiling amount 50% of line 2d, column (e))						
<b>f</b> Gr	assroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

JSA

7E1265 1.000 5322NV 2231

713288 PAGE 16 Schedule C (Form 990 or 990-EZ) 2017

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	d For	m 5768			
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(1			
	cription of the lobbying activity.	Yes	No		Amoui	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
•	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5)	, or s	ection			
	501(c)(6).						
				_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				•	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		X
Рa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(				o		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	JK (I	o) Pa	rt III-A,	iine 3	, IS	
4				1			
1	Dues, assessments and similar amounts from members						
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts c	ΣŤ				
_	political expenses for which the section 527(f) tax was paid).			2a			
a	Current year			2b			
b	Carryover from last year			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
ა 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
	and political expenditure next year?	-	9	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	rt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	l grou	ıp list	); Part II	-A, line	es 1	and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Page **4** 

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2017

JSA

7E1500 1.000 5322NV 2231 713288 PAGE 18

### SCHEDULE D (Form 990)

# Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number STICHTING TO PROMOTE WOMEN'S WORLD BANKING 13-3118378 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 XIII, the text of the footnote to its financial statements that describes these items. 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: 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:

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

Revenue included on Form 990, Part VIII, line 1.

Schedule D (Form 990) 2017

▶ \$

Schedule D (Form 990) 2017 Page **2** 

Par	t III Organizations Maintainir	ng Collections of	Art, Historical	Treasures,	or Othe	er Similar Asse	ets (conti	nued)	
3	Using the organization's acquisition	n, accession, and o	other records, chec	k any of the	followir	ng that are a sig	nificant us	e of its	
	collection items (check all that app	ly):							
а	Public exhibition			or exchange	program	S			
b	Scholarly research		e Othe	·					
С	Preservation for future gener								
4	Provide a description of the organ	nization's collections	and explain how	they further	the orga	anization's exemp	t purpose	in Part	
_	XIII.	p. 16							
5	During the year, did the organization								
Do	assets to be sold to raise funds rath		ained as part of the	organization	s collect	ion? [	Yes	No_	
Par	t IV Escrow and Custodial Ar Complete if the organizat 990, Part X, line 21.	•	s" on Form 990, F	Part IV, line 9	), or rep	orted an amoun	nt on Forn	า	
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for	contributions	or other	assets not			
	included on Form 990, Part X?					[	Yes	No	
b	If "Yes," explain the arrangement in								
						Amount			
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an am						Yes	No No	
	If "Yes," explain the arrangement in	n Part XIII. Check ne	ere if the explanatio	n nas been pr	ovided oi	n Part XIII			
Par	Endowment Funds. Complete if the organizat	ion answordd "Vos	on Form 000 E	Part IV/ line 1	0				
	Complete if the organizat	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four ye	are back	
		18,342,831.	16,692,578.			17,603,872.		03,388.	
1a	Beginning of year balance	10,312,031.	10,002,010.	10,003,	, , , , , ,	17,003,072.	10,00	4,225	
b	Contributions			+					
С	Net investment earnings, gains,		2,336,240.	688	,727.	-240,851.	26	57,249	
4	and losses		, ,		,	.,		<u>,                                     </u>	
	Grants or scholarships Other expenditures for facilities								
е	and programs	18,342,831.	685,987.	679	,943.	679,227.	67	70,990	
f	Administrative expenses								
g	End of year balance		18,342,831.	16,692,	578.	16,683,794.	17,60	3,872.	
2	Provide the estimated percentage	of the current year	end balance (line 1d	ı. column (a))	held as:		•		
a	Board designated or quasi-endowm		_%	,, σσια (α//					
b	Permanent endowment ▶	<u></u> %	_						
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession of th	ne organization tha	are held and	d adminis	stered for the	-		
	organization by:							es No	
	(i) unrelated organizations						3a(i) 2		
	(ii) related organizations						3a(ii)	X	
_	If "Yes" on line 3a(ii), are the relate	•	•				3b		
4	Describe in Part XIII the intended ut Land, Buildings, and Equi		tion's endowment fu	ınds.					
Par	t VI Land, Buildings, and Equi Complete if the organiza	ipment. tion answered "Ye	s" on Form 990,	Part IV, line	11a. Se	e Form 990, Pa	rt X, line	10.	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accu	mulated (	<b>d)</b> Book value		
1a	Land	(inves	tment) (	other)	depred	ciation			
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e	Other								
	I. Add lines 1a through 1e. (Column	(d) must equal Form	m 990, Part X. colun	nn (B). line 10	c.)	<b>•</b>			
	2 2 2 2 2 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4	7	,	1 //	/				

