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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
PRO MUJER, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
253 WEST 35TH STREET 11 FL
 City, town, or post office, state, and ZIP code
NEW YORK, NY 10001

D Employer identification number
98-0115409

E Telephone number
646-626-7000

F Name and address of principal officer: **ROSARIO PEREZ**
SAME AS C ABOVE

G Gross receipts \$ **61,562,109.**

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

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

J Website: **WWW.PROMUJER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1990** **M State of legal domicile:** **NY**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	SEE PART III, LINE 1.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	27
	6	Total number of volunteers (estimate if necessary)	6	27
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,417,508.	4,475,631.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,100,944.	55,455,106.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)	113,270.	158,172.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,167,761.	1,239,082.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,799,483.	61,327,991.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	19,281,290.	24,324,407.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	70,000.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,353,008.		
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	19,568,293.	27,330,016.	
19	Revenue less expenses - Subtract line 18 from line 12	38,849,583.	51,724,423.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,949,900.	9,603,568.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances - Subtract line 21 from line 20	130,112,372.	165,169,367.
		81,132,522.	106,604,178.	
		48,979,850.	58,565,189.	

Part II Signature Block

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

Sign Here
 Signature of officer: *Rosario Perez* Date: **10/10/13**
ROSARIO PEREZ, CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **DAVID F. GAALING CPA** Preparer's signature: *David F. Gaaling* Date: **10-4-13** Check if self-employed: PTIN: **P00366995**
 Firm's name: **GELMAN, ROSENBERG & FREEDMAN** Firm's EIN: **52-1392008**
 Firm's address: **4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930** Phone no.: **(301) 951-9090**

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

G16 2

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: PRO MUJER PROVIDES POOR WOMEN IN LATIN AMERICA WITH THE MEANS TO BUILD LIVELIHOODS FOR THEMSELVES AND FUTURES FOR THEIR FAMILIES THROUGH MICROFINANCE, BUSINESS TRAINING, AND HEALTHCARE SUPPORT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O

Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O

Yes No X

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

4a (Code) (Expenses \$ 43,552,278. including grants of \$) (Revenue \$ 55,455,106.)

IN 2012, PRO MUJER'S ACCOMPLISHMENTS WERE: - MORE THAN 81% OF EACH DOLLAR DONATED WENT DIRECTLY TO PRO MUJER PROGRAMS IN THE FIELD; 15% WENT TO ADMINISTRATION COSTS; AND LESS THAN 4% WENT TOWARDS FUNDRAISING. - WITH A \$40 MILLION ORGANIZATION-WIDE OPERATING BUDGET, WE DISBURSED MORE THAN \$364,327,000 IN SMALL LOANS AVERAGING \$453. - 268,907 MEDICAL CONSULTATIONS WERE PERFORMED INCLUDING: 53,990 PAP SMEARS, RESULTING IN 1,351 POSITIVE CASES (POTENTIAL CERVICAL CANCER LESIONS DETECTED); 118,439 MEDICAL CONSULTS. - PROVIDED 270,120 WOMEN WITH ACCESS TO CREDIT, BUSINESS AND EMPOWERMENT TRAINING, PREVENTIVE HEALTH EDUCATION AND PRIMARY HEALTH CARE.

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

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

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

4e Total program service expenses 43,552,278.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	14		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders N/A		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. N/A		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 **▶**
VANINA CARMONA - 646-626-7000
253 W 35TH STREET, 11TH FLOOR, NEW YORK, NY 10001

