

# Return of Organization Exempt From Income Tax

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2018** calendar year, or tax year beginning , **2018**, and ending , **20**

|  |   |  |  |  |  |   |  |
|--|---|--|--|--|--|---|--|
| <b>B</b>   | Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>PRO MUJER, INC.                           |  |  |  | <b>D</b> Employer identification number<br>98-0115409 |  |
|  |   | Doing business as  |  |  |  | <b>E</b> Telephone number<br>(646) 626-7000           |  |
|  |   | Number and street (or P.O. box if mail is not delivered to street address) |  | Room/suite   |  |   |  |
|  |   | 125 MAIDEN LANE, 9TH FLOOR   |  |  |  |   |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 10038   |   |  |  | <b>G</b> Gross receipts \$ 52,989,259.   |  |   |  |
| <b>F</b> Name and address of principal officer: MARIA CAVALCANTI<br>125 MAIDEN LANE, 9TH FLOOR, NEW YORK, NY 10038   |   |  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |  |
|  |   |  |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |   |  |
|  |   |  |  | If "No," attach a list. (see instructions)   |  |   |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |   | <b>J</b> Website: WWW.PROMUJER.ORG   |  |  |  | <b>H(c)</b> Group exemption number ▶                  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶              |   | <b>L</b> Year of formation: 1990   |  | <b>M</b> State of legal domicile: DC   |  |   |  |

**Part I Summary**

|   |  |  |
|---|--|--|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: PRO MUJER PROVIDES FINANCIAL INCLUSION, HEALTH AND EDUCATIONAL SERVICES FOR UNDERSERVED WOMEN IN LATIN AMERICA. (CONTINUED IN SCHEDULE O) |  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | 3 12.  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | 4 12.  |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | 5 19.  |
|   | <b>6</b> Total number of volunteers (estimate if necessary) . . . . . COPY FOR PUBLIC INSPECTION   | 6 21.  |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | 7a 0.  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 38                     | 7b 13,438.   |  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | 1,900,019. 1,490,417.  |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 55,126,003. 52,663,182.  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 434,862. 10,483.   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 880,271. -1,312,176.   |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 58,341,155. 52,851,906.  |
|   | <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  | 0. 0.  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | 22,453,997. 22,541,203.  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |  | 0. 0.  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,114,469.             |  |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |  | 31,972,942. 33,211,723.  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 55,114,699. 56,729,405.  |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 3,226,456. -3,877,499.   |  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | 167,849,403. 155,869,797.  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 108,852,667. 103,818,613.  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 58,996,736. 52,051,184.  |

**Part II Signature Block**

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

|                               |  |                          |                 |   |                   |
|-------------------------------|--|--------------------------|-----------------|---|-------------------|
| <b>Sign Here</b>              |  | 9/30/19                  | Date            |   |                   |
|                               | MARIA CAVALCANTI   | PRESIDENT & CEO          |                 |   |                   |
|                               | Type or print name and title                             |                          |                 |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>DEVIN L DUNCAN             | Preparer's signature<br> | Date<br>10/3/19 | Check <input type="checkbox"/> if self-employed | PTIN<br>P01249521 |
|                               | Firm's name ▶ KPMG LLP                                   | Firm's EIN ▶ 13-5565207  |                 |   |                   |
|                               | Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102 | Phone no. 212-758-9700   |                 |   |                   |

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

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

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | Enter filer's identifying number, see instructions                                       |   |
|---------------|--|---|
|               | Name of exempt organization or other filer, see instructions.                            | Employer identification number (EIN) or |
|               | PRO MUJER, INC.  | 98-0115409                              |
|               | Number, street, and room or suite no. If a P.O. box, see instructions.                   | Social security number (SSN)            |
|               | 125 MAIDEN LANE, 9TH FLOOR   |   |
|               | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |   |
|               | NEW YORK, NY 10038   |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

NORMA SEGURA

- The books are in the care of ▶ 125 MAIDEN LANE, 9TH FLOOR NEW YORK NY 10038

Telephone No. ▶ 646 626-7000 Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2018 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

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 IS A MISSION-DRIVEN ORGANIZATION THAT EMPOWERS WOMEN BY CREATING SUSTAINABLE ECONOMIC, HEALTH, AND SOCIAL OPPORTUNITIES FOR UNDERSERVED WOMEN AND THEIR FAMILIES IN LATIN AMERICA. (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 \$ 47,410,123. including grants of \$ 732,931. ) (Revenue \$ 49,453,748. )

FINANCIAL SERVICES - SINCE 1990, PRO MUJER HAS PROVIDED FINANCIAL SERVICES TO WOMEN WHO LACK ACCESS TO TRADITIONAL FINANCIAL INSTITUTIONS. SERVICES INCLUDE SAVINGS, LOANS, AND INSURANCE, AND ARE PART OF AN INTEGRATED OFFERING THAT INCLUDES FINANCIAL EDUCATION, BUSINESS AND EMPOWERMENT TRAINING AS WELL AS LEADERSHIP SKILLS TO HELP THEM GROW THEIR BUSINESSES. TO DATE, PRO MUJER HAS DISBURSED OVER U.S. \$3.6 BILLION IN SMALL LOANS TO WOMEN IN LATIN AMERICA. FOR MORE INFORMATION, SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 3,076,807. including grants of \$ 243,548. ) (Revenue \$ 3,209,434. )

