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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section containing organization name (PRO MUJER, INC.), EIN (98-0115409), address (253 WEST 35TH STREET, 11TH FLOOR, NEW YORK, NY 10001-1907), and principal officer (MARIA CAVALCANTI).

Part I Summary

Summary table with rows for mission statement (PRO MUJER LEVERAGES FINANCIAL INCLUSION, HEALTH AND ENTREPRENEURIAL SUPPORT FOR UNDERSERVED WOMEN IN LATIN AMERICA), governance, and financial metrics (3 voting members, 40 employees, 51,814,523 total revenue).

Revenue and Expenses table with columns for Prior Year and Current Year. Revenue: 48,263,169 (Prior) vs 51,814,523 (Current). Expenses: 52,406,359 (Prior) vs 51,891,165 (Current). Net Assets: 51,502,635 (Beginning) vs 51,014,945 (End).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: MARIA CAVALCANTI, PRESIDENT & CEO, dated November 6, 2017.

Preparer information: DEVIN L. DUNCAN, KPMG LLP, dated 11/12/17, PTIN P01249521.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

SCANNED DEC 1 8 2017

Handwritten number 9-51

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

PRO MUJER EMPOWERS UNDERSERVED WOMEN IN LATIN AMERICA TO REALIZE THEIR FULL POTENTIAL. WE ARE A WOMEN'S DEVELOPMENT ORGANIZATION, SERVING MORE THAN A QUARTER OF A MILLION WOMEN. (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 44,060,526 including grants of \$ 305,335) (Revenue \$ 46,798,034.)
FINANCIAL SERVICES - PRO MUJER HAS SERVED FEMALE ENTREPRENEURS OVER THE PAST 26 YEARS, PRINCIPALLY BY PROVIDING LOANS AND FINANCIAL SERVICES TO INDIVIDUALS AND GROUPS OF INDIVIDUALS THAT LACK ACCESS TO TRADITIONAL FINANCIAL INSTITUTIONS. THESE FINANCIAL SERVICES, SUCH AS SAVINGS, LOANS, AND INSURANCE, ARE PART OF A FULLY INTEGRATED SOCIAL VISION, SUPPORTED BY BUSINESS AND EMPOWERMENT TRAINING, PREVENTATIVE HEALTH EDUCATION, AND PRIMARY HEALTHCARE SERVICES. TO DATE, PRO MUJER HAS DISBURSED NEARLY \$3 BILLION U.S. DOLLARS IN SMALL LOANS TO WOMEN IN LATIN AMERICA. FOR MORE INFORMATION, SEE SCHEDULE O.

4b (Code) (Expenses \$ 1,673,631 including grants of \$ 247,328) (Revenue \$ 3,175,355.)
HEALTH SERVICES AND OTHER SUPPORT - PRO MUJER IS COMMITTED TO CREATING ECONOMIC OPPORTUNITY AND IMPROVING THE QUALITY OF LIFE FOR LATIN AMERICA'S POOREST WOMEN, MANY OF WHOM ARE ALSO VICTIMS OF GENDER-BASED VIOLENCE AND BIAS, SUFFER FROM CHRONIC, NON-COMMUNICABLE DISEASES, WORK IN THE INFORMAL ECONOMIC SECTOR WITHOUT SAFETY NETS, AND LIVE AS PREY FOR PREDATORY LENDERS. TO DATE, PRO MUJER HAS PROVIDED OVER 7 MILLION HEALTH INTERVENTIONS. ADDITIONALLY, GOING BEYOND LOANS, PRO MUJER SUPPORTS ITS ENTREPRENEURIAL CLIENTS BY CREATING OPPORTUNITIES, PROVIDING EDUCATION, TRAINING AND LEADERSHIP SKILLS TO HELP THEM GROW THEIR BUSINESSES. FOR MORE INFORMATION, SEE SCHEDULE O.

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 45,734,157.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 19 numbered questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 1041.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 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.