5322NV 2231 713288 PAGE 20

 Schedule D (Form 990) 2017
 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	) Part IV line 11b See Form 99	0 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	uation:
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	Yes" on Form 990	), Part IV, line 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 99	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	(1) (5) (6) (7) (7)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>	<b>&gt;</b>
Part X	Other Liabilities.  Complete if the organization answered line 25.	l "Yes" on Form 990	), Part IV, line 11e or 11f. See F	orm 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
	or uncertain tax positions. In Part XIII, provide the		the organization's financial statements	that reports the

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

JSA 7E1270 1.000 Schedule D (Form 990) 2017 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	, ago <b>i</b>
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated Scivices and use of identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
C	Received of prior year granter 111111111111111111111111111111111111	1	
d	Other (Describe in Part XIII.)	2e	
е 3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a		
a	invocation expenses not included on Form 500, Fare Vin, and 75 F F F F F	1	
b	Other (Describe III) at All.)	4c	
с 5	Add lines <b>4a</b> and <b>4b</b>	5	
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

Schedule D (Form 990) 2017 JSA

# Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4 - INTENDED USE OF ENDOWMENT FUNDS THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR THE CAPITAL FUND THAT ATTEMPTS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE FUND AND TO SUPPORT ORGANIZATIONAL OPERATIONS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE FUND. THE FUND INCLUDES THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD(S).

THE ORGANIZATION'S OBJECTIVE IS TO MAINTAIN THE PURCHASING POWER OF THE FUND'S ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

5322NV 2231 713288 PAGE 23

#### SCHEDULE N (Form 990 or 990-EZ)

# Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

**Employer identification number** STICHTING TO PROMOTE WOMEN'S WORLD BANKING 13-3118378

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
						WOMEN'S WORLD BANKING, INC	
ASH AN	D CASH INVESTMENTS	01/01/2018	17,648,364.	FMV	82-2828138	122 EAST 42ND STREET, FL 42	501(C)(3)
						WOMEN'S WORLD BANKING, INC	
ECEIVA	BLES	01/01/2018	977,015.	FMV	82-2828138	122 EAST 42ND STREET, FL 42	501(C)(3)
						WOMEN'S WORLD BANKING, INC	
IXED A	SSETS	01/01/2018	595,341.	FMV	82-2828138	122 EAST 42ND STREET, FL 42	501(C)(3)
						WOMEN'S WORLD BANKING, INC	
NVESTM	ENTS	01/01/2018	18,342,831.	FMV	82-2828138	122 EAST 4ND STREET, FL 42	501(C)(3)
						WOMEN'S WORLD BANKING, INC	
THER A	SSETS	01/01/2018	243,032.	FMV	82-2828138	122 EAST 42ND STREET FL 42	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
а	Become a director or trustee of a successor or transferee organization?	2a	X	
			X	
				X
	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?			Х

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

Schedule N (Form 990 or 990-EZ) 2017

JSA

13-3118378

Schedule N (Form 990 or 990-EZ) 2017 Page 2

Pa	rt I Liquidation, Termination, or	Dissolution (co	ontinued)						
	Note: If the organization distributed a	all of its assets d	uring the tax year, t	hen Form 990, Part X, co	olumn (B), line 10	6 (Total assets), and line 26		Yes	No
	(Total liabilities), should equal -0							163	NO
3	Did the organization distribute its asse	ts in accordance	with its governing i	nstrument(s)? If "No," des	cribe in Part III		. 3	Х	
4a						iquidate, or terminate?		Х	
								Х	
5	Did the organization discharge or pay	all of its liabilitie	s in accordance with	state laws?			5	Х	
6a									Х
						with the Internal Revenue Code and state laws?			
	If "Yes" on line 6b, describe in Part III	-	•			<del>-</del>	-		
						ets. Complete this part if the organiza	ition a	nswe	red
	"Yes" on Form 990, Part IV, I	ine 32, or Form	n 990-EZ, line 36.	Part II can be duplicate	ed if additional	space is needed.			
1	(a) Description of asset(s)	(b) Date of	(c) Fair market value of	(d) Method of	(e) EIN of recipient	(f) Name and address of recipient		C section	
	distributed or transaction expenses paid	distribution	asset(s) distributed or amount of transaction	determining FMV for asset(s) distributed or			recip tax-exe	pient(s)	`
	expenses paid		expenses	transaction expenses				entity	туре
								-	
								-	
								-	
		l	1		1			Yes	No
2	Did or will any officer, director, trustee	or key employ	ee of the organization	n·				103	140
2							_ 2a		
				•					
						disposition of assets?			-
				_	_	involved and explain in Part III	. LZU		
<u>e</u>	ii the organization answered "Yes" to	any or the quest	ions on lines za thro	ough ∠a, provide the name	e or the person i	involved and explain in Part III			

