



2016 Income Tax Returns

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the **2016** calendar year, or tax year beginning , **2016**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING			D Employer identification number 13-3118378
	Doing Business As			E Telephone number (212) 768-8513
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 28,953,664.
	122 EAST 42ND STREET, 42ND FL			
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10168			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: MARY ELLEN ISKENDERIAN 122 EAST 42ND ST., 42ND FLOOR NEW YORK, NY 10168				
I Tax-exempt status:	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c)(4)	(insert no.)	H(c) Group exemption number ▶
J Website:	WWW.WOMENWORLDBANKING.ORG			
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	L Year of formation: 1979
	<input type="checkbox"/> Other ▶			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 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 HOUSEHOLDS, SEE SCHEDULE O.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 8.
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 50.
	6 Total number of volunteers (estimate if necessary)	6 25.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,328,664. Current Year 9,758,046.
	9 Program service revenue (Part VIII, line 2g)	1,017,196. 1,442,403.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,601,993. 208,727.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,891. 14,234.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,988,744. 11,423,410.
	Expenses	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)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,175,826. 6,066,242.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 710,942.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,569,889. 5,009,632.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,899,769. 11,364,223.
19 Revenue less expenses. Subtract line 18 from line 12	2,088,975. 59,187.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 31,283,988. End of Year 32,607,697.
	21 Total liabilities (Part X, line 26)	617,388. 2,353,273.
	22 Net assets or fund balances. Subtract line 21 from line 20.	30,666,600. 30,254,424.

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Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MARY ELLEN ISKENDERIAN PRESIDENT/CEO	09/13/2017			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PHILLIP GROFF		09/05/2017		P01247783
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102	Phone no. 212-758-9700	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,940,027. including grants of \$ 288,349.) (Revenue \$ 148,000.) INSTITUTIONAL DEVELOPMENT PROGRAMS (IDP) CONSISTS OF TECHNICAL SUPPORT AND STRATEGY DEVELOPMENT FOR THE SWWB NETWORK. UNDER THIS PROGRAM, SWWB OFFERS LEADERSHIP DEVELOPMENT TRAININGS AS WELL AS SERVICES IN BUILDING GENDER DIVERSITY IN FINANCIAL INSTITUTIONS. IDP PROVIDE STRATEGIC ADVICE TO THE NETWORK, AND ORGANIZES WORKSHOPS AND EXCHANGES, AND IS CHARGED WITH MONITORING EXISTING AND CULTIVATING NEW NETWORK MEMBERS.

4b (Code:) (Expenses \$ 3,651,017. including grants of \$) (Revenue \$ 776,734.) FUNCTIONAL PRODUCTS AND SERVICES (FPS) SUPPORT THE NETWORK AND ASSOCIATES IN EXPANDING FINANCIAL SERVICES TO LOW-INCOME WOMEN AND IN FORGING PARTNERSHIPS WITH BANKS AND OTHER FINANCIAL INSTITUTIONS. THE PRODUCTS AND SERVICES INCLUDE MARKETING AND MARKET RESEARCH, FINANCIAL EDUCATION, INTRODUCTION OF NEW PRODUCTS SUCH AS SAVINGS, MICRO INSURANCE, INDIVIDUAL LENDING AND RURAL LENDING.

4c (Code:) (Expenses \$ 1,626,749. including grants of \$) (Revenue \$) KNOWLEDGE AND COMMUNICATIONS, SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 360,081. including grants of \$) (Revenue \$ 531,903.)

4e Total program service expenses 9,577,874.

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)? <i>If "Yes," complete Schedule A.</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II.</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (8), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CARLOS HORNILLOS-DALISME 122 EAST 42ND STREET, 42ND FL NEW YORK, NY 10168 212-768-8513