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 Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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 ATTACHMENT 2
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 [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records NORMA SEGURA 253 WEST 35TH STREET, 11TH FLOOR NEW YORK, NY 10001 846-626-7000

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ZELMA ACOSTA-RUBIO MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (2) RUTH COWAN FDN CHAIR/DIR. EMER (NON-VOTE) | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (3) ANA DEMEL VICE CHAIR & SECRETARY | 4.00 0. | X | | X | | | | 0. | 0. | 0. |
| (4) JOEL EPSTEIN MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (5) PATRICK GRACE MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (6) NANCY PNDARVIS HARRIS MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (7) GAIL LANDIS CHAIR | 5.00 0. | X | | X | | | | 0. | 0. | 0. |
| (8) MARY MCCAFFREY TREASURER | 2.00 0. | X | | X | | | | 0. | 0. | 0. |
| (9) MARK ROY MCMAHON MEMBER | 25.00 0. | X | | | | | 60,000. | 0. | 0. | 0. |
| (10) BONNIE MESSING-PAVLAKIS MEMBER | 3.00 0. | X | | | | | | 0. | 0. | 0. |
| (11) GILLIAN SHEPHERD MESTRE MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (12) MATTHEW PATSKY MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (13) HELENA RIBE MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (14) MARIA RICHTER MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ROBERT ROSONE MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (16) TOM WALDRON MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (17) JANET WANG MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (18) JONATHAN G. WEISS MEMBER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (19) ROSEMARY WERRET DIRECTOR EMERITA (NON-VOTE) | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (20) MARIA CAVALCANTI PRESIDENT & CEO (BEG 01/16) | 35.00 5.00 | | | X | | | | 300,978. | 0. | 2,590. |
| (21) DIANA DE CASTRO CHIEF ALLIANCE OFFICER | 37.00 3.00 | | | X | | | | 124,607. | 0. | 5,518. |
| (22) RAUL ALBERTO ESPEJEL CHIEF FIN OFFICER (BEG 10/16) | 35.00 5.00 | | | X | | | | 0. | 36,970. | 1,176. |
| (23) EVAN LAMBERT (THRU 09/16) CHIEF FINANCIAL OFFICER | 38.00 2.00 | | | X | | | | 187,144. | 0. | 25,091. |
| (24) SHON MORRIS CHIEF TALENT OFFICER | 38.00 2.00 | | | X | | | | 146,961. | 0. | 30,051. |
| (25) RODOLFO MARCELO MEDRANO CABRER COO (THRU 02/16); MEXICO DIR | 35.00 5.00 | | | | X | | | 36,922. | 145,921. | 10,981. |
| 1b Sub-total | | | | | | | | 60,000. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 1,283,462. | 182,891. | 134,424. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,343,462. | 182,891. | 134,424. |

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 **8**

| | 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 |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 3 | | |
| | | |
| | | |
| | | |