Schedule N (Form 990 or 990-EZ) 2017

PAGE 25

Page 3

Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

SCHEDULE N, PART II, LINE 2A & 2B

WOMEN'S WORLD BANKING INC, SHALL MAKE AN OFFER OF EMPLOYMENT TO COMMENCE
ON THE EFFECTIVE DATE TO EACH EMPLOYEES, INCLUDING THE EMPLOYMENT
AGREEMENT BETWEEN THE TRANSFEROR AND MARY ELLEN ISKENDERIAN, PRESIDENT &
CEO OF BOTH STICHTING TO PROMOTE WOMEN'S WORLD BANKING AND WOMEN'S WORLD
BANKING INC.

THE FOLLOWING TRUSTEES CONTINUED THEIR SERVICE AS A TRUSTEE WITH WOMEN'S

#### WORLD BANKING:

- CONNIE COLLINGSWORTH
- MUNA SUKHTIAN
- MIKE USEEM
- NEJIRA NALIC (ENDED SERVICE ON OCTOBER 28, 2018)
- ANGELA SUN (ENDED SERVICE ON OCTOBER 28, 2018)
- BETH ROBERTS (ENDED SERVICE ON OCTOBER 28, 2018)
- EMER DOOLEY
- CHINWE ONYEAGORO (ENDED SERVICE ON NOVEMBER 12, 2018)
- UZOMA DOZIE
- INEKE BUSSEMAKER
- SAMIT GHOSH

THE FOLLOWING OFFICERS CONTINUED AS OFFICERS AND EMPLOYEES OF WOMEN'S

#### WORLD BANKING:

- MARY ELLEN ISKENDERIAN PRESIDENT & CEO
- CARLOS HORNILLOS-DALISME CFAO
- JOHN JONES COO & EVP
- SURJIT CHANA EVP CORP ENG & MARKET

Schedule N (Form 990 or 990-EZ) (2017)

Schedule N (Form 990 or 990-EZ) 2017

Page 3 **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information. Part III

- KATE HOOPER EVP MARKET RESEARCH & SOLUTION
- HARSHA RODRIGUES EVP STRATEGY

Schedule N (Form 990 or 990-EZ) (2017)

JSA

7E1509 1.000 5322NV 2231 713288 PAGE 27

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

### 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 Open to Public Inspection

13-3118378

Department of the Treasury Internal Revenue Service

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

FORM 990, PART 1 LINE 1 & PART III, LINE 1 ORGANIZATION'S MISSION - THE MISSION OF THE WOMEN'S WORLD BANKING GLOBAL NETWORK IS TO EXPAND THE ECONOMIC ASSETS, PARTICIPATION AND POWER OF LOW-INCOME WOMEN AND THEIR HOUSEHOLDS BY HELPING THEM ACCESS FINANCIAL SERVICES, KNOWLEDGE AND MARKETS.

OUR VISION IS THAT ONE DAY ALL WOMEN WILL BE ABLE TO BUILD A SECURE FINANCIAL FUTURE FOR THEMSELVES AND THEIR HOUSEHOLDS.

WOMEN'S WORLD BANKING IS THE GLOBAL NON-PROFIT DEVOTED TO GIVING MORE LOW-INCOME WOMEN ACCESS TO THE FINANCIAL TOOLS AND RESOURCES ESSENTIAL TO THEIR SECURITY AND PROSPERITY. FOR MORE THAN 30 YEARS WE HAVE WORKED WITH FINANCIAL INSTITUTIONS TO SHOW THEM THE BENEFIT OF INVESTING IN WOMEN AS CLIENTS, AND AS LEADERS. WE EQUIP THESE INSTITUTIONS TO MEET WOMEN'S NEEDS THROUGH AUTHORITATIVE MARKET RESEARCH, LEADERSHIP TRAINING, SUSTAINABLE FINANCIAL PRODUCTS AND CONSUMER EDUCATION. HEADQUARTERED IN NEW YORK, WOMEN'S WORLD BANKING WORKS WITH 49 INSTITUTIONS IN 31 COUNTRIES WITH A REACH OF MORE THAN 44 MILLION CLIENTS TO CREATE ACCESS TO FINANCE ON A GREATER SCALE THAN EVER BEFORE.