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSARIO PEREZ MEMBER AND CEO	35.00	X		X				202,079.	0.	13,691.
(2) LYNNE PATTERSON CO-FOUNDER AND DIRECTOR	35.00	X		X				108,292.	0.	26,710.
(3) CARMEN VELASCO CO-FOUNDER AND DIRECTOR	35.00	X		X				102,859.	0.	0.
(4) GAIL LANDIS CHAIR	5.00	X		X				0.	0.	0.
(5) RUTH COWAN SECRETARY AND VICE CHAIR	5.00	X		X				0.	0.	0.
(6) MARY MCCAFFREY TREASURER	5.00	X		X				0.	0.	0.
(7) ANA DEMEL MEMBER	2.00	X						0.	0.	0.
(8) JOEL EPSTEIN MEMBER	2.00	X						0.	0.	0.
(9) NANCY HARRIS MEMBER	2.00	X						0.	0.	0.
(10) PETER JOHNSON MEMBER	2.00	X						0.	0.	0.
(11) KATHLEEN CORBET MEMBER	5.00	X						0.	0.	0.
(12) KAREN LITHGOW MEMBER	2.00	X						0.	0.	0.
(13) GILLIAM SHEPHERD MESTRE MEMBER	2.00	X						0.	0.	0.
(14) MATTHEW PATSKY MEMBER	2.00	X						0.	0.	0.
(15) HELENA RIBE MEMBER	2.00	X						0.	0.	0.
(16) MARIA RICHTER MEMBER	2.00	X						0.	0.	0.
(17) FREDDY SIMON MEMBER	2.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JONATHAN G. WEISS MEMBER	2.00	X						0.	0.	0.
(19) ROSEMARY WERRETT MEMBER	2.00	X						0.	0.	0.
(20) MAYU HUME MEMBER	2.00	X						0.	0.	0.
(21) JENNY HOURIHAN CFO (UNTIL 09/12)	35.00			X				105,804.	0.	19,688.
(22) ROSEMARIE LOFFREDO INTERIM CFO (BEGAN 09/12)	35.00			X				45,477.	0.	0.
(23) RODOLFO MEDRANO DIRECTOR OF BUSINESS & OPERATIONS	35.00				X			237,230.	0.	2,712.
(24) MARIA G. SALVADOR DIRECTOR OF HEALTH SERVICES	35.00				X			105,144.	0.	17,454.
(25) JASON WU DIRECTOR OF INDIVIDUAL GIVING	35.00				X			102,495.	0.	18,724.
(26) GABRIELA SALVADOR DIR OF HEALTH SERVICES & HUMAN DEV.	35.00				X			105,144.	0.	18,442.
1b Sub-total								1,114,524.	0.	117,421.
c Total from continuation sheets to Part VII, Section A								108,404.	0.	0.
d Total (add lines 1b and 1c)								1,222,928.	0.	117,421.