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 **7**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,832,399. | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 135,705. | | | | |
| | h Total. Add lines 1a-1f | | 1,832,399 | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a PROGRAM FINANCIAL SERVICES | | 900099 | 46,798,034 | 46,798,034. | | |
| | b PROGRAM HEALTH SERVICES | | 900099 | 3,175,355 | 3,175,355. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 49,973,389 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). | | | 4,202 | | 4,202. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0. | | | |
| | 5 Royalties | | | 0 | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | | | | | | |
| | | | | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | 0. | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | 289,181 | | | |
| | | b Less cost or other basis and sales expenses | | 284,648 | | | |
| | | c Gain or (loss) | | 4,533 | | | |
| | d Net gain or (loss) | | | 4,533 | | 4,533 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | 0 | | |
| | | b Less direct expenses | b | | 0. | | |
| | | c Net income or (loss) from fundraising events | | | 0 | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | 0. | | | |
| | b Less direct expenses | b | | 0 | | | |
| | c Net income or (loss) from gaming activities | | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | 0. | | | |
| | b Less cost of goods sold | b | | 0. | | | |
| | c Net income or (loss) from sales of inventory | | | 0. | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a _____ | | | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | 0. | | | |
| 12 Total revenue. See instructions | | | 51,814,523. | 49,973,389. | 8,735. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 0. | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 552,663. | 552,663. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 941,490. | 585,235. | 269,439. | 86,816. |
| 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 | 16,811,481. | 13,760,164. | 1,685,264. | 1,366,053. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,768,127. | 2,444,386. | 222,423. | 101,318. |
| 9 Other employee benefits | 3,937,119. | 3,491,134. | 302,274. | 143,711. |
| 10 Payroll taxes | 0. | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0. | | | |
| b Legal | 171,971. | | 171,971. | |
| c Accounting | 271,013. | | 271,013. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services See Part IV, line 17. | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,551,305. | 1,361,374. | | 189,931. |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 2,175,363. | 2,032,017. | 136,414. | 6,932. |
| 14 Information technology | 0. | | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 4,051,828. | 3,540,323. | 378,698. | 132,807. |
| 17 Travel | 1,104,998. | 872,022. | 98,779. | 134,197. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 7,570,507. | 7,570,507. | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 1,452,478. | 1,321,913. | 110,233. | 20,332. |
| 23 Insurance | 495,041. | 436,317. | 42,510. | 16,214. |
| 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 LOSSES | 2,824,291. | 2,824,291. | | |
| b FOREIGN INCOME TAXES | 2,456,677. | 2,456,677. | | |
| c OTHER PROGRAM OPERATING EXP. | 1,325,065. | 1,325,065. | | |
| d OTHER FOREIGN TAXES & FEES | 518,232. | 500,510. | 17,722. | |
| e All other expenses _____ | 911,516. | 659,559. | 140,338. | 111,619. |
| 25 Total functional expenses. Add lines 1 through 24e | 51,891,165. | 45,734,157. | 3,847,078. | 2,309,930. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|---|---|--------------------------|--------------|--------------------|------------|
| Assets | 1 Cash - non-interest-bearing | 8,031,986. | 1 | 18,959,928. | |
| | 2 Savings and temporary cash investments | 8,784,911. | 2 | 11,616,743. | |
| | 3 Pledges and grants receivable, net | 1,526,332. | 3 | 566,072. | |
| | 4 Accounts receivable, net | 332,177. | 4 | 905,416. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0. | 5 | 0. | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0. | 6 | 0. | |
| | 7 Notes and loans receivable, net | 113,945,449. | 7 | 118,013,787. | |
| | 8 Inventories for sale or use | 0. | 8 | 0. | |
| | 9 Prepaid expenses and deferred charges | 0. | 9 | 0. | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 11,897,964. | | | |
| | b Less accumulated depreciation | 10b 7,495,277. | 4,855,202. | 10c | 4,402,687. |
| | 11 Investments - publicly traded securities | 0. | 11 | 0. | |
| | 12 Investments - other securities See Part IV, line 11 | 608,426. | 12 | 1,446,430. | |
| | 13 Investments - program-related See Part IV, line 11 | 0. | 13 | 0. | |
| | 14 Intangible assets | 1,007,249. | 14 | 775,381. | |
| | 15 Other assets See Part IV, line 11 | 1,362,357. | 15 | 1,446,557. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 140,454,089. | 16 | 158,133,001. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 12,875,720. | 17 | 13,694,408. | |
| | 18 Grants payable | 0. | 18 | 0. | |
| | 19 Deferred revenue | 0. | 19 | 0. | |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0. | 21 | 0. | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0. | 22 | 0. | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 73,930,873. | 23 | 89,303,620. | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 2,144,861. | 25 | 4,120,028. | |
| | 26 Total liabilities. Add lines 17 through 25 | 88,951,454. | 26 | 107,118,056. | |
| 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 | 47,701,072. | 27 | 49,103,292. | |
| | 28 Temporarily restricted net assets | 3,660,690. | 28 | 1,770,780. | |
| | 29 Permanently restricted net assets | 140,873. | 29 | 140,873. | |
| | 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 | 51,502,635. | 33 | 51,014,945. | | |
| 34 Total liabilities and net assets/fund balances | 140,454,089. | 34 | 158,133,001. | | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 51,814,523. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 51,891,165. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -76,642. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 51,502,635. |
| 5 | Net unrealized gains (losses) on investments | 5 | 0. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -411,048. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 51,014,945. |

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
PRO MUJER, INC.