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER RIRIA CHAIR (LEFT IN 10/16)	5.00 0.	X		X				0.	0.	0.
(2) MARY AGNES HOUGHTON VICE CHAIR/TREAS. (LEFT 10/16)	5.00 0.	X		X				0.	0.	0.
(3) MARLEEN VAN DEN HORST DIRECTOR	5.00 0.	X						0.	0.	0.
(4) SAMIT GHOSH DIRECTOR	5.00 0.	X						0.	0.	0.
(5) NEJIRA NALIC DIRECTOR	5.00 0.	X						0.	0.	0.
(6) JULIE REDFERN DIRECTOR (LEFT IN 3/16)	5.00 0.	X						0.	0.	0.
(7) SUZANNE NORA JOHNSON DIRECTOR (LEFT IN 10/16)	5.00 0.	X						0.	0.	0.
(8) ROSHANEH ZAFAR DIRECTOR (LEFT IN 10/16)	5.00 0.	X						0.	0.	0.
(9) BETH ROBERTS DIRECTOR	5.00 5.00	X						0.	0.	0.
(10) ANGELA SUN DIRECTOR	5.00 0.	X						0.	0.	0.
(11) CONNIE COLLINGSWORTH COCHAIR/ DIRECTOR	5.00 0.	X		X				0.	0.	0.
(12) MUNA SUKHTIAN COCHAIR/ DIRECTOR	5.00 0.	X		X				0.	0.	0.
(13) UZOMA DOZIE DIRECTOR (JOINED IN 10/16)	5.00 0.	X						0.	0.	0.
(14) INEKE BUSSEMAKER DIRECTOR (JOINED IN 10/16)	5.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL USEEM ----- DIRECTOR(JOINED IN 10/16)	5.00 ----- 5.00	X						0.	0.	0.
(16) CARLOS HORNILLOS-DALISME ----- CFAO	35.00 ----- 5.00			X				181,052.	0.	44,404.
(17) MARY ISKENDERIAN ----- PRESIDENT AND CEO	35.00 ----- 5.00			X				327,497.	46,786.	14,248.
(18) JOHN JONES ----- COO & EVP	35.00 ----- 5.00			X				231,027.	39,444.	50,492.
(19) ANNA GINCHERMAN ----- CHIEF PRODUCT DEVELOP. OFFICER	40.00 ----- 0.				X			187,420.	0.	21,469.
(20) KAREN MILLER ----- CHIEF KNOWLEDGE & COMM.OFFICER	40.00 ----- 0.				X			186,408.	0.	22,920.
(21) HARSHA RODRIGUES ----- CHIEF STRATEGY OFFICER	40.00 ----- 0.				X			173,601.	0.	41,721.
(22) RACHEL FIELD ----- DIRECTOR, LEADERSHIP & DIVERSI	40.00 ----- 0.					X		147,878.	0.	20,963.
(23) GIL LACSON ----- DIR., NETWORK ENG & BUS DEV	40.00 ----- 0.					X		144,328.	0.	42,013.
(24) JENNIFER MCDONALD ----- DIRECTOR, PRODUCT DEVELOPMENT	40.00 ----- 0.					X		144,587.	0.	6,555.
(25) GILLES RENOUIL ----- DIRECTOR, MICROINSURANCE	40.00 ----- 0.					X		155,010.	0.	27,645.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,131,153.	86,230.	320,368.
d Total (add lines 1b and 1c)								2,131,153.	86,230.	320,368.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 21

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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	(C) Compensation
ATTACHMENT 1		

