

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning** , **2011**, and ending , **20**

<b>B</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	<b>C Name of organization</b> STICHTING TO PROMOTE WOMENS WORLD BANKING Doing Business As			<b>D Employer identification number</b> 13-3118378	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b> (212) 768-8513		
	8 WEST 40TH STREET, 10TH FLOOR				
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10018		<b>G Gross receipts \$</b> 13,773,204.		
<b>F Name and address of principal officer:</b> MARY ELLEN ISKENDERIAN 8 WEST 40TH STREET NEW YORK, NY 10018			<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 4 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J Website:</b> ▶ WWW.SWWB.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1979 <b>M State of legal domicile:</b> NY		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SWWB'S MISSION 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	13.	
	<b>4</b>	13.	
	<b>5</b>	45.	
	<b>6</b>	22.	
	<b>7a</b>	0	
<b>7b</b>	0		
<b>Revenue</b>	<b>Prior Year</b>	<b>Current Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	4,835,552.	12,200,215.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,125,882.	1,337,098.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,164.	210,511.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,571.	25,380.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,057,169.	13,773,204.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,396,650.	766,583.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,102,903.	3,796,863.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 885,093.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,123,220.	4,600,501.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,622,773.	9,163,947.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-5,565,604.	4,609,257.	
<b>Net Assets or Fund Balances</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)	26,583,197.	30,522,572.
	<b>21</b> Total liabilities (Part X, line 26)	1,159,785.	1,600,145.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	25,423,412.	28,922,427.	

**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.

<b>Sign Here</b>	Signature of officer _____ Date _____				
	Type or print name and title _____				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Raymond Ly	Preparer's signature 	Date 8-13-12	Check <input type="checkbox"/> if self-employed	PTIN PO1205643
	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) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**For Paperwork Reduction Act Notice, see the separate instructions.**

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

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  X
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions	
	STICHTING TO PROMOTE WOMEN'S WORLD BANKING	<input type="checkbox"/>	Employer identification number (EIN) or 13-3118378
	Number, street, and room or suite no. If a P.O. box, see instructions.	<input type="checkbox"/>	Social security number (SSN)
	8 WEST 40TH STREET, 10TH FLOOR	<input type="checkbox"/>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW YORK, NY 10018		

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► J. THOMAS JONES

Telephone No. ► 212-942-7506 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 11 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,026,856. including grants of \$ 766,583. ) (Revenue \$ 1,337,098. ) INSTITUTIONAL DEVELOPMENT PROGRAMS (IDP) CONSISTS OF TECHNICAL SUPPORT AND STRATEGY DEVELOPMENT FOR WWB NETWORK MEMBERS (NMS). UNDER THIS PROGRAM, WWB OFFERS LEADERSHIP DEVELOPMENT TRAININGS AS WELL AS SERVICES IN BUILDING GENDER DIVERSITY IN MICROFINANCE INSTITUTIONS. IDP PROVIDES STRATEGIC ADVICE TO WWB AND NMS, DEVELOPS BEST PRACTICE TOOLKITS, ORGANIZES WORKSHOPS AND EXCHANGES, AND IS CHARGED WITH MONITORING EXISTING AND CULTIVATING NEW NMS. IDP ALSO INCLUDES A STRONG COMMUNICATIONS COMPONENT TO SHARE INFORMATION ACROSS THE NETWORK AND BRING PUBLIC EXPOSURE TO THE NETWORK'S VALUE AND PRINCIPLES.

4b (Code: ) (Expenses \$ 3,274,396. including grants of \$ ) (Revenue \$ ) FUNCTIONAL PRODUCTS AND SERVICES (FPS) SUPPORT NMS AND ASSOCIATES IN EXPANDING FINANCIAL SERVICES TO LOW INCOME ENTREPRENEURS AND IN FORGING PARTNERSHIPS WITH BANKS. THE PRODUCTS AND SERVICES INCLUDE MARKETING AND MARKET RESEARCH, INTRODUCTION OF NEW PRODUCTS SUCH AS SAVINGS, MICRO INSURANCE, INDIVIDUAL LENDING AND RURAL LENDING, AND FORMALIZATION. FPS ALSO HAS A PUBLICATION COMPONENT TO DISSEMINATE KNOWLEDGE GAINED THROUGH DEVELOPING NEW AND INNOVATIVE PRODUCTS.