HEALTH SERVICES AND OTHER SUPPORT - PRO MUJER ALSO INVESTS IN WOMEN'S HEALTH AND WELL BEING BY PROVIDING ACCESS TO LOW-COST, HIGH-QUALITY HEALTH SERVICES, INCLUDING PREVENTIVE CARE, REGULAR CANCER SCREENINGS, LAB TESTS, ULTRASOUNDS AND DENTAL CARE, IN THE NEIGHBORHOODS WHERE WOMEN LIVE AND WORK. TO DATE, PRO MUJER HAS PROVIDED OVER 9 MILLION HEALTH INTERVENTIONS. 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 50,486,930.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-21 with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) GILLIAN SHEPHERD MESTRE<br>CHAIR              | 5.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) ANA DEMEL<br>VICE CHAIR & SECRETARY           | 5.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) MARK MCMAHON<br>TREASURER                     | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) ZELMA ACOSTA-RUBIO<br>MEMBER                  | 2.00<br>2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) JENNIFER MARY BROOKS<br>MEMBER (AS OF 3/18)   | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) JOSEPH ANTHONY CARR<br>MEMBER (AS OF 3/18)    | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) VANESSA DAGER<br>MEMBER (AS OF 9/18)          | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) PATRICK GRACE<br>MEMBER                       | 2.00<br>2.00   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) KATE LAUER<br>MEMBER (FROM 3/18 THRU 6/18)    | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) JEFFREY MACDONAGH<br>MEMBER (AS OF 9/18)     | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) MATTHEW W PATSKY<br>MEMBER                   | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) NANCY PENDARVIS HARRIS<br>MEMBER (THRU 6/18) | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) ROBERT ROSONE<br>MEMBER                      | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) CHRISTINE SWITZER<br>MEMBER (AS OF 9/18)     | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) RUTH BURNS COWAN<br>FNDG CHAIR/DIR EMER (NON-VOTE)       | 2.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 16) LYNNE PATTERSON<br>CO-FOUNDER/DIR EMER (NON-VOTE)        | 2.00<br>0.   | X   |                       |         |              |                              |        | 34,200.  | 0.  | 0.  |
| ( 17) ROSEMARY WERRETT<br>DIRECTOR EMERITA (NON-VOTE)          | 2.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 18) MARIA CAVALCANTI<br>PRESIDENT & CEO (NON-VOTE)           | 40.00<br>2.00  | X   |                       | X       |              |                              |        | 397,923.   | 0.  | 35,741.   |
| ( 19) DIANA DE CASTRO<br>CHIEF ALLIANCE OFFICER                | 40.00<br>2.00  |   |                       | X       |              |                              |        | 208,933.   | 0.  | 11,330.   |
| ( 20) RAUL ALBERTO ESPEJEL<br>CHIEF FINANCIAL OFFICER          | 40.00<br>2.00  |   |                       | X       |              |                              |        | 0.   | 283,235.  | 6,260.  |
| ( 21) CAMILO MENDEZ<br>DIR. GLOBAL TREASURY & INV.             | 40.00<br>0.  |   |                       | X       |              |                              |        | 151,532.   | 0.  | 49,821.   |
| ( 22) MOHIT NAGPAL<br>CHIEF OP. OFFICER (AS OF 1/18)           | 40.00<br>2.00  |   |                       |         | X            |                              |        | 238,532.   | 0.  | 10,569.   |
| ( 23) CESAR MAITA<br>GENERAL COUNSEL                           | 48.00<br>2.00  |   |                       |         | X            |                              |        | 165,026.   | 0.  | 9,577.  |
| ( 24) MARGARITA TALAVERA<br>CHIEF HUMAN RESOURCES OFFICER      | 48.00<br>.50   |   |                       |         | X            |                              |        | 150,215.   | 0.  | 9,025.  |
| ( 25) NORMA SEGURA<br>INTERNATIONAL CONTROLLER                 | 40.00<br>.60   |   |                       |         |              | X                            |        | 155,038.   | 0.  | 11,882.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        | 1,886,550.   | 430,400.  | 193,943.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 1,886,550.   | 430,400.  | 193,943.  |

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 **10**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 26) JESSICA OLIVAN<br>DIR. STRATEGIC PARTNERSHIPS            | 40.00<br>0.  |   |                       |         |              | X                            |        | 125,025.   | 0.  | 29,851.   |
| ( 27) GERALDINE V DIAZ<br>DIR. STRATEGIC PTNRSHPS-WEST         | 40.00<br>0.  |   |                       |         |              | X                            |        | 140,657.   | 0.  | 5,216.  |
| ( 28) PATRICIA CLAURE<br>DIRECTOR, BOLIVIA                     | 48.00<br>0.  |   |                       |         |              | X                            |        | 119,469.   | 0.  | 10,449.   |
| ( 29) RODOLFO MEDRANO<br>DIR., MEXICO; FORMER PMI COO          | 0.<br>48.00  |   |                       |         |              |                              | X      | 0.   | 147,165.  | 4,222.  |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**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 **10**