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 ► 5

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CATHLEEN TOBIN DIR., CONSUMER INSIGHTS & ENG	40.00 0.					X		131,174.	0.	21,888.
(27) MICHAEL MOHR FORMER OFFICER	40.00 0.						X	121,171.	0.	6,050.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **21**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	1,529,300.					
	e Government grants (contributions)	1e	6,325,884.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,902,862.					
	g Noncash contributions included in lines 1a-1f: \$		73,105.					
	h Total. Add lines 1a-1f			9,758,046.				
	Program Service Revenue				Business Code			
2a WORKSHOP FEES			900099	95,000.	95,000.			
b FEES FOR SERVICES			541900	1,294,403.	1,294,403.			
c MEMBERSHIP DUES			900099	53,000.	53,000.			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				1,442,403.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			391,013.			391,013.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real						
		(ii) Personal						
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)				0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities		17,347,968.				
		(ii) Other						
	b Less: cost or other basis and sales expenses			17,530,254.				
	c Gain or (loss)			-182,286.				
	d Net gain or (loss)				-182,286.		-182,286.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		0.				
		b Less: direct expenses	b	0.				
c Net income or (loss) from fundraising events				0.				
9a Gross income from gaming activities. See Part IV, line 19	a		0.					
	b Less: direct expenses	b	0.					
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		0.					
	b Less: cost of goods sold	b	0.					
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue				Business Code				
11a OTHER REVENUE			900099	14,234.	14,234.			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				14,234.				
12 Total revenue. See instructions.				11,423,410.	1,456,637.		208,727.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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	288,349.	288,349.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,473,581.	1,083,856.	218,757.	170,968.
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	3,631,729.	2,997,848.	410,611.	223,270.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	170,348.	139,875.	18,740.	11,733.
9 Other employee benefits	455,484.	372,653.	42,077.	40,754.
10 Payroll taxes	335,100.	268,625.	40,355.	26,120.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	25,586.	20,043.	3,261.	2,282.
c Accounting	82,139.	59,727.	15,039.	7,373.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	71,574.		71,574.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	2,413,163.	2,329,916.	34,458.	48,789.
12 Advertising and promotion	0.			
13 Office expenses	419,401.	342,297.	44,352.	32,752.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	502,485.	396,963.	64,059.	41,463.
17 Travel	1,035,513.	919,950.	41,100.	74,463.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	218,061.	194,075.	8,722.	15,264.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	135,804.	109,094.	16,215.	10,495.
23 Insurance	68,295.	54,603.	8,476.	5,216.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LOSS ON UNCOLLECTIBLES	37,611.		37,611.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	11,364,223.	9,577,874.	1,075,407.	710,942.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,737,810.	1	1,528,510.
	2 Savings and temporary cash investments	9,936,272.	2	10,689,379.
	3 Pledges and grants receivable, net	14,282.	3	1,831,125.
	4 Accounts receivable, net	242,189.	4	234,978.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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 organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	139,476.	9	116,333.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 834,220.		
	b Less: accumulated depreciation	10b 271,580.		
		541,845.	10c	562,640.
	11 Investments - publicly traded securities	11,779,860.	11	15,521,652.
	12 Investments - other securities. See Part IV, line 11	4,907,429.	12	1,170,927.
	13 Investments - program-related. See Part IV, line 11	1,884,349.	13	851,677.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	100,476.	15	100,476.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,283,988.	16	32,607,697.	
Liabilities	17 Accounts payable and accrued expenses	408,489.	17	429,219.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	34,214.	19	63,722.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	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	174,685.	25	1,860,332.
	26 Total liabilities. Add lines 17 through 25	617,388.	26	2,353,273.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,476,267.	27	7,496,552.
	28 Temporarily restricted net assets	22,497,257.	28	22,064,796.
	29 Permanently restricted net assets	693,076.	29	693,076.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	30,666,600.	33	30,254,424.
34 Total liabilities and net assets/fund balances	31,283,988.	34	32,607,697.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,423,410.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,364,223.
3	Revenue less expenses. Subtract line 2 from line 1	3	59,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,666,600.
5	Net unrealized gains (losses) on investments	5	552,248.
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	-1,023,611.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,254,424.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Schedule of Contributors

2016

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

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

Name of the organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING	Employer identification number 13-3118378
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(4) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING	Employer identification number 13-3118378
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	_____ CRESCENT BARTON ACT	\$ 2,571,097.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person</td> <td style="width:15%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:15%;">Payroll</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> <td style="width:15%;">Noncash</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> </tr> </table> <p>(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>				
2	_____ _____	\$ 1,529,300.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person</td> <td style="width:15%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:15%;">Payroll</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> <td style="width:15%;">Noncash</td> <td style="width:15%; text-align:center;"><input checked="" type="checkbox"/></td> </tr> </table> <p>(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>				
3	_____ _____	\$ 1,461,352.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person</td> <td style="width:15%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:15%;">Payroll</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> <td style="width:15%;">Noncash</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> </tr> </table> <p>(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>				
4	_____ _____	\$ 1,189,335.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person</td> <td style="width:15%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:15%;">Payroll</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> <td style="width:15%;">Noncash</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> </tr> </table> <p>(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>				
5	_____ _____	\$ 1,104,100.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person</td> <td style="width:15%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:15%;">Payroll</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> <td style="width:15%;">Noncash</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> </tr> </table> <p>(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>				
6	_____ _____	\$ 701,204.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Person</td> <td style="width:15%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:15%;">Payroll</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> <td style="width:15%;">Noncash</td> <td style="width:15%; text-align:center;"><input type="checkbox"/></td> </tr> </table> <p>(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>				

Name of organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING	Employer identification number 13-3118378
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 559,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 480,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 100,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 26,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 18,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 7,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **STICHTING TO PROMOTE WOMEN'S WORLD BANKING**

Employer identification number

13-3118378

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	SOFTWARE	\$ 73,105.	VAR

Name of organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING	Employer identification number 13-3118378
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING	Employer identification number 13-3118378
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred 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.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(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) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Horizontal lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