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

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

4e Total program service expenses 7,301,252.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 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, physical address, and telephone number of the person who possesses the books and records of the organization: MARY ELLEN ISKENDERIAN, 8 WEST 40TH ST 10TH FLOOR NEW YORK, NY 10018 (212) 556-3154

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 1										
(1) JENNIFER RIRIA CHAIR	5.00	X		X				0	0	0
(2) MARY HOUGHTON VICE CHAIR/TREASURER	5.00	X		X				0	0	0
(3) CLARA SERRA DE AKERMAN SECRETARY	5.00	X		X				0	0	0
(4) MARILOU VAN GOLSTEIN BROUWERS TRUSTEE	5.00	X						0	0	0
(5) SAMIT GHOSH TRUSTEE	5.00	X						0	0	0
(6) NEJIRA NALIC TRUSTEE	5.00	X						0	0	0
(7) SHEILA HOODA TRUSTEE	5.00	X						0	0	0
(8) SUZANNE NORA JOHNSON TRUSTEE	5.00	X						0	0	0
(9) ROSHANEH ZAFAR TRUSTEE	5.00	X						0	0	0
(10) ANTHONY NOTO TRUSTEE	5.00	X						0	0	0
(11) BETH ROBERTS TRUSTEE	5.00	X						0	0	0
(12) ANGELA SUN TRUSTEE	5.00	X						0	0	0
(13) INGER ELISABETH PREBENSEN TRUSTEE (THROUGH 3/11)	5.00	X						0	0	0
(14) HUMAIRA ISLAM TRUSTEE (THROUGH 3/11)	5.00	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 (describe hours for related organizations in Schedule O)	(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) DIANA MEDMAN TRUSTEE (THROUGH 3/11)	5.00	X						0	0	0
( 16) CONNIE COLLINGSWORTH TRUSTEE	5.00	X						0	0	0
( 17) MARY ELLEN ISKENDERIAN PRESIDENT / CEO	35.00			X				295,643.	42,235.	13,021.
( 18) TOM JONES COO/CFO	40.00			X				191,742.	0	31,040.
( 19) INEZ MURRAY VP OF PROGRAMS & TECH ASSIST	40.00			X				175,547.	0	7,879.
( 20) JANE SLOANE VP OF DEVELOPMENT	20.00			X				41,616.	41,616.	7,024.
( 21) GIL LACSON NETWORK ENGAGEMENT MANAGER	40.00					X		128,776.	0	28,568.
( 22) HARSHA RODRIGUEZ DIRECTOR OF STRATEGY	40.00					X		113,827.	0	28,042.
( 23) ANNA GINCHERMAN DIRECTOR OF MICROFINANCE PROD	40.00					X		139,579.	0	13,240.
( 24) JANIECE GREENE DIRECTOR OF WOMEN'S MARKET	40.00					X		117,909.	0	12,351.
( 25) CELINA KAWAS RESEARCH MANAGER	40.00					X		113,845.	0	12,322.
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								1,318,484.	83,851.	153,487.
<b>d Total (add lines 1b and 1c)</b>								1,318,484.	83,851.	153,487.

**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 **▶** 13

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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 2		