WOMEN'S WORLD BANKING WORKS WITH FINANCIAL INSTITUTIONS TO:

\*CREATE INNOVATIVE FINANCIAL PRODUCTS INCLUDING CREDIT, SAVINGS AND INSURANCE AND WORKS WITH PARTNERS TO BRING THESE PRODUCTS TO SCALE. WE DO

13-3118378

THIS THROUGH UNDERSTANDING THE FINANCIAL NEEDS OF WOMEN AND THEN CREATING PRODUCTS TO FIT THOSE NEEDS. BY DESIGNING TAILORED PRODUCTS AND USING MARKETING AND DELIVERY TECHNIQUES IN NEW WAYS, WE SEEK TO SERVE MORE WOMEN THAN EVER BEFORE WITH THE FINANCIAL TOOLS AND RESOURCES THEY NEED.

\*PROVIDE INSTITUTION-STRENGTHENING SERVICES TO SUPPORT FINANCIAL INSTITUTIONS, INCLUDING GENDER DIVERSITY INITIATIVES, AND FINANCIAL TRAINING AND SUPPORT; AND.

\*SHARE KNOWLEDGE AND INNOVATION BY PROVIDING NETWORK MEMBERS

OPPORTUNITIES TO EXCHANGE BEST PRACTICES WITH OTHER LEADERS. BY INVESTING

IN WOMEN WE PRODUCE A MULTIPLIER EFFECT ON THE WELL-BEING OF THEIR

HOUSEHOLDS AND COMMUNITIES.

FORM 990 PART VI, SECTION B, LINE 11 A/B - FORM 990 REVIEW

THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT

ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S

FINANCE DEPARTMENT. THE FINANCE DEPARTMENT THEN REVIEWS AND PROVIDES

COMMENTS ON THE RETURN AS DRAFTED BY THE ACCOUNTING FIRM. THE

ORGANIZATION'S CFAO, COO AND CEO THEN REVIEW AND APPROVE THE REVISED

DRAFT RETURN. THE DRAFT IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE.

THE FORM 990 WAS NOT DISTRIBUTED TO THE FULL BOARD OF TRUSTEES PRIOR TO

FILING WITH THE IRS DUE TO THE DISSOLUTION OF SWWB. ALL ASSETS AND

LIABILITIES OF SWWB WAS TRANSFERED TO WOMEN'S WORLD BANKING.

FORM 990, PART VI, SECTION B, LINE 12C-CONFLICT OF INTEREST POLICY
PER THE WRITTEN CONFLICT OF INTEREST POLICY, EACH TRUSTEE AND ALL

13-3118378

EMPLOYEES AND CONSULTANTS WHEN HIRED ARE ASKED TO COMPLETE AND SIGN A
CONFLICT OF INTEREST DISCLOSURE STATEMENT. ADDITIONAL SUBMISSIONS SHOULD
BE MADE THROUGH A SUPERVISOR UPON OCCURRENCE OF ANY NEW ACTIVITY,
INTEREST OR RELATIONSHIP, WHICH MAY GIVE RISE TO A CONFLICT OF INTEREST
OR THE APPEARANCE OF A CONFLICT OF INTEREST. IT IS NOT THE INTENTION OF
SWWB TO REQUIRE ITS EMPLOYEES TO EXERCISE INDEPENDENT JUDGMENT REGARDING
A SPECIFIC SITUATION, AND ANY DOUBTS SHOULD ALWAYS BE RESOLVED IN FAVOR
OF DISCLOSURE SO THAT AN INFORMED JUDGMENT MAY BE MADE.