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 **9**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
MCKINSEY & COMP., INC., PASEO DE LA REFORMA 505, MEXICO CITY, MEXICO	CONSULTING SERVICES	213,750.
SYNET SOLUTIONS, 306 W 94TH STREET, APT 415, NEW YORK, NY 10025	TECHNOLOGY SUPPORT	151,603.
42ND STREET LESSEE 110 E 42ND STREET, NEW YORK, NY 10017	EVENT HOSTING & CATERING	125,460.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns				
	1 b	Membership dues				
	1 c	Fundraising events				
	1 d	Related organizations				
	1 e	Government grants (contributions)				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	4,475,631.			
	g	Noncash contributions included in lines 1a-1f \$	21,254.			
	h	Total. Add lines 1a-1f	4,475,631.			
	Program Service Revenue	2 a	PROGRAMMATIC INTEREST	900099	52,839,139.	52,839,139.
b		NONFINANCIAL SERVICES	900099	2,615,967.	2,615,967.	
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f		55,455,106.		
3		Investment income (including dividends, interest, and other similar amounts)		353,588.		353,588.
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
Other Revenue	6 a	Gross rents	(i) Real (ii) Personal			
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	38,702.		
	b	Less cost or other basis and sales expenses		42,239.	191,879.	
	c	Gain or (loss)		-3,537.	-191,879.	
	d	Net gain or (loss)		-195,416.		-195,416.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code			
11 a	CURRENCY TRANSLATION	900099	1,239,082.			1,239,082.
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		1,239,082.			
12	Total revenue. See instructions.		61,327,991.	55,455,106.	0.	1,397,254.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	624,600.	214,536.	85,895.	324,169.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,573,470.	14,536,870.	2,657,950.	378,650.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,205,127.	1,844,868.	339,107.	21,152.
9 Other employee benefits	3,783,304.	3,179,360.	580,461.	23,483.
10 Payroll taxes	137,906.	112,068.	20,816.	5,022.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	68,180.	51,824.	7,619.	8,737.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	70,000.			70,000.
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,013,587.	823,640.	121,093.	68,854.
12 Advertising and promotion				
13 Office expenses	5,064,538.	4,109,011.	840,142.	115,385.
14 Information technology				
15 Royalties				
16 Occupancy	3,216,704.	2,669,820.	489,762.	57,122.
17 Travel	1,018,321.	776,299.	114,543.	127,479.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,680.		7,230.	96,450.
20 Interest	7,757,973.	7,757,973.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,517,160.	1,304,096.	197,900.	15,164.
23 Insurance	331,814.	279,433.	51,797.	584.
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 ALLOWANCE FOR LOAN LOSS	3,157,150.	3,157,150.		
b TRAINING	904,834.	774,674.	130,160.	
c FOREIGN INCOME TAX	850,089.		850,089.	
d VEHICLES & REGISTRATION	593,266.	501,141.	92,125.	
e All other expenses	1,732,720.	1,459,515.	232,448.	40,757.
25 Total functional expenses. Add lines 1 through 24e	51,724,423.	43,552,278.	6,819,137.	1,353,008.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest bearing	1,900,896.	1 6,679,273.
	2	Savings and temporary cash investments	15,831,346.	2 26,534,416.
	3	Pledges and grants receivable, net	2,055,118.	3 2,778,462.
	4	Accounts receivable, net	2,357,580.	4 3,346,043.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6
	7	Notes and loans receivable, net	102,053,057.	7 118,139,629.
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	9,422,982.	
	10b	Less accumulated depreciation	4,014,402.	
	10c		4,146,835.	5,408,580.
	11	Investments - publicly traded securities	222,966.	11 153,686.
	12	Investments - other securities See Part IV, line 11		12 82,977.
	13	Investments - program-related See Part IV, line 11		13
	14	Intangible assets		14
15	Other assets See Part IV, line 11	1,544,574.	15 2,046,301.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	130,112,372.	16 165,169,367.	
Liabilities	17	Accounts payable and accrued expenses	10,926,104.	17 10,425,636.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	70,206,418.	23 96,178,542.
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	81,132,522.	26 106,604,178.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	46,500,637.	27 54,098,253.
	28	Temporarily restricted net assets	2,105,069.	28 4,092,792.
	29	Permanently restricted net assets	374,144.	29 374,144.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	48,979,850.	33 58,565,189.	
34	Total liabilities and net assets/fund balances	130,112,372.	34 165,169,367.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,327,991.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,724,423.
3	Revenue less expenses Subtract line 2 from line 1	3	9,603,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,979,850.
5	Net unrealized gains (losses) on investments	5	-18,229.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	58,565,189.

Part XII Financial Statements and Reporting

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

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

Form 990 (2012)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,912,960.	4,005,896.	5,231,444.	6,417,508.	4,475,631.	24,043,439.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22,204,034.	21,414,234.	26,125,671.	40,100,944.	55,455,106.	165,299,989.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	26,116,994.	25,420,130.	31,357,115.	46,518,452.	59,930,737.	189,343,428.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						189,343,428.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	26,116,994.	25,420,130.	31,357,115.	46,518,452.	59,930,737.	189,343,428.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,338.	339,700.	190,956.	208,967.	353,588.	1,253,549.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	160,338.	339,700.	190,956.	208,967.	353,588.	1,253,549.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	746,520.	1,337,292.	129,950.	1,167,761.	1,239,082.	4,620,605.
13 Total support. (Add lines 9, 10c, 11, and 12.)	27,023,852.	27,097,122.	31,678,021.	47,895,180.	61,523,407.	195,217,582.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	96.99 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	58.35 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.64 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	.74 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	349,658.	367,450.	348,373.	322,432.	374,144.
b Contributions					-5,061.
c Net investment earnings, gains, and losses	17,443.	-17,792.	19,052.	25,941.	-46,651.
d Grants or scholarships					
e Other expenditures for facilities and programs			-25.		
f Administrative expenses					
g End of year balance	367,101.	349,658.	367,450.	348,373.	322,432.