|   | Yes | No |
|---|-----|----|
| <b>3</b> 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   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|  |  |  |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|--|--|----------------------|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                      | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>  |                      |                      |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>  |                      |                      |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>  |                      |                      |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>  |                      |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . .   | <b>1e</b>  |                      |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .   | <b>1f</b>  | 1,490,417.           |                      |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  | 320,586.             |                      |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |  |                      | 1,490,417.           |  |   |  |  |
| <b>Program Service Revenue</b>   | <b>2a</b> PROGRAM FINANCIAL SERVICES   |  |                      | 900099               | 49,453,748.  | 49,453,748.                             |  |  |
|  | <b>b</b> PROGRAM HEALTH SERVICES   |  |                      | 900099               | 3,209,434.   | 3,209,434.                              |  |  |
|  | <b>c</b> _____   |  |                      |                      |  |   |  |  |
|  | <b>d</b> _____   |  |                      |                      |  |   |  |  |
|  | <b>e</b> _____   |  |                      |                      |  |   |  |  |
|  | <b>f</b> All other program service revenue . . . . .   |  |                      |                      |  |   |  |  |
|  | <b>g Total.</b> Add lines 2a-2f . . . . . ▶  |  |                      |                      | 52,663,182.  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts). . . . . ▶  |  |                      | 10,483.              |  |   | 10,483.  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . ▶  |  |                      | 0.                   |  |   |  |  |
|  | <b>5</b> Royalties . . . . . ▶   |  |                      | 0.                   |  |   |  |  |
|  | <b>6a</b> Gross rents . . . . .  | (i) Real   | (ii) Personal        |                      |  |   |  |  |
|  |  | <b>b</b> Less: rental expenses . . . . .                           |                      |                      |  |   |  |  |
|  | <b>c</b> Rental income or (loss) . . . . .   |  |                      |                      |  |   |  |  |
|  | <b>d</b> Net rental income or (loss) . . . . . ▶   |  |                      |                      | 0.   |   |  |  |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | (ii) Other           |                      |  |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      |                      |  |   |  |  |
|  | <b>c</b> Gain or (loss) . . . . .  |  |                      |                      |  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . . ▶  |  |                      |                      | 0.   |   |  |  |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |  |                      |                      | 0.   |   |  |  |
|  |  | <b>b</b> Less: direct expenses . . . . . <b>b</b>                  |                      |                      | 0.   |   |  |  |
|  |  | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶  |                      |                      |  | 0.                                      |  |  |
|  | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b>  |  |                      |                      | 0.   |   |  |  |
| <b>b</b> Less: direct expenses . . . . . <b>b</b>                                      |  |  |                      | 0.                   |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶                       |  |  |                      |                      | 0.   |   |  |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b> |  |  |                      | 0.                   |  |   |  |  |
|  | <b>b</b> Less: cost of goods sold . . . . . <b>b</b>   |  |                      | 0.                   |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶  |  |                      |                      | 0.   |   |  |  |
| Miscellaneous Revenue  |  |  | <b>Business Code</b> |                      |  |   |  |  |
| <b>11a</b> LOSS IN EQUITY SUBSIDIARIES   |  | 900099   | -3,115,583.          | -3,115,583.          |  |   |  |  |
| <b>b</b> INCOME TAX REFUNDS - SUNAT / PERU   |  | 900099   | 863,590.             |                      |  | 863,590.                                |  |  |
| <b>c</b> GAIN ON FOREIGN EXCHANGE  |  | 900099   | 342,742.             |                      |  | 342,742.                                |  |  |
| <b>d</b> All other revenue . . . . .   |  |  | 597,075.             | 597,075.             |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶  |  |  | -1,312,176.          |                      |  |   |  |  |
| <b>12 Total revenue.</b> See instructions. . . . . ▶                                   |  |  | 52,851,906.          | 50,144,674.          |  | 1,216,815.                              |  |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 461,667.              | 461,667.                        |  |                             |
| 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 . . . . .   | 514,812.              | 514,812.                        |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 1,472,424.            | 751,347.                        | 515,090.                               | 205,987.                    |
| 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 . . . . .   | 13,522,611.           | 11,481,483.                     | 1,034,115.                             | 1,007,013.                  |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 2,029,964.            | 1,800,047.                      | 164,748.                               | 65,169.                     |
| 9 Other employee benefits . . . . .  | 5,378,655.            | 4,771,506.                      | 413,884.                               | 193,265.                    |
| 10 Payroll taxes . . . . .   | 137,549.              | 116,270.                        | 14,154.                                | 7,125.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 341,728.              |                                 | 341,728.                               |                             |
| c Accounting . . . . .   | 372,678.              |                                 | 372,678.                               |                             |
| 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.) . . . . .   | 2,242,275.            | 1,998,292.                      | 211,063.                               | 32,920.                     |
| 12 Advertising and promotion . . . . .   | 284,969.              | 223,833.                        | 24,294.                                | 36,842.                     |
| 13 Office expenses . . . . .   | 1,082,928.            | 984,977.                        | 79,915.                                | 18,036.                     |
| 14 Information technology. . . . .   | 0.                    |                                 |  |                             |
| 15 Royalties. . . . .  | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 4,186,635.            | 3,837,382.                      | 285,554.                               | 63,699.                     |
| 17 Travel . . . . .  | 1,395,856.            | 914,108.                        | 227,805.                               | 253,943.                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 0.                    |                                 |  |                             |
| 20 Interest . . . . .  | 7,054,345.            | 7,054,345.                      |  |                             |
| 21 Payments to affiliates. . . . .   | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 1,387,767.            | 1,259,637.                      | 107,578.                               | 20,552.                     |
| 23 Insurance . . . . .   | 683,578.              | 577,632.                        | 72,233.                                | 33,713.                     |
| 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  | 6,450,393.            | 6,450,393.                      |  |                             |
| b FOREIGN INCOME TAXES   | 3,396,883.            | 3,396,883.                      |  |                             |
| c OTHER PGM & OPERATIONAL EXP  | 3,282,660.            | 2,906,311.                      | 207,169.                               | 169,180.                    |
| d MISCELLANEOUS TAXES  | 1,049,028.            | 986,005.                        | 55,998.                                | 7,025.                      |
| e All other expenses _____   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 56,729,405.           | 50,486,930.                     | 4,128,006.                             | 2,114,469.                  |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |              | (B)<br>End of year |            |
|---|--|--------------------------|--------------|--------------------|------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 24,388,650.              | <b>1</b>     | 27,374,806.        |            |
|   | <b>2</b> Savings and temporary cash investments  | 2,871,319.               | <b>2</b>     | 1,316,790.         |            |
|   | <b>3</b> Pledges and grants receivable, net  | 300,880.                 | <b>3</b>     | 26,825.            |            |
|   | <b>4</b> Accounts receivable, net  | 1,419,220.               | <b>4</b>     | 408,626.           |            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.                       | <b>5</b>     | 0.                 |            |
|   | <b>6</b> 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.                       | <b>6</b>     | 0.                 |            |
|   | <b>7</b> Notes and loans receivable, net   | 126,818,439.             | <b>7</b>     | 113,592,332.       |            |
|   | <b>8</b> Inventories for sale or use   | 0.                       | <b>8</b>     | 0.                 |            |
|   | <b>9</b> Prepaid expenses and deferred charges   | 0.                       | <b>9</b>     | 0.                 |            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 11,568,431.   |              |                    |            |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 7,712,121.    | 3,609,901.   | <b>10c</b>         | 3,856,310. |
|   | <b>11</b> Investments - publicly traded securities   | 544,045.                 | <b>11</b>    | 2,721,321.         |            |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 0.                       | <b>12</b>    | 0.                 |            |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 5,601,010.               | <b>13</b>    | 3,529,138.         |            |
|   | <b>14</b> Intangible assets  | 1,020,527.               | <b>14</b>    | 1,547,879.         |            |
|   | <b>15</b> Other assets. See Part IV, line 11   | 1,275,412.               | <b>15</b>    | 1,495,770.         |            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 167,849,403.   | <b>16</b>                | 155,869,797. |                    |            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 12,695,188.              | <b>17</b>    | 12,403,839.        |            |
|   | <b>18</b> Grants payable   | 0.                       | <b>18</b>    | 0.                 |            |
|   | <b>19</b> Deferred revenue   | 0.                       | <b>19</b>    | 0.                 |            |
|   | <b>20</b> Tax-exempt bond liabilities  | 0.                       | <b>20</b>    | 0.                 |            |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0.                       | <b>21</b>    | 0.                 |            |
|   | <b>22</b> 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.                       | <b>22</b>    | 0.                 |            |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 91,255,352.              | <b>23</b>    | 89,384,292.        |            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0.                       | <b>24</b>    | 0.                 |            |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 4,902,127.               | <b>25</b>    | 2,030,482.         |            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 108,852,667.             | <b>26</b>    | 103,818,613.       |            |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |              |                    |            |
|   | <b>27</b> Unrestricted net assets  | 58,206,935.              | <b>27</b>    | 51,368,272.        |            |
|   | <b>28</b> Temporarily restricted net assets  | 638,853.                 | <b>28</b>    | 531,964.           |            |
|   | <b>29</b> Permanently restricted net assets  | 150,948.                 | <b>29</b>    | 150,948.           |            |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |              |                    |            |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>    |                    |            |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>    |                    |            |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>    |                    |            |
| <b>33</b> Total net assets or fund balances                         | 58,996,736.  | <b>33</b>                | 52,051,184.  |                    |            |
| <b>34</b> Total liabilities and net assets/fund balances            | 167,849,403.   | <b>34</b>                | 155,869,797. |                    |            |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 52,851,906. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 56,729,405. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -3,877,499. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 58,996,736. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 17,125.     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -3,085,178. |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 52,051,184. |