A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS ALSO FURNISHED ANNUALLY TO EACH TRUSTEE AND STAFF OFFICER CURRENTLY SERVING THIS ORGANIZATION. THIS POLICY IS REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF TRUSTEES AND STAFF OFFICERS. ANY NEW DIRECTORS OR STAFF OFFICERS ARE ADVISED OF THE POLICY AND FURNISHED A DISCLOSURE STATEMENT UPON UNDERTAKING THE DUTIES OF OFFICE. UPON OCCURRENCE OF ANY NEW ACTIVITY, INTEREST, OR RELATIONSHIP, WHICH MAY GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST, ADDITIONAL SUBMISSIONS SHOULD BE MADE IN WRITING TO A SUPERVISOR, IF THE INTERESTED INDIVIDUAL IS A STAFF MEMBER; TO THE CHAIR, IF THE INTERESTED INDIVIDUAL IS A TRUSTEE; OR TO THE BOARD, IF THE PRESIDENT IS INVOLVED IN THE CONFLICT. WHEN A TRUSTEE IS INVOLVED, THE DESIGNATED REVIEWING OFFICIAL HAS A RESPONSIBILITY TO BRING A POTENTIAL CONFLICT OF INTEREST TO THE ATTENTION OF THE BOARD PROMPTLY FOR ACTION AT THE NEXT REGULAR MEETING OF THE BOARD OR DURING A SPECIAL MEETING CALLED SPECIFICALLY TO REVIEW THE POTENTIAL CONFLICT OF INTEREST. IN JUNE 2014, THE BOARD DELEGATED TO THE SWWB/FWWB AUDIT

PAGE 30

5322NV 2231

713288

COMMITTEE THE ABILITY TO VOTE ON THE BOARD'S BEHALF ON ALL MATTERS
RELATED TO CONFLICTS OF INTEREST, EXCEPT WHEN ONE OF THE COMMITTEE
MEMBERS IS THEMSELVES CONFLICTED, IN WHICH CASE THE BOARD WILL OVERSEE
THE RESOLUTION OF THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A - COMPENSATION REVIEW
STICHTING TO PROMOTE WOMEN'S WORLD BANKING ADHERES TO THE FOLLOWING
POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION OF THE CEO: (1)
REVIEW AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE OF THE
ORGANIZATION; (2) USE OF DATA AS TO COMPARABLE COMPENSATION; AND (3)
CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS AND DECISIONS.

- 1. REVIEW AND APPROVAL. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES OR COMPENSATION COMMITTEE OF THE ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL.
- 2. USE OF DATA AS TO COMPARABLE COMPENSATION. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.
- 3. UPON RECOMMENDATION FROM THE COMPENSATION COMMITTEE, THE BOARD APPROVES THE COMPENSATION AND SAID DECISION IS RECORDED IN THE MINUTES. EXCLUDING THE CEO, THE COMPENSATION FOR THE OTHER OFFICERS OF THE

5322NV 2231 713288 PAGE 31

Name of the organization

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Employer identification number

13-3118378

ORGANIZATION IS REVIEWED ANNUALLY BY THE CEO OR UPON RECEIVING THE DUTIES OF AN OFFICER. THE CEO DETERMINES APPROPRIATE COMPENSATION IN COORDINATION WITH THE HUMAN RESOURCES DIRECTOR AND IN CONJUNCTION WITH THE ANNUAL PERFORMANCE ASSESSMENT.

FORM 990, PART VI, SECTION C, LINE 19 - DOCUMENT AVAILABILITY

SWWB PUBLISHES THROUGH ITS WEBSITE, AN ANNUAL REPORT INCLUSIVE OF

FINANCIALS ALONG WITH THE PAST TWO YEARS OF 990'S AND AUDITED FINANCIAL

STATEMENTS. THE FORM 990 FOR EACH OF FWWB AND SWWB IS ALSO AVAILABLE TO

THE PUBLIC THROUGH THE GUIDESTAR WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES

REORGANIZATION OF SWWB TO WWB \$ (35,551,094)

AS OF JANUARY 1, 2018, STICHTING TO PROMOTE WOMEN'S WORLD BANKING (SWWB)

TRANSFERRED AND ASSIGNED ALL RIGHT, TITLE, AND INTEREST IN ANY AND ALL OF

SWWB'S ASSETS RELATED TO ITS OPERATIONS CONDUCTED OR INTENDED TO BE

CONDUCTED IN THE FUTURE TO WOMEN'S WORLD BANKING (WWB), A NOT-FOR-PROFIT

CORPORATION ORGANIZATION AND EXISTING UNDER THE LAWS OF NEW YORK. SWWB

SURRENDERED ITS RIGHT TO DO BUSINESS IN NEW YORK STATE AS OF JULY 17,

2018. WWB'S MISSION AND PURPOSE IS IDENTICAL TO SWWB.

5322NV 2231 713288 PAGE 32

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

13-3118378

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WWB ASSET MANAGEMENT LLC 27-4512701					
122 EAST 42ND STREET, 42ND FL NEW YORK, NY 10168	INVESTMENT	NY	0.	0.	SWWB
(2)					
(3)					
<u> </u>					
(4)					
(5)					
(6)					