**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 **▶** 6

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,447,257.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	8,719,639.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	2,033,319.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____							
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			12,200,215.				
<b>Program Service Revenue</b>	<b>2a</b> COST SHARING AND WORKSHOP FEES	<b>Business Code</b>	900099	115,686.	115,686.			
	<b>b</b> FEES FOR SERVICES		541900	1,198,891.	1,198,891.			
	<b>c</b> MEMBERSHIP DUES		900099	22,521.	22,521.			
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			1,337,098.				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			210,511.			210,511.
<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶				0				
<b>5</b> Royalties . . . . . ▶				0				
<b>6a</b> Gross rents . . . . .		(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . .						
		<b>c</b> Rental income or (loss) . .						
		<b>d</b> Net rental income or (loss) . . . . . ▶			0			
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
		<b>d</b> Net gain or (loss) . . . . . ▶			0			
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>								
<b>b</b> Less: direct expenses . . . . . <b>b</b>								
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>								
<b>b</b> Less: direct expenses . . . . . <b>b</b>								
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>								
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>								
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0					
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> OTHER REVENUE		900099	25,380.			25,380.		
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			25,380.					
<b>12 Total revenue.</b> See instructions . . . . . ▶			13,773,204.	1,337,098.		235,891.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	766,583.	766,583.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	758,372.	451,267.	131,155.	175,950.
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 . . . . .	2,460,208.	1,777,903.	422,524.	259,781.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	84,696.	64,364.	14,516.	5,816.
9 Other employee benefits . . . . .	249,025.	183,673.	42,734.	22,618.
10 Payroll taxes . . . . .	244,562.	176,736.	42,002.	25,824.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	33,398.	33,398.		
c Accounting . . . . .	31,900.	16,650.	7,625.	7,625.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	2,372,421.	2,266,433.	40,389.	65,599.
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	318,354.	172,773.	71,518.	74,063.
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	724,264.	362,132.	181,066.	181,066.
17 Travel . . . . .	1,070,479.	988,259.	19,771.	62,449.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	13,543.	6,771.	3,386.	3,386.
23 Insurance . . . . .	0			
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 <u>PRINTING PRODUCTION &amp; VIDEO</u> . . . . .	36,142.	34,310.	916.	916.
b -----				
c -----				
d -----				
e All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,163,947.	7,301,252.	977,602.	885,093.
<b>26 Joint costs.</b> 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**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	3,665,784.	<b>1</b>	6,871,502.
	<b>2</b> Savings and temporary cash investments . . . . .	3,840,136.	<b>2</b>	565,584.
	<b>3</b> Pledges and grants receivable, net . . . . .	5,300,051.	<b>3</b>	7,011,058.
	<b>4</b> Accounts receivable, net . . . . .	23,119.	<b>4</b>	369,690.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,444.	<b>9</b>	24,858.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 349,497.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 341,216.	19,471.	<b>10c</b> 8,281.
	<b>11</b> Investments - publicly traded securities . . . . .	0	<b>11</b>	3,296,649.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	9,078,519.	<b>12</b>	7,635,212.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	4,572,717.	<b>13</b>	4,733,899.
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	79,956.	<b>15</b>	5,839.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	26,583,197.	<b>16</b>	30,522,572.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	564,110.	<b>17</b>	541,038.
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	595,675.	<b>19</b>	945,787.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	113,320.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,159,785.	<b>26</b>	1,600,145.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	226,088.	<b>27</b>	1,068,385.
	<b>28</b> Temporarily restricted net assets . . . . .	8,602,068.	<b>28</b>	11,917,022.
	<b>29</b> Permanently restricted net assets . . . . .	16,595,256.	<b>29</b>	15,937,020.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	25,423,412.	<b>33</b>	28,922,427.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	26,583,197.	<b>34</b>	30,522,572.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	13,773,204.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	9,163,947.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	4,609,257.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	25,423,412.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-1,110,242.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	28,922,427.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	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.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>3b</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		

**Schedule of Contributors**

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

**2011**

<b>Name of the organization</b> STICHTING TO PROMOTE WOMENS WORLD BANKING	<b>Employer identification number</b> 13-3118378
--	---

**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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

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

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

Name of organization STICHTING TO PROMOTE WOMENS WORLD BANKING

Employer identification number

13-3118378

**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	FRIENDS OF WWB USA INC 8 WEST 40TH STREET 10TH FLOOR NEW YORK, NY 10018	\$ 1,447,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	TRIODOS BANK NIEUWEROORDWEG 1 PB 8034 DEP AMSTERDAM NETHERLANDS	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	IRISH AID 106 O'CONNELL ST 28040 LIMERICK IRELAND	\$ 254,141.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SWEDISH INTERNATIONAL DEVELOPMENT COOP A SVEAVAGEN 20 STOCKHOLM SWEDEN	\$ 4,519,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	INTER-AMERICAN DEVELOPMENT BANK AVE LUIS ROCHE TORRE CAF 69011 CARACAS VENEZUELA	\$ 1,023,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MOODY'S 250 GREENWICH STREET NEW YORK, NY 10004	\$ 81,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization STICHTING TO PROMOTE WOMENS WORLD BANKING