**Part XII Financial Statements and Reporting**

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

- 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 |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Schedule A (Form 990 or 990-EZ) 2018

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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (60.23%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (61.79%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.



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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2018. 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 - 2017. 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? <i>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.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| 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)? <i>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.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes         | No |
|--|-------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |             |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11 a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |           | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |

**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.

| <b>Section A - Adjusted Net Income</b>  |          | (A) Prior Year | (B) Current Year (optional) |
|---|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                             |
| <b>6</b> 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) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b> |                |                             |

| <b>Section B - Minimum Asset Amount</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |           |                |                             |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.   | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.  | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |                |                             |

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

**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 <b>Total annual distributions.</b> 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 2018 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                             |  |   |
| a From 2013 . . . . .   |                             |  |   |
| b From 2014 . . . . .   |                             |  |   |
| c From 2015 . . . . .   |                             |  |   |
| d From 2016 . . . . .   |                             |  |   |
| e From 2017 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2018 distributable amount  |                             |  |   |
| i Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2018 from Section D, line 7:                     \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2018 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2014 . . . . .  |                             |  |   |
| b Excess from 2015 . . . . .  |                             |  |   |
| c Excess from 2016 . . . . .  |                             |  |   |
| d Excess from 2017 . . . . .  |                             |  |   |
| e Excess from 2018 . . . . .  |                             |  |   |

**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 | 2014 | 2015            | 2016 | 2017 | 2018 | TOTAL           |
|-------------|------|-----------------|------|------|------|-----------------|
| FUNDRAISING |      | 755,360.        |      |      |      | 755,360.        |
| TOTALS      |      | <u>755,360.</u> |      |      |      | <u>755,360.</u> |

**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
 PRO MUJER, INC.

Employer identification number  
 98-0115409

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **PRO MUJER, INC.**

Employer identification number  
98-0115409

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 248,380.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          |                                   | \$ 220,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          |                                   | \$ 180,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 99,956.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 83,604.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization **PRO MUJER, INC.**

Employer identification number  
98-0115409

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 40,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |                                   | \$ 37,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **PRO MUJER, INC.**

**Employer identification number**

98-0115409

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|---|---|-------------------|
| 3                   | SUBSCRIPTION TECHNOLOGY TOOL              | \$ 180,000.                               | 05/01/2018        |
| 4                   | STOCK                                     | \$ 99,956.                                | 12/20/2018        |
|                     |   | \$  |                   |
|                     |   | \$  |                   |
|                     |   | \$  |                   |
|                     |   | \$  |                   |
|                     |   | \$  |                   |
|                     |   | \$  |                   |
|                     |   | \$  |                   |
|                     |   | \$  |                   |

Name of organization PRO MUJER, INC.