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 100.00 %
- 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 XIII 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		190,409.		190,409.
b Buildings		1,285,709.	559,037.	726,672.
c Leasehold improvements				
d Equipment		6,813,062.	2,962,378.	3,850,684.
e Other		1,133,802.	492,987.	640,815.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				5,408,580.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

1	Total revenue, gains, and other support per audited financial statements		1	51,183,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	-18,229.	
b	Donated services and use of facilities	2b	596,976.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	191,879.	
e	Add lines 2a through 2d		2e	770,626.
3	Subtract line 2e from line 1		3	50,412,868.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	10,915,123.	
c	Add lines 4a and 4b		4c	10,915,123.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	61,327,991.

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

1	Total expenses and losses per audited financial statements		1	41,598,155.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a	Donated services and use of facilities	2a	596,976.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	191,879.	
e	Add lines 2a through 2d		2e	788,855.
3	Subtract line 2e from line 1		3	40,809,300.
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 XIII)	4b	10,915,123.	
c	Add lines 4a and 4b		4c	10,915,123.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	51,724,423.

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: ALL CONTRIBUTIONS TO THE ENDOWMENT FUND ARE TO REMAIN

IN-PERPETUITY. INVESTMENT INCOME GENERATED BY THE INVESTED ENDOWMENT FUND

MAY BE USED TO SUPPORT GENERAL OPERATIONS. THE REVOLVING LOAN FUND IS TO

REMAIN IN-PERPETUITY AND TO BE USED SOLELY FOR LOANS TO PRO MUJER

INTERNATIONAL'S FIELD OFFICES.

PART X, LINE 2: FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011, PRO

MUJER INTERNATIONAL HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10

Part XIII Supplemental Information (continued)

(INCOME TAXES) AND DETERMINED THAT THERE IS AN UNCERTAIN TAX POSITION WITH RESPECT TO PRO MUJER - PERU WHICH IS DISCUSSED IN THE NEXT PARAGRAPH. THERE ARE NO OTHER UNCERTAIN TAX POSITIONS WHICH REQUIRE DISCLOSURE OR RECOGNITION WITHIN THE COMBINED FINANCIAL STATEMENTS WITH RESPECT TO THE OTHER ENTITIES.

AS OF DECEMBER 31, 2012, THE SUPERINTENDENCIA NACIONAL DE ADMINISTRACION TRIBUTARIA (SUNAT) (PERUVIAN INTERNAL REVENUE SERVICE) DID NOT GRANT PRO MUJER - PERU'S REQUEST TO RENEW ITS EXEMPTED ENTITY INCOME TAX CERTIFICATE. SUCH CERTIFICATE IS NECESSARY FOR PRO MUJER - PERU TO NOT PAY INCOME TAX IN PERU. SUNAT HAS ARGUED, THAT GIVEN THAT PRO MUJER - PERU AMENDED ITS BYLAWS BACK IN 2007, AND GIVEN THE WORDING OF THE AMENDED BYLAWS, IT CAN BE CONSTRUED IN SUCH A WAY THAT THE TAX EXEMPTION IS NOT APPLICABLE AS OF 2007; THUS, PRO MUJER - PERU'S TAX EXEMPTION HAS BEEN REVOKED AS OF 2007 AND ONWARDS; EXPOSING PRO MUJER - PERU TO A CONTINGENT LIABILITY FOR ALL INCOME TAX DUE FOR THE YEARS ENDED DECEMBER 31, 2007 THROUGH DECEMBER 31, 2012. CURRENTLY, SUNAT IS SEEKING APPROXIMATELY \$1,500,000 IN INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2007 AND 2008. HOWEVER, MANAGEMENT OF PRO MUJER - PERU, WITH THE ASSISTANCE OF LEGAL COUNSEL, IS VIGOROUSLY CONTESTING SUNAT'S POSITION OF REVOCATION OF ITS EXEMPTED ENTITY INCOME TAX CERTIFICATE, AND TO DATE, HAS BEEN SUCCESSFUL IN HAVING THE REQUEST FOR PAYMENT OF THE 2007 AND 2008 INCOME TAXES SUSPENDED PENDING THE OUTCOME OF A HEARING ON THE MATTER BEFORE THE TAX TRIBUNAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS, SHOWN AS EXPENSE ON THE 191,879.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,