Employer identification number

13-3118378

**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	AUSAID GPO BOX 887 2601 CANBERRA AUSTRALIA	\$ 2,331,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CREDIT SUISSE BLEICHERWEG 33 CH-8070 ZURICK SWITZERLAND	\$ 645,104.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	GOVERNMENT OF GERMANY STRESEMANNSTRABE 94 10963 BERLIN GERMANY	\$ 626,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	KPMG NETHERLANDS P.O.BOX 745000 1070 DB AMSTERDAM NETHERLANDS	\$ 233,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	GOVERNMENT OF FINLAND KATAJANOKANLAITURI 3 PO BOX 512 HELSINKI FINLAND	\$ 388,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	NEW ZEALAND AID LEVEL 18,163-175 FEATHERSTON ST. 6160 WELLINGTON NEW ZEALAND	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



<b>Name of organization</b> STICHTING TO PROMOTE WOMENS WORLD BANKING	<b>Employer identification number</b> 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
13	GEM CORP ----- 9 WEST 57TH STREET ----- NEW YORK, NY 10019 -----	\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **STICHTING TO PROMOTE WOMENS 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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>STICHTING TO PROMOTE WOMENS WORLD BANKING</b>	Employer identification number <b>13-3118378</b>
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of organization STICHTING TO PROMOTE WOMENS 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.
- 2 Political expenditures . . . . . ▶ \$ 0
- 3 Volunteer hours . . . . .

**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. . . . . ▶ \$ 0
- 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) 2011

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> 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: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> 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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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 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); 2a Current year; 2b Carryover from last year; 2c Total; 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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

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**Part IV** Supplemental Information *(continued)*

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**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

STICHTING TO PROMOTE WOMENS WORLD BANKING

Employer identification number

13-3118378

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2011



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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	16,595,256.	16,573,325.	16,595,256.	31,152,887.	
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .	-658,236.	316,271.	-21,931.	-12,657,631.	
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .		294,340.		1,900,000.	
f Administrative expenses . . . . .					
g End of year balance . . . . .	15,937,020.	16,595,256.	16,573,325.	16,595,256.	

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  100.0000 %
- c Temporarily restricted endowment  %

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

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

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

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		62,010.	62,010.	
d Equipment . . . . .		287,487.	279,206.	8,281.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c). . . . .				8,281.

**Part VII Investments - Other Securities.** 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) ALTERNATIVE INVESTMENTS	7,635,212.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	7,635,212.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LOAN RECEIVABLE - A PROGRAM	4,151,717.	COST
(2) SVC TO NON-NETWORK MEMBERS		
(3) - SEE FORM 990, PART III, 4A		
(4) INTEREST IN NET ASSETS OF	582,182.	COST
(5) SUPPORTING ORGANIZATION		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	4,733,899.	

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE - FWWB	113,320.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	113,320.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,773,204.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,163,947.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,609,257.
4	Net unrealized gains (losses) on investments	4	-868,747.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-241,495.
9	Total adjustments (net). Add lines 4 through 8	9	-1,110,242.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,499,015.

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

1	Total revenue, gains, and other support per audited financial statements	1	13,612,664.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-868,747.
b	Donated services and use of facilities	2b	949,702.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-241,495.
e	Add lines 2a through 2d	2e	-160,540.
3	Subtract line 2e from line 1	3	13,773,204.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,773,204.

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

1	Total expenses and losses per audited financial statements	1	10,113,649.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	949,702.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	949,702.
3	Subtract line 2e from line 1	3	9,163,947.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,163,947.