13-3118378

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2016

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,683,794.	17,603,872.	18,003,388.	16,763,861.	15,937,020.
b Contributions			4,225.		
c Net investment earnings, gains, and losses	688,727.	-240,851.	267,249.	1,900,224.	826,841.
d Grants or scholarships					
e Other expenditures for facilities and programs	679,943.	679,227.	670,990.	660,697.	
f Administrative expenses					
g End of year balance	16,692,578.	16,683,794.	17,603,872.	18,003,388.	16,763,861.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 4.0000 %
 - c** Temporarily restricted endowment 96.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		244,015.	22,883.	221,132.
d Equipment		285,439.	161,683.	123,756.
e Other		304,766.	87,014.	217,752.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				562,640.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT CREDIT	243,469.	
(3) CASH HELD FOR WWB INVSTS LLC	1,616,863.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		1,860,332.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	11,066,820.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	552,248.	
b	Donated services and use of facilities	2b	186,047.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,023,311.	
e	Add lines 2a through 2d	2e		-285,016.
3	Subtract line 2e from line 1	3		11,351,836.
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	71,574.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		71,574.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		11,423,410.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	11,485,262.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	186,047.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	6,566.	
e	Add lines 2a through 2d	2e		192,613.
3	Subtract line 2e from line 1	3		11,292,649.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,574.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		71,574.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		11,364,223.

Part XIII Supplemental Information.

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

SEE PAGE 5

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.

SCHEDULE D, PART X - REVIEW OF UNCERTAIN TAX POSITIONS

THE ORGANIZATION RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THEN NOT TO BE SUSTAINED. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS IN 2016 AND 2015, AND HAS DETERMINED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THAT IT WILL CONTINUE TO BE EXEMPT FROM INCOME TAXES.

SCHEDULE D, PART XI, LINE 2D - OTHER

FOREIGN CURRENCY TRANSLATION LOSS	\$ 9,061
CHANGE IN INTEREST IN SUPPORTING ORGANIZATION	\$(1,032,672)
ADJUSTMENT FOR LLC MEMBERS' REVENUE	\$ 300

TOTAL	\$(1,023,311)

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 2D - OTHER

ADJUSTMENT FOR LLC MEMBERS' EXPENSE \$6,566

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Employer identification number

13-3118378

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA		10.	PROGRAM SERVICES	IDP/FPS	227,183.
(2) NORTH AMERICA	1.	1.	PROGRAM SERVICES	IDP/FPS	171,473.
(3) SOUTH AMERICA		3.	PROGRAM SERVICES	IDP/FPS	12,582.
(4) SOUTH ASIA		19.	PROGRAM SERVICES	IDP/FPS	621,963.
(5) SUB-SAHARAN AFRICA		29.	PROGRAM SERVICES	IDP/FPS	999,849.
(6) EUROPE	1.	1.	PROGRAM SERVICES	IDP/FPS	190,367.
(7) SOUTH AMERICA			GRANTMAKING		54,836.
(8) SUB-SAHARAN AFRICA			GRANTMAKING		233,513.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	63.			2,511,766.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	63.			2,511,766.

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	SEE PART IV	54,836.				
(2)			SUB-SAHARAN AFRICA	SEE PART IV	233,513.				
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **2.**

3 Enter total number of other organizations or entities. **2.**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2 - MONITORING GRANTS OUTSIDE THE US

THE ORGANIZATION'S FINANCE TEAM MONITORS THE USE OF THE GRANT FUNDS TO ENSURE THAT THEY ARE BEING USED FOR THE INTENDED PURPOSES VIA AUDITS/INVESTIGATIONS. THE ORGANIZATION'S DEVELOPMENT AND PROGRAMS TEAM WILL ALSO REVIEW SUPPORTING DOCUMENTATION OF THE GRANT BEFORE FUNDS ARE DISBURSED.

SCHEDULE F, PART II, COLUMN C - USE OF CONSULTANTS

THE ORGANIZATION USES INDEPENDENT CONTRACTORS WHO HAVE A PRESENCE IN COUNTRIES THROUGHOUT THE REPORTED REGIONS AND WORK ON VARIOUS PROGRAM SERVICES. EXPENSES ARE ACCOUNTED FOR AT THE PROGRAM LEVEL, HOWEVER, NOT AT THE INDEPENDENT CONTRACTOR LEVEL; THEREFORE, WHILE CERTAIN EXPENSES MAY BE ATTRIBUTABLE TO MULTIPLE REGIONS, THE ORGANIZATION HAS NOT SEPARATELY TRACKED THESE EXPENSES TO IDENTIFY THE NUMBER OF INDEPENDENT CONTRACTORS IN EACH REGION.