Employer identification number
98-0115409

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2016

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 61.12%; 15 Public support percentage from 2015 Schedule A, Part II, line 14 96.83%; 16a 33 1/3% support test - 2016. 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 [X]; 17a 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization; 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.

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12); 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2016. 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 - 2015. 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.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.35 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|--|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year | | |
|---|---|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| | Underdistributions, if any, for years prior to 2016 | | | |
| 2 | (reasonable cause required-explain in Part VI) See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016 | | | |
| a | | | | |
| b | | | | |
| c | From 2013. | | | |
| d | From 2014. | | | |
| e | From 2015. | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2016 from Section D, line 7 \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions | | | |
| 6 | Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions. | | | |
| 7 | Excess distributions carryover to 2017 Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7 | | | |
| a | | | | |
| b | Excess from 2013. . . . | | | |
| c | Excess from 2014. . . . | | | |
| d | Excess from 2015. . . . | | | |
| e | Excess from 2016. . . . | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2012 | 2013 | 2014 | 2015 | 2016 | TOTAL |
|---------------|------|-----------------|------|-----------------|------|-----------------|
| FUNDRAISING | | 130,390 | | 755,360. | | 885,750. |
| TOTALS | | <u>130,390.</u> | | <u>755,360.</u> | | <u>885,750.</u> |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

PRO MUJER, INC.

98-0115409

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, and 2 regarding art and historical treasures.

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

Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
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
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment, 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, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?, 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) FOREIGN TAX LIABILITY | 4,120,028. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25.) | 4,120,028. |

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

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

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.

INCOME TAXES

PART X, LINE 2

IN ACCORDANCE WITH U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE A TAX LIABILITY ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. PRO MUJER DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

AS OF DECEMBER 31, 2016, THE SUPERINTENDENCIA NACIONAL DE ADMINISTRACION TRIBUTARIA ("SUNAT") (PERUVIAN INTERNAL REVENUE SERVICE) HAS NOT YET APPROVED PMI - PERU'S REQUEST TO RENEW ITS REGISTRATION AT ITS REGISTRY OF INCOME TAX EXEMPTED ENTITIES. PMI - PERU, WITH THE ASSISTANCE OF LEGAL COUNSEL, IS VIGOROUSLY CONTESTING SUNAT'S POSITION OF REVOCATION OF ITS EXEMPTED ENTITY INCOME TAX REGISTRATION AND, THROUGH DECEMBER 31, 2016, 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.

AS OF DECEMBER 31, 2016 AND 2015, PMI - PERU HAS RECORDED A LIABILITY OF \$2,358,020 AND \$1,745,837, RESPECTIVELY, AS A TAX LIABILITY WHICH IS

Part XIII Supplemental Information (continued)

INCLUDED AS OTHER LONG-TERM LIABILITIES IN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. PMI - PERU INCURRED A TAX EXPENSE IN 2016 AND 2015 OF \$579,877 AND \$612,350, RESPECTIVELY.

PMI - NICARAGUA SUBMITS ITS ANNUAL INCOME TAX DECLARATION WITHOUT ANY PAYMENT OF SUCH TAX, BASED ON THE SUPREME COURT OF JUSTICE OR NICARAGUA RULING NUMBER 141 DATED OCTOBER 14, 2003. ACCORDING TO THIS COURT RULING, THE PAYMENT OF THE INCOME TAX IS INAPPLICABLE TO NON-PROFIT ASSOCIATIONS, BECAUSE IT IS CONSIDERED UNCONSTITUTIONAL, SINCE THE PROFIT IS GENERATED WHEN THERE IS DISTRIBUTION OF DIVIDENDS AMONG THE SHAREHOLDERS, WHICH IS NOT THE CASE FOR THESE KIND OF ASSOCIATIONS. IN ADDITION, NICARAGUAN LAW 822 (LEY DE CONCERTACION TRIBUTARIA), ONCE MORE ESTABLISHES THAT NONPROFIT ASSOCIATIONS, FOUNDATIONS, FEDERATIONS AND CONFEDERATIONS, WHICH HAVE LEGAL PERSONALITY, ARE EXEMPT FROM INCOME TAXES.