Employer identification number  
98-0115409

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

  

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

  

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

  

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several yes/no questions.

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: Line number, Description, and Amount. Includes rows for reporting on SFAS 116 (ASC 958) for art and historical treasures, and reporting on financial gain for these assets.

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

Schedule D (Form 990) 2018

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f 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 6 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 100.0000 %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows include: (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 5 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<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>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)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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   | 2,030,482.     |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► |                |  |

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

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

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

|          |  |           |             |             |
|----------|--|-----------|-------------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>    | 65,839,940. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |             |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 17,125.     |             |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> | 72,368.     |             |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |             |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 9,782,958.  |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> |             | 9,872,451.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  |             | 55,967,489. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |             |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |             |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | -3,115,583. |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> |             | -3,115,583. |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  |             | 52,851,906. |

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

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

|          |   |           |             |             |
|----------|---|-----------|-------------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>    | 72,785,492. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |             |             |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> | 72,368.     |             |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |             |             |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |             |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 15,983,719. |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> |             | 16,056,087. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  |             | 56,729,405. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |             |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |             |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |             |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> |             |             |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  |             | 56,729,405. |

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

## 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, 2018, THE SUPERINTENDENCIA NACIONAL DE ADMINISTRACION  
TRIBUTARIA ("SUNAT") (PERUVIAN INTERNAL REVENUE SERVICE) HAS APPROVED PMI  
- PERU'S REQUEST TO RENEW ITS REGISTRATION AT ITS REGISTRY OF INCOME TAX  
EXEMPTED ENTITIES.

## FIRST CLAIM

IN DECEMBER 2017, SUNAT ISSUED A RESOLUTION PARTIALLY FAVORABLE TO PMI -  
PERU, REDUCING \$2,136,490 OF THE RESULTING POTENTIAL CONTINGENCY OF THIS  
CLAIM. AS OF DECEMBER 31, 2018 AND 2017, THE APPROXIMATE TOTAL  
CONTINGENCY DETERMINED WITHIN THE TAX CLAIM AMOUNTS TO \$12,000,000 AND  
\$0, RESPECTIVELY.



**Part XIII** Supplemental Information (continued)

## SECOND CLAIM

DURING THE YEAR 2018, PRO MUJER FILED AN APPEAL TO BE RESOLVED BY THE TAX COURT. THE APPROXIMATE TAX DEBT AFFECTED BY THE STATUTE OF LIMITATION AS OF DECEMBER 31, 2018 IS THE APPROXIMATE TOTAL OF \$3,000,000.

AS OF DECEMBER 31, 2018 AND 2017, PMI - PERU HAS RECORDED A LIABILITY OF \$2,030,482 AND \$2,113,175, RESPECTIVELY, AS A TAX LIABILITY, WHICH IS INCLUDED AS OTHER LONG-TERM LIABILITIES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. PMI - PERU INCURRED A TAX EXPENSE IN 2018 AND 2017 OF \$0 AND \$364,479, RESPECTIVELY.

PRO MUJER - ARGENTINA WILL SUBMIT A LAWSUIT AT THE COURT, RELATED TO THE TAX EXEMPTION REQUEST CORRESPONDING TO 2018, WHICH WAS DENIED BY THE TAX ADMINISTRATION. ALTHOUGH IN 2018, REGULATION NO. 1170/18 PUBLISHED THAT THE ACTIVITIES OF PRO MUJER - ARGENTINA HAVE BEEN TAX EXEMPTED FROM 2018 ONWARDS, THE CASE IS STILL PENDING TO BE CONFIRMED BY THE COURT.

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 \$ 10,230,671

WASI REVENUE \$ 461,667

ADJ FOR I/C GRANTMAKING \$(909,380)

-----  
TOTAL \$ 9,782,958

## PART XI, LINE 4B

LOSS IN EQUITY SUBSIDIARIES \$(3,115,583)

## RECONCILIATION OF EXPENSE PER FINANCIAL STATEMENT

## PART XII, LINE 2D

PRO MUJER MEXICO EXPENSE \$ 13,554,996

WASI EXPENSE \$ 252,925

FOREIGN CURRENCY TRANSLATION \$ 3,085,178

ADJ FOR I/C GRANTMAKING \$(909,380)