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

(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled
						Yes	No
(1) FRIENDS OF WWB USA INC 13-3101527 122 EAST 42ND STREET, 42ND FL NEW YORK, NY 10168	SUPPORT	NY	501(C) (3)	7	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income			h) portionate ations?	rtionate Code V - UBI		eral or naging tner?	(k) Percentage ownership
		,		,			Yes	No		Yes	No	
(1) WWB INVESTMENTS LLC 45-2838974												
122 E 42ND ST, 42ND FL NY, NY	INVESTMENT	DE	SWWB	EXCLUDED	0.	0.		Х	0.	Х		70.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

( )		_				4.	
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
							Yes No
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

JSA 7E1308 1.000 Schedule R (Form 990) 2017

Yes No

Schedule R (F	FOITH 990/2017	Page .
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)		-	X
	Sale of assets to related organization(s)			X
h	Purchase of assets from related organization(s)			X
i	Exchange of assets with related organization(s)			X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
		4.		X
k	Lease of facilities, equipment, or other assets from related organization(s)			X
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)			X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
0	Sharing of paid employees with related organization(s)	10		
		4		Х
	Reimbursement paid to related organization(s) for expenses			X
q	Reimbursement paid by related organization(s) for expenses	14		- 21
_	Other transfer of each as many orbital association(a)	1r		х
r	Other transfer of cash or property to related organization(s)	1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction through			<u> </u>
	(a) (b) (c)	(d)		
	Name of related organization  Transaction  type (a-s)  Amount involved  Method  amount involved  Amount involved  Amount involved  Amount involved  Amount involved	d of det		ng
	type (a-5)	Juint iii	olveu	
(1)				
(2)				
<b>(0)</b>				
(3)				

JSA 7E1309 2.000

(4)

(5)

(6)

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 Page 4

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) (e) Predominant Are all partners section unrelated, excluded from tax under organizations?			(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	i) eral or aging ner?	(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No		
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2017

7E1310 1.000

JSA

5322NV 2231 713288 PAGE 36 Schedule R (Form 990) 2017 Page 5

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **4562** 

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Identifying number 13-3118378

Business or activity to which this form relates GENERAL DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . . . . . . . . . . Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Other depreciation (including ACRS) 16 Part | MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2017 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property (business/investment use (f) Method (g) Depreciation deduction placed in only - see instructions) service 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 vrs. S/I 27.5 yrs. MMS/L h Residential rental ММ S/L 27.5 yrs. property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/I c 40-year MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21

**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.....

For assets shown above and placed in service during the current year, enter the

13-3118378 Form 4562 (2017) Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciation and	Otner Inform	nation (Caution:	See tr	<u>ne instruct</u>	ions for i	mits for p	asse	nger automo	olles.)		
24	a Do you have evidence	e to support the bus	iness/investme	nt use claimed?	Yes	X No	24b If "\	es," is the	evider	nce written?	Yes	Х	No
	(a) Type of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(busine	(e) or depreciation ess/investment se only)	(f) Recovery period	(g) Metho Convent		(h) Depreciation deduction	Electe	(i) d sect cost	ion 179
25	Special depreciation	on allowance for	qualified list	ed property plac	ced in	service d	uring						
	the tax year and us	ed more than 50%	in a qualifie	d business use (s	see inst	tructions)			25				
26	Property used mor	e than 50% in a qu	ualified busine	ess use:									
			%										
			%										
			%										
27	Property used 50%	or less in a qualif	ied business ı	ise:									
			%					S/L -					
			%					S/L -					
			%					S/L -					
28	Add amounts in co	lumn (h), lines 25	through 27. I	Enter here and o	n line 2	21, page 1			28				
29			•							29	9		

#### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		,			- р т. от.		9						
30	Total business/investment miles driven during the year (don't include commuting miles)		a) icle 1		<b>b)</b> icle 2		c) icle 3		<b>d)</b> icle 4		<b>e)</b> icle 5		f) icle 6
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

# Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

# Part VI Amortization

	(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortiz period percen	d or	(f) Amortization for this year
42	Amortization of costs that begins duri						
43	Amortization of costs that began before	ore your 2017 tax	year			43	
44	Total. Add amounts in column (f). Se	ee the instructions				44	

Form **4562** (2017)

.ISA