Part XIII Supplemental Information (continued)

PART VIII, LINE 8B.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE SHOWN AS OFFSET TO REVENUE ON THE	7,757,973.
FINANCIAL STATEMENTS AND REPORTED AS EXPENSE ON FORM 990, PART IX.	
ALLOWANCE FOR LOANS SHOWN AS OFFSET TO REVENUE ON THE	3,157,150.
FINANCIAL STATEMENTS AND REPORTED AS EXPENSE ON FORM 990, PART IX.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,915,123.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS, SHOWN AS EXPENSE ON THE	191,879.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,	
PART VIII, LINE 8B.	

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE SHOWN AS OFFSET TO REVENUE ON THE	7,757,973.
FINANCIAL STATEMENTS AND REPORTED AS EXPENSE ON FORM 990, PART IX.	
ALLOWANCE FOR LOANS SHOWN AS OFFSET TO REVENUE ON THE	3,157,150.
FINANCIAL STATEMENTS AND REPORTED AS EXPENSE ON FORM 990, PART IX.	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	10,915,123.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization **PRO MUJER, INC.** Employer identification number **98-0115409**

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
SOUTH AMERICA	22	1237	PROGRAM SERVICES	FINANCIAL AND HEALTH TRAINING SERVICES	21,052,448.
CENTRAL AMERICA AND THE CARIBBEAN	9	287	PROGRAM SERVICES	FINANCIAL AND HEALTH TRAINING SERVICES	3,885,680.
NORTH AMERICA	8	398	PROGRAM SERVICES	FINANCIAL AND HEALTH TRAINING SERVICES	8,152,792.
3 a Sub-total	39	1922			33,090,920.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	39	1922			33,090,920.

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

Schedule F (Form 990) 2012

Part IV Foreign Forms

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

Schedule F (Form 990) 2012

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through 9 in column (d)				()
	11	Net income summary Combine line 3, column (d), and line 10				()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				()
8	Net gaming income summary Combine line 1, column d, and line 7				()

- 9 Enter the state(s) in which the organization operates gaming activities _____
- a Is the organization licensed to operate gaming activities in each of these states? Yes No
- b If "No," explain _____
-
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b If "Yes," explain _____
-

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a The organization's facility		%
b An outside facility		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CAMY CALVE

(I) ADDRESS OF FUNDRAISER: 152 W 57TH STREET, 52ND FL, NEW YORK, NY 10019

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

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, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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.

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.

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

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

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

Schedule J (Form 990) 2012

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 and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROSARIO PEREZ MEMBER AND CEO	(i)	202,079.	0.	0.	13,691.	215,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) RODOLFO MEDRANO DIRECTOR OF BUSINESS & OPERATIONS	(i)	188,243.	48,987.	0.	2,712.	239,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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.

PART I, LINE 7: BONUS COMPENSATION HAS BEEN REPORTED IN PART II,

COLUMN (B) (II).

Multiple horizontal lines for supplemental 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

2012

Open to Public
Inspection

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

FORM 990, PART I, LINES 5 & 15: THE TOTAL SALARIES REPORTED ON FORM 990 ON PART I, LINE 15 AND PART IX, LINES 5-10 INCLUDES COMPENSATION OF BOTH U.S. AND FOREIGN EMPLOYEES. HOWEVER, PART, I, LINE 5 AND PART V, LINE 2A ONLY REPORT THE TOTAL NUMBER OF U.S. EMPLOYEES. IN ADDITION TO THE U.S. EMPLOYEES, PRO MUJER ALSO EMPLOYS APPROXIMATELY 1,895 FOREIGN EMPLOYEES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- 5 OUT OF 5 COUNTRY OPERATIONS WERE FULLY-SUSTAINABLE.
- WE ENABLED 270,120 CLIENTS TO SAVE APPROXIMATELY \$23.8 MILLION - AVERAGING \$88 - PROVIDING CLIENTS WITH A BUFFER FOR EMERGENCIES, SUCH AS ILLNESSES OR NATURAL DISASTERS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ARGENTINA, BOLIVIA, MEXICO, NICARAGUA,
PERU