-----  
TOTAL \$ 15,983,719

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 |
|---|-------------------------------------|--|--|--|--|
| <b>(1)</b> SOUTH AMERICA                                    | 63.                                 | 892.   | PROGRAM SERVICES   | FINANCIAL AND HEALTH   | 26,574,517.  |
| <b>(2)</b> CENTRAL AMERICA/CARIBBEAN                        | 11.                                 | 352.   | PROGRAM SERVICES   | FINANCIAL AND HEALTH   | 10,872,070.  |
| <b>(3)</b> NORTH AMERICA                                    | 0.                                  | 0.   | GRANTMAKING  |  | 447,714.   |
| <b>(4)</b> CENTRAL AMERICA/CARIBBEAN                        | 0.                                  | 0.   | GRANTMAKING  |  | 17,500.  |
| <b>(5)</b> SOUTH AMERICA                                    | 0.                                  | 0.   | GRANTMAKING  |  | 49,598.  |
| <b>(6)</b>  |                                     |  |  |  |  |
| <b>(7)</b>  |                                     |  |  |  |  |
| <b>(8)</b>  |                                     |  |  |  |  |
| <b>(9)</b>  |                                     |  |  |  |  |
| <b>(10)</b>   |                                     |  |  |  |  |
| <b>(11)</b>   |                                     |  |  |  |  |
| <b>(12)</b>   |                                     |  |  |  |  |
| <b>(13)</b>   |                                     |  |  |  |  |
| <b>(14)</b>   |                                     |  |  |  |  |
| <b>(15)</b>   |                                     |  |  |  |  |
| <b>(16)</b>   |                                     |  |  |  |  |
| <b>(17)</b>   |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                | 74.                                 | 1,244.   |  |  | 37,961,399.  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 74.                                 | 1,244.   |  |  | 37,961,399.  |

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

Schedule F (Form 990) 2018

**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             | 243,548.                 | WIRE                            |                                  |                                       |   |
| (2)  |                          |  | NORTH AMERICA           | FIN/HLTH             | 204,166.                 | WIRE                            |                                  |                                       |   |
| (3)  |                          |  | CENT. AMERICA/CARIBBEAN | FIN/HLTH             | 14,500.                  | WIRE                            |                                  |                                       |   |
| (4)  |                          |  | SOUTH AMERICA           | FIN/HLTH             | 49,598.                  | WIRE                            |                                  |                                       |   |
| (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.**

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; don't 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; don't 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).

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GRANTS AND ASSISTANCE TO ORGANIZATIONS OUTSIDE THE US

PART I, LINE 2

PRO MUJER, INC. MAKES GRANTS TO TWO RELATED ORGANIZATIONS, PRO MUJER MEXICO APOYO A.C. AND ASOCIACION PRO MUJER DE MEXICO S.A. DE C.V. SOFOM. THE FUNDS ARE USED IN LINE WITH PRO MUJER, INC. TAX-EXEMPT PURPOSES.

PRO MUJER, INC. ALSO MAKES GRANTS TO OTHER EXTERNAL ORGANIZATIONS. TO ENSURE THE APPROPRIATE EXECUTION OF FUNDS, PRO MUJER, INC. CONDUCTS MONTHLY MEETINGS AND, AT TIMES, BI-MONTHLY MEETINGS WITH GRANTEE'S LEADERSHIP. THE GRANTEE PRESENTS A MONTHLY REPORT, INCLUDING A FINANCIAL REPORT, THAT PRO MUJER, INC. REVIEWS WITH THE GRANTEE'S LEADERS AND PROGRAM DIRECTOR. PRO MUJER, INC. ALSO CONDUCTS SITE VISITS TO ENSURE THAT THE PROJECT IS COMPLETING OUTLINED MILESTONES.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) WASI SOCIAL INNOVATION, INC.<br>125 MAIDEN LANE NEW YORK, NY 10038 | 82-4473371 | 501(C)(3)                       | 461,667.                 |                                   |   |                                       | WOMEN SVS                          |
| (2)  |            |                                 |                          |                                   |   |                                       |                                    |
| (3)  |            |                                 |                          |                                   |   |                                       |                                    |
| (4)  |            |                                 |                          |                                   |   |                                       |                                    |
| (5)  |            |                                 |                          |                                   |   |                                       |                                    |
| (6)  |            |                                 |                          |                                   |   |                                       |                                    |
| (7)  |            |                                 |                          |                                   |   |                                       |                                    |
| (8)  |            |                                 |                          |                                   |   |                                       |                                    |
| (9)  |            |                                 |                          |                                   |   |                                       |                                    |
| (10)   |            |                                 |                          |                                   |   |                                       |                                    |
| (11)   |            |                                 |                          |                                   |   |                                       |                                    |
| (12)   |            |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS AND ASSISTANCE TO DOMESTIC ORGANIZATIONS

PART I, LINE 2

PRO MUJER, INC. MAKES GRANTS TO ONE DOMESTIC RELATED ORGANIZATION, WASI

SOCIAL INNOVATION, INC. FUNDS USED IN LINE WITH PRO MUJER, INC.

TAX-EXEMPT PURPOSES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PRO MUJER, INC.

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

98-0115409

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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) |