NOTWITHSTANDING THE FOREGOING, AN APPEAL IS PENDING BEFORE THE SUPREME COURT OF JUSTICE ON THE ISSUANCE OF THE CERTIFICATE OF TAX EXEMPTION IN FAVOR OF PMI - NICARAGUA WHICH HAS NOT BEEN ISSUED BY THE GENERAL DIRECTORATE OF TAXES IN ITS FAVOR SINCE 2014. HOWEVER, TO THIS DATE, PMI - NICARAGUA HAS A CERTIFICATE OF GOOD STANDING ISSUED BY THE GENERAL DIRECTORATE OF TAXES. SUCH CERTIFICATE IS ISSUED EXCLUSIVELY TO INSTITUTIONS THAT ARE UP TO DATE IN THE PAYMENT OF THEIR TAXES.

THERE ARE NO OTHER UNCERTAIN TAX POSITIONS WHICH REQUIRE DISCLOSURE OR RECOGNITION WITHIN THE CONSOLIDATED FINANCIAL STATEMENTS WITH RESPECT TO THE OTHER ENTITIES.

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE PER FINANCIAL STATEMENT

PART XI, LINE 2D

PRO MUJER MEXICO REVENUE \$ 13,381,150

RECONCILIATION OF EXPENSE PER FINANCIAL STATEMENT

PART XII, LINE 2D

PRO MUJER MEXICO EXPENSE \$12,960,605

FOREIGN CURRENCY TRANSLATION \$ 411,048

TOTAL \$13,371,653

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) SOUTH AMERICA | 77. | 1,020. | PROGRAM SERVICES | FINANCIAL AND HEALTH | 25,382,201 |
| (2) CENTRAL AMERICA/CARIBBEAN | 11 | 415. | PROGRAM SERVICES | FINANCIAL AND HEALTH | 8,901,030. |
| (3) NORTH AMERICA | | | GRANTMAKING | | 552,663. |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 88 | 1,435. | | | 34,835,894 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 88. | 1,435. | | | 34,835,894. |

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

Schedule F (Form 990) 2016

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|---------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | NORTH AMERICA | FIN/HLTH | 552,663 | WIRE | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

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

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" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

GRANTS AND ASSISTANCE TO INDIVIDUALS OUTSIDE THE US

PART I, LINE 2

PRO MUJER, INC. MAKES GRANTS TO A RELATED ORGANIZATION, ASOCIACION PRO MUJER DE MEXICO S.A. DE C.V. SOFOM. FUNDS USED IN LINE WITH PRO MUJER, INC. TAX-EXEMPT PURPOSES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

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

▶ Attach to Form 990.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

PRO MUJER, INC.

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | X | |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

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

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

- | | |
|--|---|
| <input 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 MARIA CAVALCANTI PRESIDENT & CEO (BEG 01/16) | (i) 300,978. (ii) 0. (iii) 0. | 0. | 0. | 0. | 2,590. | 303,568. | 0. |
| 2 EVAN LAMBERT (THRU 09/16) CHIEF FINANCIAL OFFICER | (i) 131,421. (ii) 0. (iii) 0. | 0. | 55,723. | 6,771. | 18,320. | 212,235. | 0. |
| 3 CAMILO MENDEZ INVESTMENT OFFICER | (i) 126,112. (ii) 0. (iii) 0. | 4,000. | 0. | 6,950. | 22,877. | 159,939. | 0. |
| 4 SHON MORRIS CHIEF TALENT OFFICER | (i) 146,961. (ii) 0. (iii) 0. | 0. | 0. | 7,138. | 22,913. | 177,012. | 0. |
| 5 RODOLFO MARCELO MEDRANO COO (THRU 02/16), MEXICO DIR | (i) 36,922. (ii) 128,560. (iii) 0. | 0. | 863. | 0. | 4,167. | 41,089. | 0. |
| 6 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 12 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 15 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 16 | (i) 0. (ii) 0. (iii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part III Supplemental Information

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

SEVERANCE COMPENSATION

PART I, LINE 4A AND PART II, COLUMN (B) (III)

EVAN LAMBERT RECEIVED A SEVERANCE PAYMENT OF \$51,250 IN 2016.