**Part XIV Supplemental Information**

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

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SEE PAGE 5

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**Part XIV Supplemental Information (continued)**

## SUPPLEMENTAL INFORMATION 1

## 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 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 POLICY ALLOWS THE APPROPRIATION FOR DISTRIBUTION EACH YEAR WITH BOARD APPROVAL FOR THE ORGANIZATIONS USE. ACCORDINGLY, OVER THE LONG TERM, THE ORGANIZATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW THE FUND TO GROW AT AN AVERAGE OF 4% ANNUALLY. THIS IS CONSISTENT WITH THE ORGANIZATION'S OBJECTIVE 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.

## SUPPLEMENTAL INFORMATION 2

## SCHEDULE D, PART X - REVIEW OF UNCERTAIN TAX POSITIONS

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS IN 2011 AND 2010, AND NOTED THAT THERE WERE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THAT IT WILL CONTINUE TO BE EXEMPT FROM INCOME TAXES.

**Part XIV** Supplemental Information (continued)

SUPPLEMENTAL INFORMATION 3

SCHEDULE D, PART XI, LINE 8 AND PART XII, LINE 2D

FOREIGN CURRENCY TRANSLATION LOSS .....	\$(402,677)
CHANGE IN NET ASSETS OF AN AFFILIATED ORG .....	161,182
	-----
TOTAL .....	\$(241,495)

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

STICHTING TO PROMOTE WOMENS WORLD BANKING

13-3118378

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	IDP/FPS - 990, PART III	189,781.
(2) SOUTH ASIA			PROGRAM SERVICES	IDP/FPS - 990, PART III	6,722,852.
(3) SUB-SAHARAN AFRICA			PROGRAM SERVICES	IDP/FPS - 990, PART III	1,515,145.
(4) EUROPE			PROGRAM SERVICES	IDP/FPS - 990, PART III	163,749.
(5) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	IDP/FPS - 990, PART III	132,091.
(6) SOUTH AMERICA			PROGRAM SERVICES	IDP/FPS - 990, PART III	95,555.
(7) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	IDP/FPS - 990, PART III	108,973.
(8) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		5,000.
(9) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		626,000.
(10) SUB-SAHARAN AFRICA			GRANTMAKING		105,583.
(11) SOUTH AMERICA			GRANTMAKING		30,000.
(12) SOUTH ASIA			INVESTMENTS		266,964.
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					9,961,693.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					9,961,693.

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

Schedule F (Form 990) 2011

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	SEE PART V	626,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	SEE PART V	105,583.	WIRE			
(3)			SOUTH AMERICA	SEE PART V	30,000.	WIRE			
(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  1.

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash 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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V Supplemental Information**

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

## SUPPLEMENTAL INFORMATION 1

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 TEAM WILL ALSO

REVIEW SUPPORTING DOCUMENTATION OF THE GRANT BEFORE FUNDS ARE DISBURSED.

## SUPPLEMENTAL INFORMATION 2

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

(1) MIDDLE EAST &amp; NORTH AMERICA - PASSTHROUGH GENERAL DONATION TO AN

AFFILIATE; \$5000 GRANT NOT SEPARATELY REPORTED ON PART VII, COLUMN D.

(2) CENT. AMERICA/CARIBBEAN - TO INCREASE THE NUMBER OF SAVINGS ACCOUNTS

FOR LOW INCOME CONSUMERS.

(3) SUB-SAHARAN AFRICA - TO INCREASE THE NUMBER OF SAVINGS ACCOUNTS FOR

LOW INCOME CONSUMERS.

(4) SOUTH AMERICA - TO INCREASE THE NUMBER OF SAVINGS ACCOUNTS FOR LOW

INCOME CONSUMERS; PASSTHROUGH TO AN AFFILIATE.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

STICHTING TO PROMOTE WOMENS 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 in 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 type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in 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. 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 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 in 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? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- 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) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported in 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 **8**  Yes  No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2011