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CFO, CEO AND EXECUTIVE COMMITTEE. THE BOARD WAS PRESENTED WITH THE 990 FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: IN ALL OF OUR EMPLOYMENT CONTRACTS, WE INCLUDE A CONFLICT OF INTEREST STATEMENT AND DISCLOSURE FORM. FURTHERMORE, OUR CONFLICT OF INTERESTS POLICY IS COVERED IN OUR ON-BOARDING POLICY AND IS PART OF OUR NEW-HIRE ORIENTATION AT ALL LEVELS OF THE ORGANIZATION. IN ADDITION TO THIS, THE BOARD OF DIRECTORS HAS TO COMPLETE A

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

CONFLICT OF INTEREST FORM EACH YEAR. SHOULD A CONFLICT OF INTEREST ARISE, OUR PROCEDURES CALL FOR CONTACTING OUR GENERAL COUNSEL AND CEO AND, TOGETHER WITH H.R., WE MEET WITH THE PERSON IN QUESTION TO RESOLVE ANY ISSUES PROMPTLY AND SATISFACTORILY.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR THE PERFORMANCE EVALUATION OF THE CEO AND ARE ALSO CHARGED WITH THE RESPONSIBILITY OF REVIEWING THE CEO COMPENSATION LEVELS AGAINST MARKET DATA FOR SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS. IF IT IS DETERMINED THAT AN INCREASE IN SALARY IS APPROPRIATE FOR THE CEO, THE CHAIR OF THE BOARD DIRECTS THE DIRECTOR OF H.R. IN WRITING TO MAKE THE NECESSARY ADJUSTMENTS TO THE CEO'S SALARY. THERE HAVE BEEN NO CHANGES TO THE CEO'S COMPENSATION SINCE SHE WAS HIRED IN JUNE, 2008.

FOR KEY EMPLOYEES OF THE ORGANIZATION AND OTHER OFFICERS, AN EVALUATION IS BASED ON EACH INDIVIDUAL'S PERFORMANCE AGAINST THEIR GOALS (MEASURED THROUGH AN ANNUAL PERFORMANCE REVIEW PROCESS) AND MARKET SALARIES. THE CEO BRINGS THE PROPOSED CHANGE TO THE BOARD'S EXECUTIVE COMMITTEE FOR REVIEW, TOGETHER WITH THE PERTINENT PERFORMANCE AND MARKET SALARY DATA FOR THAT POSITION. THE BOARD APPROVES CHANGES IN COMPENSATION ONLY FOR KEY POSITIONS: CEO (AS PREVIOUSLY DESCRIBED), CFO, AND CHIEF DEVELOPMENT & COMMUNICATIONS OFFICER. APPROVAL BY THE CEO AND THE EXECUTIVE COMMITTEE OF THE BOARD ARE NEEDED.

DOCUMENTATION: INDIVIDUAL PERFORMANCE AGAINST GOALS, AS EVIDENCED IN THE ANNUAL PERFORMANCE REVIEW, AND SALARY MARKET DATA FOR COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS IN A COMPARABLE GEOGRAPHIC AREA ARE REQUIRED

PARTS OF THE DOCUMENTATION PROCESS, AS IS THE RETENTION VALUE OF KEEPING A

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

KEY EMPLOYEE. GENERALLY, THIS IS DONE AT THE END OF THE YEAR, BUT, IN RARE OCCASIONS, IT IS DONE IN MID-YEAR OR WHEN UPDATED COMPENSATION MARKET DATA BECOMES AVAILABLE THAT IS SIGNIFICANTLY DIFFERENT FROM OUR SALARY RANGES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OK, OR PA, RI, SC, TN, UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT GENERALLY AVAILABLE TO THE PUBLIC. THESE DOCUMENTS ARE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST, SUBJECT TO THE APPROVAL BY PRO MUJER.