NON-FIXED PAYMENT

PART I, LINE 7

CAMILLO MENDEZ RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$4,000 IN 2016.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

PRO MUJER, INC.

98-0115409

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 3. | 135,705. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ () | | | | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

29

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

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

Schedule M (Form 990) (2016)

JSA

6E1298 1 000

2601HO 2502

3007595

PAGE 42

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

NUMBER OF CONTRIBUTORS

PART I, COLUMN (B)

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1

PRO MUJER LEVERAGES FINANCIAL INCLUSION, HEALTH AND ENTREPRENEURIAL
SUPPORT FOR UNDERSERVED WOMEN IN LATIN AMERICA, CREATING SUSTAINABLE
ECONOMIC OPPORTUNITIES FOR THESE WOMEN, THEIR FAMILIES AND THEIR
COMMUNITIES.

FORM 990, PART III, LINE 1

PRO MUJER EMPOWERS UNDERSERVED WOMEN IN LATIN AMERICA TO REALIZE
THEIR FULL POTENTIAL. WE ARE A WOMEN'S DEVELOPMENT ORGANIZATION,
SERVING MORE THAN A QUARTER OF A MILLION WOMEN. WE PROVIDE FINANCIAL
SERVICES, LIFE-SAVING PREVENTATIVE HEALTHCARE, CAPACITY BUILDING
EDUCATION AND BUSINESS TRAINING.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A

IN 2016, PRO MUJER SERVED OVER 262,000 VULNERABLE WOMEN IN LATIN
AMERICA.

-- PRO MUJER STEWARDED RESOURCES WISELY: MORE THAN 88% OF EVERY DOLLAR
DONATED WENT TO PROGRAMS TO SERVE LOW-INCOME WOMEN. 5% SUPPORTED
FUNDRAISING. 7% SUPPORTED MANAGEMENT AND ADMINISTRATION.

-- PRO MUJER PROVIDED FINANCIAL SERVICES AND TOOLS TO WOMEN FACING

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

ECONOMIC DISPARITY IN LATIN AMERICA, OFFERING COMMUNAL BANKING, ACCESS TO HEALTH SERVICES AND ENTREPRENEURIAL EDUCATION, CREATING CRUCIAL ECONOMIC OPPORTUNITIES MOSTLY IN FORM OF LOANS. LEVERAGED FUNDS ARE INVESTED TO EXPAND AND/OR DEVELOP SMALL BUSINESSES, THROUGH INNOVATIVE MODELS, IMPROVING COMMUNITIES' LIVES, PROMOTING HEALTH AND PROGRESS FOR INDIVIDUALS AND FAMILIES. THE AVERAGE LOAN IN 2016 WAS \$542.

-- IN 2016, PRO MUJER PROVIDED LOANS, SAVINGS PROGRAMS, AND OTHER FINANCIAL SERVICES AND SUPPORT THROUGH MORE THAN 27,000 COMMUNAL BANKS.

--PRO MUJER ADVANCES BY SUPPORTING ITS MISSION ON ITS OWN QUALIFIED PERSONNEL, OF NEARLY 1,900 EMPLOYEES WORKING FOR PROMUJER IN 2016, 68% WERE WOMEN; 15% OF FORMER RECIPIENTS OF PRO MUJER'S SERVICES ARE TODAY PART OF OUR STAFF.

AS OF DECEMBER 31, 2016, PRO MUJER'S COUNTRIES OF OPERATION AND NUMBER OF BENEFICIARIES ARE:

- * ARGENTINA: 9,966 BENEFICIARIES
- * BOLIVIA: 121,768 BENEFICIARIES
- * MEXICO: 46,444 BENEFICIARIES
- * NICARAGUA: 52,780 BENEFICIARIES
- * PERU: 31,104 BENEFICIARIES

U.S. AND FOREIGN COMPENSATION

FORM 990, PART I, LINES 5 & 15 AND PART V, LINE 2A

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

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 2,000 FOREIGN EMPLOYEES.