**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 in 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 are not 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	(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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> MARY ELLEN ISKENDERIAN	(i) 294,919.	0	724.	10,322.	1,071.	307,036.	
	(ii) 42,131.	0	104.	1,475.	153.	43,863.	
	(i) 181,418.	10,000.	324.	6,825.	24,215.	222,782.	
<b>2</b> TOM JONES	(ii) 0	0	0	0	0	0	
	(i) 175,007.	0	540.	6,125.	1,754.	183,426.	
<b>3</b> INEZ MURRAY	(ii) 0	0	0	0	0	0	
	(i) 128,128.	0	648.	4,620.	23,948.	157,344.	
<b>4</b> GIL LACSON	(ii) 0	0	0	0	0	0	
	(i) 139,303.	0	276.	4,900.	8,340.	152,819.	
<b>5</b> ANNA GINCHERMAN	(ii) 0	0	0	0	0	0	
<b>6</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>7</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>8</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>9</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>10</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>11</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>12</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>13</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>14</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>15</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	
<b>16</b>	(i) 0	0	0	0	0	0	
	(ii) 0	0	0	0	0	0	

**Part III Supplemental Information**

Complete this part to 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 O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

STICHTING TO PROMOTE WOMENS WORLD BANKING

Employer identification number

13-3118378

GENERAL EXPLANATION (A)

FORM 990, 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, HEADQUARTERED IN NEW YORK, IS THE ONLY MICROFINANCE NETWORK WITH AN EXPLICIT FOCUS ON WOMEN. OUR GLOBAL NETWORK OF 39 MICROFINANCE INSTITUTIONS IN 27 COUNTRIES REPRESENTS 26 MILLION CLIENTS, 80% OF WHOM ARE WOMEN. NETWORK MEMBERS ARE DIVERSE IN GEOGRAPHY, SIZE AND STRUCTURE BUT UNITED IN THE FIRM BELIEF THAT MICROFINANCE MUST REMAIN COMMITTED TO WOMEN AS CLIENTS, INNOVATORS AND LEADERS. WOMEN'S WORLD BANKING WORKS WITH THESE INSTITUTIONS TO DESIGN FINANCIAL PRODUCTS AND SERVICES THAT FULFILL WOMEN'S NEEDS WHILE DEMONSTRATING THE SUSTAINABILITY AND SOCIAL IMPACT OF SERVING WOMEN.

WOMEN'S WORLD BANKING WORKS WITH MICROFINANCE INSTITUTIONS TO:

\*CREATE INNOVATIVE FINANCIAL PRODUCTS INCLUDING CREDIT, SAVINGS AND INSURANCE AND WORKS WITH PARTNERS TO BRING THESE PRODUCTS TO SCALE. WE DO THIS THROUGH UNDERSTANDING THE FINANCIAL NEEDS OF WOMEN AND THEN CREATING

Name of the organization STICHTING TO PROMOTE WOMENS WORLD BANKING	Employer identification number 13-3118378
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PRODUCTS TO FIT THOSE NEEDS. BY DESIGNING TAILORED PRODUCTS AND USING MARKETING AND DELIVERY TECHNIQUES NOT CURRENTLY USED IN MICROFINANCE, WE SEEK TO GIVE WOMEN NOT ONLY ACCESS TO FINANCIAL SERVICES, BUT ALSO CONTROL OVER THEIR ASSETS.

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

\* DEVELOP PRINCIPLED, VISIONARY LEADERS AND MERITOCRATIC ORGANIZATIONS THROUGH ITS CENTER FOR MICROFINANCE LEADERSHIP; AND

\* SHARE KNOWLEDGE AND INNOVATION BY PROVIDING NETWORK MEMBERS OPPORTUNITIES TO EXCHANGE BEST PRACTICES WITH OTHER MICROFINANCE LEADERS.

BY INVESTING IN WOMEN WE PRODUCE A MULTIPLIER EFFECT ON THE WELL-BEING OF THEIR HOUSEHOLDS AND COMMUNITIES.