**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)?

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

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

Schedule J (Form 990) 2018

**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<br>PRESIDENT & CEO (NON-VOTE)      | (i)  | 337,923.   | 60,000.                             | 0.                                  | 33,000.  | 2,741.                  | 433,664.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 2 DIANA DE CASTRO<br>CHIEF ALLIANCE OFFICER           | (i)  | 184,883.   | 24,050.                             | 0.                                  | 9,250.   | 2,080.                  | 220,263.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3 RAUL ALBERTO ESPEJEL<br>CHIEF FINANCIAL OFFICER     | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 212,487.   | 17,323.                             | 53,425.                             | 0.   | 6,260.                  | 289,495.                        | 0.  |
| 4 CAMILO MENDEZ<br>DIR. GLOBAL TREASURY & INV.        | (i)  | 133,104.   | 18,428.                             | 0.                                  | 7,087.   | 42,734.                 | 201,353.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5 MOHIT NAGPAL<br>CHIEF OP. OFFICER (AS OF 1/18)      | (i)  | 218,532.   | 20,000.                             | 0.                                  | 0.   | 10,569.                 | 249,101.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 6 CESAR MAITA<br>GENERAL COUNSEL                      | (i)  | 111,546.   | 16,240.                             | 37,240.                             | 0.   | 9,577.                  | 174,603.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 7 MARGARITA TALAVERA<br>CHIEF HUMAN RESOURCES OFFICER | (i)  | 127,128.   | 2,437.                              | 20,650.                             | 0.   | 9,025.                  | 159,240.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 8 NORMA SEGURA<br>INTERNATIONAL CONTROLLER            | (i)  | 136,838.   | 18,200.                             | 0.                                  | 5,083.   | 6,799.                  | 166,920.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 9 JESSICA OLIVAN<br>DIR. STRATEGIC PARTNERSHIPS       | (i)  | 110,075.   | 14,950.                             | 0.                                  | 1,150.   | 28,701.                 | 154,876.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 10 RODOLFO MEDRANO<br>DIR., MEXICO; FORMER PMI COO    | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (ii) | 50,257.  | 2,746.                              | 94,162.                             | 0.   | 4,222.                  | 151,387.                        | 0.  |
| 11  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

## SEVERANCE PAYMENT

## PART I, LINE 4A

LYNNE PATTERSON RECEIVED A SEVERANCE PAYMENT OF \$34,200 IN 2018.

RODOLFO MEDRANO RECEIVED A SEVERANCE PAYMENT OF 94,162 IN 2018.

## SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

## PART I, LINE 4B

MARIA CAVALCANTI PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. \$2,500 WAS DEFERRED IN 2018 AND IS REPORTED IN SCHEDULE J, PART II, COLUMN (C).

## NON-FIXED PAYMENT

## PART I, LINE 7

MARIA CAVALCANTI RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$60,000 IN 2018.

DIANA DE CASTRO RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$24,050 IN 2018.

RAUL ALBERTO ESPEJEL RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$17,323 IN 2018.

**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.

CAMILO MENDEZ RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$18,428 IN  
2018.

MOHIT NAGPAL RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$20,000 IN  
2018.

CESAR MAITA RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$16,240 IN  
2018.

MARGARITA TALAVERA RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$2,437  
IN 2018.

NORMA SEGURA RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$18,200 IN  
2018.

JESSICA OLIVAN RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$14,950 IN  
2018.

RODOLFO MEDRANO RECEIVED A DISCRETIONARY NON-FIXED PAYMENT OF \$2,746 IN  
2018.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

PRO MUJER, INC.

Employer identification number

98-0115409

**Part I** Types of Property

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  |                               |  |  |  |
| 6 Cars and other vehicles. . . . .   |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 12 .   | 140,586 .  | FMV  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>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 ▶ ( ATCH 1 ) . . . . .  |                               | 1 .  | 180,000 .  |  |
| 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.   |     |    |

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Schedule M (Form 990) 2018

JSA

8E1298 1.000

2601HO 2502

3007595

PAGE 46

**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 CONTRIBUTIONS

PART I, COLUMN (B) THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF  
SEPARATE CONTRIBUTIONS.

**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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u>     | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|------------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| SUBSCRIPTION TECH TOOL | X                | 1.                                 | 180,000.                     | FMV                              |
| TOTALS                 |                  | <u>1.</u>                          | <u>180,000.</u>              |                                  |



**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.

**2018**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

PRO MUJER, INC.

98-0115409

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1

PRO MUJER PROVIDES 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 2018, PRO MUJER SERVED OVER 218,000 VULNERABLE WOMEN IN LATIN AMERICA  
BY PROVIDING GROUP AND INDIVIDUAL LOANS, SAVINGS PROGRAMS, INSURANCE,  
FINANCIAL EDUCATION AND BUSINESS TRAINING. THESE SERVICES HAVE HELPED  
WOMEN START AND GROW THEIR BUSINESSES. WE ALSO SERVED OUR BENEFICIARIES  
BY PROVIDING ACCESS TO LOW-COST, HIGH-QUALITY HEALTH SERVICES, INCLUDING  
PREVENTIVE CARE AND REGULAR CANCER SCREENINGS.

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

LAST YEAR, PRO MUJER PROVIDED:

- US \$293 MILLION IN LOANS
- 755,000 HEALTH SERVICES
- 101,000 CANCER SCREENINGS

-- PRO MUJER STEWARDED RESOURCES WISELY: MORE THAN 85% OF EVERY DOLLAR DONATED WENT TO PROGRAMS TO SERVE LOW-INCOME WOMEN. 5% SUPPORTED FUNDRAISING. 10% SUPPORTED MANAGEMENT AND ADMINISTRATION.

-- PRO MUJER EMPLOYED NEARLY 1,600 EMPLOYEES WORKING IN LATIN AMERICA IN 2018, 69% WERE WOMEN; 15% OF OUR STAFF ARE FORMER RECIPIENTS OF PRO MUJER'S SERVICES.