FORM 990 REVIEW

FORM 990, PART VI, LINE 11B

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM (KPMG) BASED ON INFORMATION PROVIDED BY PRO MUJER MANAGEMENT. THE RETURN WAS THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE. A COPY OF THE FINAL FORM 990 WAS PROVIDED TO THE BOARD PRIOR TO FILING WITH THE IRS.

CONFLICT OF INTEREST REVIEW

FORM 990, PART VI, LINE 12C

IN ALL EMPLOYMENT CONTRACTS, WE INCLUDE A CONFLICT OF INTEREST STATEMENT AND DISCLOSURE FORM. FURTHERMORE, OUR CONFLICT OF INTEREST 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 COMPLETES A CONFLICT OF INTEREST FORM ANNUALLY. 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.

COMPENSATION REVIEW

FORM 990, PART VI, LINE 15A & 15B

Name of the organization
PRO MUJER, INC.

Employer identification number
98-0115409

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE PERFORMANCE EVALUATION OF THE CEO AND ALSO HAS THE RESPONSIBILITY TO REVIEW THE CEO COMPENSATION LEVEL AGAINST MARKET DATA FOR SIMILAR POSITIONS AT SIMILAR ORGANIZATIONS. IF IT IS DETERMINED THAT AN INCREASE IN COMPENSATION IS APPROPRIATE FOR THE CEO, THE CHAIR OF THE BOARD DIRECTS THE DIRECTOR OF H.R. AND THE CFO IN WRITING TO MAKE THE NECESSARY ADJUSTMENTS TO THE CEO'S COMPENSATION.

FOR KEY EMPLOYEES OF THE ORGANIZATION AND OTHER OFFICERS, AN EVALUATION IS BASED ON EACH INDIVIDUAL'S PERFORMANCE COMMUNICATED THROUGH MANAGEMENT (MEASURED THROUGH AN ANNUAL PERFORMANCE REVIEW PROCESS). THE CEO BRINGS THE PROPOSED CHANGES TO THE BOARD'S EXECUTIVE COMMITTEE FOR REVIEW, AND TOGETHER WITH THE PERTINENT PERFORMANCE DATA FOR THAT POSITION. THE BOARD APPROVES CHANGES IN COMPENSATION FOR THE CEO, AS PREVIOUSLY DESCRIBED. APPROVALS BY THE CEO AND THE EXECUTIVE COMMITTEE OF THE BOARD ARE NEEDED.

DOCUMENTATION: INDIVIDUAL PERFORMANCE IS EVALUATED BY MANGEMENT AND BOARD, AND COMMUNICATED IN WRITING AS EVIDENCED. AS IS THE RETENTION VALUE OF KEEPING A KEY EMPLOYEE GENERALLY, THIS IS DONE AT THE END OF THE YEAR.

DOCUMENT AVAILABILITY

FORM 990, PART VI, 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

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

TO THE APPROVAL BY PRO MUJER.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

FOREIGN CURRENCY TRANSLATION - \$411,048

CONSOLIDATED FINANCIAL STATEMENTS

FORM 990, PART XII, LINE 2B

PRO MUJER'S FINANCIAL STATEMENTS ARE COMPILED ON A CONSOLIDATED BASIS.

PRO MUJER SEPARATE REPORTING

PRO MUJER PROVIDES VITAL SERVICES TO WOMEN THROUGHOUT LATIN AMERICA, INCLUDING THE COUNTRIES OF ARGENTINA, BOLIVIA, NICARAGUA, MEXICO AND PERU. PRO MUJER ACTIVITIES IN ARGENTINA, BOLIVIA, NICARAGUA, AND PERU ARE REPORTED AS PART OF THE ACTIVITIES OF PRO MUJER, INC. FOR PURPOSES OF FORM 990, IN COMPLIANCE WITH PRESENTATIONAL REQUIREMENTS PER TREASURY REGULATION 301.7701-3.