INSTITUTIONAL DEVELOPMENT PROGRAMS (IDP) CONSISTS OF TECHNICAL SUPPORT AND STRATEGY DEVELOPMENT FOR WWB NETWORK MEMBERS (NMS). UNDER THIS PROGRAM, WWB OFFERS LEADERSHIP DEVELOPMENT TRAININGS AS WELL AS SERVICES IN BUILDING GENDER DIVERSITY IN MICROFINANCE INSTITUTIONS. IDP PROVIDES STRATEGIC ADVICE TO WWB AND NMS, DEVELOPS BEST PRACTICE TOOLKITS, ORGANIZES WORKSHOPS AND EXCHANGES, AND IS CHARGED WITH MONITORING

Name of the organization STICHTING TO PROMOTE WOMENS WORLD BANKING	Employer identification number 13-3118378
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EXISTING AND CULTIVATING NEW NMS. IDP ALSO INCLUDES A STRONG COMMUNICATIONS COMPONENT TO SHARE INFORMATION ACROSS THE NETWORK AND BRING PUBLIC EXPOSURE TO THE NETWORK'S VALUE AND PRINCIPLES.

FUNCTIONAL PRODUCTS AND SERVICES (FPS) SUPPORT NMS AND ASSOCIATES IN EXPANDING FINANCIAL SERVICES TO LOW INCOME ENTREPRENEURS AND IN FORGING PARTNERSHIPS WITH BANKS. THE PRODUCTS AND SERVICES INCLUDE MARKETING AND MARKET RESEARCH, INTRODUCTION OF NEW PRODUCTS SUCH AS SAVINGS, MICRO INSURANCE, INDIVIDUAL LENDING AND RURAL LENDING, AND FORMALIZATION. FPS ALSO HAS A PUBLICATION COMPONENT TO DISSEMINATE KNOWLEDGE GAINED THROUGH DEVELOPING NEW AND INNOVATIVE PRODUCTS.

GENERAL EXPLANATION (B)

FORM 990, PART VI, SECTION B, LINE 11A - FORM 990 REVIEW  
THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE DEPARTMENT. THE FINANCE DEPARTMENT THEN REVIEWS AND PROVIDES COMMENTS ON THE RETURN AS DRAFTED BY THE ACCOUNTING FIRM. THE ORGANIZATION'S CFO/COO AND CEO THEN REVIEW AND APPROVE THE REVISED DRAFT RETURN. THE DRAFT FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS AND A BOARD DESIGNATED SUBCOMMITTEE THEN REVIEWS AND APPROVES THE FORM 990.

GENERAL EXPLANATION (C)

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



Name of the organization STICHTING TO PROMOTE WOMENS WORLD BANKING	Employer identification number 13-3118378
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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 DIRECTOR AND STAFF OFFICER CURRENTLY SERVING THIS ORGANIZATION. THIS POLICY IS REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF DIRECTORS AND STAFF OFFICERS. ANY NEW DIRECTORS OR STAFF OFFICERS ARE ADVISED OF THE POLICY AND FURNISHED A DISCLOSURE STATEMENT UPON UNDERTAKING THE DUTIES OF OFFICE.

UPON OCCURRENCE OF ANY NEW ACTIVITY, INTEREST, OR RELATIONSHIP, WHICH MAY GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST, ADDITIONAL SUBMISSIONS SHOULD BE MADE IN WRITING TO A SUPERVISOR, IF THE INTERESTED INDIVIDUAL IS A STAFF MEMBER; TO THE CHAIR, IF THE INTERESTED INDIVIDUAL IS A BOARD MEMBER; OR TO THE BOARD, IF THE PRESIDENT IS INVOLVED IN THE CONFLICT. WHEN A DIRECTOR 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

Name of the organization STICHTING TO PROMOTE WOMENS WORLD BANKING	Employer identification number 13-3118378
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SPECIFICALLY TO REVIEW THE POTENTIAL CONFLICT OF INTEREST.

GENERAL EXPLANATION (D)

FORM 990, PART VI, SECTION B, LINE 15 - COMPENSATION REVIEW

STICHTING TO PROMOTE WOMEN'S WORLD BANKING ADHERES TO THE FOLLOWING  
POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION OF OFFICERS:

(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 DIRECTORS OR COMPENSATION COMMITTEE OF THE  
ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH  
RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS  
REVIEW AND APPROVAL.