SCHEDULE F, PART II, COLUMN D - PURPOSE OF GRANT

THE PURPOSES OF THE GRANTS WERE THE FOLLOWING:

REGION: SOUTH AMERICA - TO FACILITATE A RESEARCH PROJECT

REGION: SUB-SAHARAN AFRICA - TO ASSIST IN THE EXPANSION OF LOW-INCOME, UN/UNDERBANKED WOMEN'S ACCESS AND USAGE OF DIGITAL FINANCIAL SERVICES, SPECIFICALLY THE DIAMOND Y'ELLO MOBILE-BASED BANK ACCOUNT IN NIGERIA, AND BECOME A DEMONSTRATION MODEL FOR DIGITAL INITIATIVES GLOBALLY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Employer identification number

13-3118378

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RACHEL FIELD DIRECTOR, LEADERSHIP & DIVERSI	(i) 147,428.	(ii) 0.	(iii) 450.	7,500.	13,463.	168,841.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	ANNA GINCHERMAN CHIEF PRODUCT DEVELOP. OFFICER	(i) 186,880.	(ii) 0.	(iii) 540.	8,995.	12,474.	208,889.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	CARLOS HORNILLOS-DALISM CFAO	(i) 180,512.	(ii) 0.	(iii) 540.	9,250.	35,154.	225,456.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	MARY ISKENDERIAN PRESIDENT AND CEO	(i) 326,142.	(ii) 0.	(iii) 1,355.	11,377.	1,090.	339,964.	0.
		(ii) 46,592.	0.	194.	1,625.	156.	48,567.	0.
5	JOHN JONES COO & EVP	(i) 230,719.	(ii) 0.	(iii) 308.	11,318.	31,811.	274,156.	0.
		(ii) 39,391.	0.	53.	1,932.	5,431.	46,807.	0.
6	GIL LACSON DIR., NETWORK ENG & BUS DEV	(i) 143,033.	(ii) 0.	(iii) 1,295.	5,263.	36,750.	186,341.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	JENNIFER MCDONALD DIRECTOR, PRODUCT DEVELOPMENT	(i) 144,299.	(ii) 0.	(iii) 288.	6,555.	0.	151,142.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	KAREN MILLER CHIEF KNOWLEDGE & COMM.OFFICER	(i) 186,048.	(ii) 0.	(iii) 360.	9,429.	13,491.	209,328.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
9	MICHAEL MOHR FORMER OFFICER	(i) 121,000.	(ii) 0.	(iii) 171.	6,050.	0.	127,221.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
10	GILLES RENOUIL DIRECTOR, MICROINSURANCE	(i) 155,010.	(ii) 0.	(iii) 0.	14,480.	13,165.	182,655.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
11	HARSHA RODRIGUES CHIEF STRATEGY OFFICER	(i) 173,061.	(ii) 0.	(iii) 540.	9,000.	32,721.	215,322.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
12	CATHLEEN TOBIN DIR., CONSUMER INSIGHTS & ENG	(i) 130,903.	(ii) 0.	(iii) 271.	6,880.	15,008.	153,062.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1 - SOCIAL CLUB DUES

THE PRESIDENT RECEIVED A SOCIAL CLUB BENEFIT THAT IS NOT TAXABLE TO THE PRESIDENT AS THE SOCIAL CLUB MEMBERSHIP IS USED FOR BUSINESS PURPOSES ONLY. DUES ARE PAID DIRECTLY BY SWWB TO THE CLUB. THE SOCIAL CLUB DUES ARE EXCLUDED FROM SCHEDULE J, PART II, COLUMN D. AN EXPENSE OF THIS NATURE IS SUBMITTED BY THE OFFICER TO THE COO/CFAO WITH AN EXPLANATION FOR ITS RELEVANCE TO THE ORGANIZATION. THE COO/CFAO APPROVES THE EXPENSE BY ASSESSING IT VALUE AND THE EXPLANATION AS FAIR AND REASONABLE. IF THE COO/CFAO REQUIRES APPROVAL, THE EXPLANATION IS SUBMITTED TO THE CEO FOR REVIEW AND APPROVAL.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Employer identification number

13-3118378

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) UJJIVAN FINANCIAL SERVICES PVT LTD	TRUSTEE IS FOUNDER	435,943.	SEE PART V		X
(2) DIAMOND BANK PLC	SEE PART V	678,728.	SEE PART V		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

UJJIVAN FINANCIAL SERVICES PVT LTD:

PROVISION OF TECHNICAL SERVICES AND IMPLEMENTATION OF A PROGRAM IN AN INSTITUTION OF WHICH SAMIT GHOSH, A CURRENT BOARD TRUSTEE, IS THE FOUNDER AND THE PURPOSE IS TO EXPAND THE CUSTOMER BASE OF THE INDIVIDUAL LENDING PROGRAM.