PRO MUJER ENTITIES IN MEXICO (PRO MUJER MEXICO) ARE NOT CONSIDERED FORERIGN DISREGARDED ENTITIES OF PRO MUJER, INC.; THEREFORE, ACTIVITIES IN MEXICO ARE NOT REPORTED ON THIS FORM 990, OTHER THAN ON SCHEDULE R. PRO MUJER MEXICO SERVES ALMOST 47,000 WOMEN LIVING IN 37 COMMUNITIES SPREAD THROUGHOUT EIGHT STATES IN MEXICO. PRO MUJER IN MEXICO IS THE ONLY INSTITUTION IN MEXICO THAT COMBINES MICROFINANCE WITH WOMEN'S HEALTH AND EMPOWERMENT TRAINING. PRO MUJER MEXICO'S FINANCIAL STATEMENTS INCLUDES \$420,545 IN NET INCOME, \$25,336,664 IN ASSETS, \$20,125,100 IN LIABILITIES

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

AND \$5,211,564 IN TOTAL NET ASSETS.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

UNITED KINGDOM

ARGENTINA

BOLIVIA

NICARAGUA

PERU

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, MO, NH, NJ, NY, NC, OK, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3

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

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| ARMUS AVE JULIO PATINA 721 CALACOTO BOLIVIA | SECURITY SERVICES | 320,107. |
| PROSEGURIDAD SA AVE LOS PROCEDEERES NO 250 PERU | SECURITY SERVICES | 203,208. |
| LEILA FREEDMAN EUGNENIO SUE 52 COLONIA POLANCO MIGUEL HIDALGO MEXICO 11540 | CONSULTING SERVICES | 164,433. |

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

ATTACHMENT 3 (CONT'D)

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

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| SESAME WORKSHOP ONE LINCOLN PLAZA NEW YORK CITY, NY 10023 | CONSULTING SERVICES | 150,000. |
| PROTEG CALLES CHICAS ESQ. LITORAL NO 1302 BOLIVIA | SECURITY SERVICES | 147,369. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047
2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) PRO MUJER NICARAGUA, LLC LEON, NU | WOMEN SVS | DE | 12,183,388. | 26,133,263. | PRO MUJER |
| (2) FUNDACION PRO MUJER (BOLIVIA IFD) LA PAZ, BL | WOMEN SVS | BL | 23,904,103. | 82,200,521. | PRO MUJER |
| (3) FUNDACION PRO MUJER ARGENTINA SALTA, AR | WOMEN SVS | AR | 3,762,729. | 5,186,218. | PRO MUJER |
| (4) PRO MUJER SOCIAL ENTERPRISES, LLC 1209 ORANGE STREET WILMINGTON, DE 19801 | WOMEN SVS | DE | | | PRO MUJER |
| (5) | | | | | |
| (6) | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) PRO MUJER MEXICO APOYO A.C. PACHUCA DE SOTO HIDALGO, C.P., MX | WOMEN SVS | MX | | | PRO MUJER | | X |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2016

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) ASOCIACION PRO MUJER DE MEXICO S. A. DE C.V., SOFOM ENR; PACHUCA DE SOTO HIDALGO, C. P. MX | WOMEN SVS | MX | PRO MUJER | | 13,381,147. | 25,285,131. | 100.0000 | X | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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

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

| | Yes | No |
|---|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses. | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | |
| s Other transfer of cash or property from related organization(s) | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) ASSOC. PRO MUJER DE MEXICO S.A. DE C.V. SOFOM | B | 552,663. | WIRE |
| (2) ASSOC. PRO MUJER DE MEXICO S.A. DE C.V. SOFOM | P | 646,265. | WIRE |
| (3) ASSOC. PRO MUJER DE MEXICO S.A. DE C.V. SOFOM | Q | 155,551. | WIRE |
| (4) ASSOC. PRO MUJER DE MEXICO S.A. DE C.V. SOFOM | B | 5,159,515. | WIRE |
| (5) | | | |
| (6) | | | |

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

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

Table with 16 rows and 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (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; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

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