2. USE OF DATA AS TO COMPARABLE COMPENSATION. THE COMPENSATION OF THE  
PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION  
FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT  
SIMILARLY SITUATED ORGANIZATIONS.

3. UPON RECOMMENDATION FROM THE COMPENSATION COMMITTEE, THE BOARD  
APPROVES THE COMPENSATION AND SAID DECISION IS RECORDED IN THE MINUTES.

GENERAL EXPLANATION (E)

Name of the organization

STICHTING TO PROMOTE WOMENS WORLD BANKING

Employer identification number

13-3118378

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.

## GENERAL EXPLANATION (F)

FORM 990, PART VII - HOURS WORKED AT RELATED ORGANIZATION  
 IN ADDITION TO THE HOURS REPORTED IN PART VII, MARY ELLEN ISKENDERIAN  
 SPENDS AN AVERAGE OF 5 HOURS PER WEEK ON WORK FOR FRIENDS OF WOMEN'S  
 WORLD BANKING (FWWB) AND JANE SLOANE SPENDS AN AVERAGE OF 20 HOURS PER  
 WEEK ON WORK FOR FWWB.

## GENERAL EXPLANATION (G)

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS OR FUND BALANCE

FOREIGN CURRENCY TRANSLATION LOSS .....	\$ (402,677)
CHANGE IN NET ASSETS OF AN AFFILIATED ORG .....	161,182
UNREALIZED LOSSES ON INVESTMENT .....	(868,747)
	-----
TOTAL .....	\$ (1,110,242)

Name of the organization STICHTING TO PROMOTE WOMENS WORLD BANKING	Employer identification number 13-3118378
<u>ATTACHMENT 1</u>	

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
MARY ELLEN ISKENDERIAN PRESIDENT / CEO	5.00
JANE SLOANE VP OF DEVELOPMENT	20.00

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WHARTON SCHOOL 2103 STEINBERG HALL-DIERICH HALL PHILADELPHIA, PA 19104-6370	PROGRAM CONSULTING	124,000.
SHOREBANK CORPORATION 2230 SOUTH MICHIGAN AVENUE SUITE 200 CHICAGO, IL 60616	PROGRAM CONSULTING	120,000.
CREATIVE METIER LIMTED 212 PICCADILLY W1J 9HG LONDON UNITED KINGDOM	PROGRAM CONSULTING	216,561.
INT'L CENTER FOR RESEARCH ON WOMEN 1120 20TH ST. N.W WASHINGTON, NY 20036	PROGRAM CONSULTING	199,469.
PUNTOS DE ENCUNTRO MANAGUA NICARAGUA	PROGRAM CONSULTING	155,810.
TOTAL COMPENSATION		<u>815,840.</u>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

STICHTING TO PROMOTE WOMENS WORLD BANKING

Employer identification number  
13-3118378

**Related Organizations and Unrelated Partnerships**

**2011**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

(a) Name, address, and EIN 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 MGMT, LLC WEST 40TH STREET 10TH FLOOR NEW YORK, NY 10018 27-4512701	INVESTMENT	DE			SWWB
(2) WWB ISIS FUND LP 8 WEST 40TH STREET, 10TH FLOOR NEW YORK, NY 10018 41-2272155	INVESTMENT	DE			WWB INVT LLC
(3) WWB INVESTMENT LLC 8 WEST 40TH STREET, 10TH FLOOR NEW YORK, NY 10018 45-2838974	INVESTMENT	DE			SWWB
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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 8 WEST 40TH STREET 10TH FLOOR NEW YORK, NY 10018 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) 2011

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1) WWB_GP_LLC 8 WEST 40TH STREET, 10TH FLOOR NEW YORK, NY 10018 41-2272149	INVESTMENT	DE	SWWB	C CORP		266,964.	100.0000
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Sale of assets to related organization(s) . . . . .		X
<b>g</b> Purchase of assets from related organization(s) . . . . .		X
<b>h</b> Exchange of assets with related organization(s) . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>n</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>q</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>r</b> Other transfer of cash or property from related organization(s) . . . . .		X
<b>2</b> 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.		X

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**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 section 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) -----													
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(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													



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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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