DIAMOND BANK PLC:

UZOMA DOZIE, A CURRENT BOARD TRUSTEE, WHOSE FAMILY MEMBER IS THE FOUNDER OF THE INSTITUTION WHICH SWWB PROVIDES TECHNICAL ASSISTANCE AND PROGRAM IMPLEMENTATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Employer identification number

13-3118378

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	2.	73,105.	FMV
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

JSA

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTION RECEIVED.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

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.

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

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2016

**Open to Public
Inspection**

Employer identification number

13-3118378

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 32
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

Name of the organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING	Employer identification number 13-3118378
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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 III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS KNOWLEDGE AND INFLUENCE (K&I) IS THE THIRD PROGRAMMATIC ELEMENT OF SWWB AND IS DESIGNED TO SERVE AS THE AMPLIFIER OF THE WORK OF THE ORGANIZATION. IT TAKES THE LESSONS LEARNED AND BEST PRACTICES FROM FPS AND IDP AND SHARES THIS WORK MORE BROADLY THROUGH SOCIAL MEDIA, CONFERENCES, SPEAKING ENGAGEMENTS, ROUNDTABLES, PUBLICATIONS, INFLUENCER OUTREACH, MEDIA RELATIONS, PEER LEARNING, AND LEARNING COMMUNITIES. K&I'S OBJECTIVE IS TO SHARE THE IMPORTANCE OF FINANCIAL INCLUSION FOR WOMEN AND DRIVE OTHER ORGANIZATIONS TO SERVE WOMEN WELL WITH FINANCIAL PRODUCTS AND SERVICES.

FORM 990 PART VI, SECTION B, LINE 11 A/B - FORM 990 REVIEW
THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT

Name of the organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING	Employer identification number 13-3118378
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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 THEN DISTRIBUTED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS.

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

Name of the organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING	Employer identification number 13-3118378
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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 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

Name of the organization

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Employer identification number

13-3118378

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 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

CHANGE IN INTEREST IN SUPPORTING ORGANIZATION \$ (1,032,672)

FOREIGN CURRENCY TRANSLATION GAIN \$9,061

-----TOTAL

\$ (1,023,611)

Name of the organization STICHTING TO PROMOTE WOMEN'S WORLD BANKING	Employer identification number 13-3118378
--	--

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
OLIVER WYMAN INC. 1166 AVENUE OF AMERICAS NEW YORK, NY 10036	STRATEGY CONSULTANT	850,000.
BETTINA WITTLINGER DE LIMA R. PAULO JOSE MABFUD 20, CASA 4B CEP 227 RIO DE JANEIRO BRAZIL	PROGRAM CONSULTANT	188,683.
NORTHSTAR COMPANIES INC. 8343 PROVIDENCE ROAD CHARLOTTE, NC 28277	MICROINS. CONSULTANT	116,666.
BUSARA CENTER FOR BEHAVIORAL ECONOMICS PO BOX 1340 PRINCETON, NJ 08540	RESEARCH CONSULTANT	111,685.
CREATIVE METIER 179 ORCHARD STREET BRISTON UNITED KINGDOM BS1 5DX	LDIP CONSULTANT	108,500.

ATTACHMENT 2FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONSULTANTS AND OTHER FEES	2,413,163.	2,329,916.	34,458.	48,789.
TOTALS	<u>2,413,163.</u>	<u>2,329,916.</u>	<u>34,458.</u>	<u>48,789.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

STICHTING TO PROMOTE WOMEN'S WORLD BANKING

Employer identification number

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 122 EAST 42ND STREET, 42ND FL NEW YORK, NY 10168 27-4512701	INVESTMENT	NY	518,361.	572,796.	SWWB
(2)					
(3)					
(4)					
(5)					
(6)					

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FRIENDS OF WWB USA INC 122 EAST 42ND STREET, 42ND FL NEW YORK, NY 10168 13-3101527	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) 2016

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) 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	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(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	1,211,431.	1,132,294.		X	0.	X		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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		
g 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)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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 thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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