AS OF DECEMBER 31, 2018, PRO MUJER'S COUNTRIES OF OPERATION AND NUMBER OF BENEFICIARIES ARE:

- \* ARGENTINA: 14,442 BENEFICIARIES
- \* BOLIVIA: 123,382 BENEFICIARIES
- \* MEXICO: 24,523 BENEFICIARIES
- \* NICARAGUA: 44,138 BENEFICIARIES
- \* PERU: 12,448 BENEFICIARIES

U.S. AND FOREIGN COMPENSATION

FORM 990, PART I, LINES 5 & 15; PART V, LINE 2A AND PART IX, LINES 5-10  
THE TOTAL SALARIES REPORTED ON FORM 990 ON PART I, LINE 15 AND PART IX,

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

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, LINES 15A & 15B

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE PERFORMANCE EVALUATION OF

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

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 FOR REVIEW, AND TOGETHER WITH THE PERTINENT PERFORMANCE DATA FOR THAT POSITION, THE BOARD APPROVES CHANGES IN COMPENSATION, AS PREVIOUSLY DESCRIBED. APPROVALS BY THE CEO AND THE BOARD ARE REQUIRED.

DOCUMENTATION: INDIVIDUAL PERFORMANCE IS EVALUATED BY MANAGEMENT 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 TO APPROVAL BY PRO MUJER.

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

## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

FOREIGN CURRENCY TRANSLATION   -\$3,085,178

## 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 FOREIGN 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 25,000 WOMEN LIVING IN 34 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 \$2,280,614 IN NET LOSS, \$13,472,667 IN ASSETS, \$10,152,271 IN LIABILITIES AND \$3,320,396 IN TOTAL NET ASSETS.

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

WASI SOCIAL INNOVATION, INC. IS NOT CONSIDERED A DISREGARDED ENTITY OF PRO MUJER, INC. THEREFORE ACTIVITIES IN WASI SOCIAL INNOVATION, INC. ARE NOT REPORTED ON THIS FORM 990.

WASI SOCIAL INNOVATION, INC. INCLUDES \$208,742 IN NET INCOME, \$260,843 IN ASSETS, \$52,101 IN LIABILITIES AND \$208,742 IN TOTAL NET ASSETS.

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ATTACHMENT 1

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

UNITED KINGDOM

ARGENTINA

BOLIVIA

NICARAGUA

PERU

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ATTACHMENT 2

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FORM 990, PART VI, LINE 17 - STATES

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

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

MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

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

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ATTACHMENT 3

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

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|-------------------------|--------------------------------|---------------------|
| KPMG                    | CONSULTING SERVICES            | 318,967.            |

|   |  |
|---|--|
| Name of the organization<br>PRO MUJER, INC. | Employer identification number<br>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> |
|--|--------------------------------|---------------------|
| DEPT 0511 PO BOX 120511<br>DALLAS, TX 75312  |                                |                     |
| ARMUS<br>AV. JULIO PATINO NRO 721<br>CALACOTO<br>BOLIVIA                                   | SECURITY SERVICES              | 227,071.            |
| LELIO DI GERONIMO<br>LAS COLINAS 1425 LUJAN DE CUYO<br>MENDOZA<br>ARGENTINA                | IT CONSULTANT                  | 159,107.            |
| MPC MARKETING INC.<br>1030 BLUEWOOD TERRACE<br>WESTON, FL 33327                            | CONSULTING SERVICES            | 147,345.            |
| PASTOR SEGURIDAD PRIVADA E.I.R.L.<br>AV. FLORA TRISTAN SUR NRO.88 DPT. 302<br>LIMA<br>PERU | SECURITY SERVICES              | 145,565.            |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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)<br>Name, address, and EIN (if applicable) of disregarded entity                        | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) PRO MUJER NICARAGUA, LLC<br>LEON, NU   | WOMEN SVS               | DE   | 14,546,898.         | 20,999,778.               | PRO MUJER                        |
| (2) FUNDACION PRO MUJER (BOLIVIA IFD)<br>LA PAZ, BL  | WOMEN SVS               | BL   | 27,648,470.         | 95,860,317.               | PRO MUJER                        |
| (3) FUNDACION PRO MUJER ARGENTINA<br>SALTA, AR   | WOMEN SVS               | AR   | 5,052,497.          | 8,426,711.                | PRO MUJER                        |
| (4) PRO MUJER SOCIAL ENTERPRISE, LLC 83-2033836<br>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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) PRO MUJER MEXICO APOYO A.C.<br>PACHUCA DE SOTO HIDALGO, C.P., MX                         | WOMEN SVS               | MX   | 501(C)(3)                  |   | PRO MUJER                        | X  |    |
| (2) WASI SOCIAL INNOVATION, INC. 82-4473371<br>125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038 | WOMEN SVS               | DE   | 501(C)(3)                  | 12-1  | PRO MUJER                        | X  |    |
| (3)  |                         |  |                            |   |                                  |  |    |
| (4)  |                         |  |                            |   |                                  |  |    |
| (5)  |                         |  |                            |   |                                  |  |    |
| (6)  |                         |  |                            |   |                                  |  |    |
| (7)  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2018



**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) ASOCIACION PRO MUJER DE MEXICO S.A DE<br>C.V. SOFOM ENR; PACHUCA DE SOTO HIDALGO, C.P. MX | WOMEN SVS               | MX   | PRO MUJER                        | C CORP   | 9,843,367.                   | 13,429,428.                        | 100.0000                    | X  |    |
| (2) ILU VENTURES B.V.<br>C/O CENTRALIS GMBH BAHNHOFSTRASSE 10, 6300 ZUG SZ                    | HOLDING CO              | NL   | WASI                             | C CORP   |                              |                                    | 100.0000                    | X  |    |
| (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 |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.  | X   |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s)   |     | X  |
| <b>f</b> Dividends from related organization(s)  |     | X  |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s)  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.   | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s)   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) ASOCIACION PRO MUJER DE MEXICO (SOFOM) | A ( I )                       | 11,111.                | WIRE   |
| (2) WASI SOCIAL INNOVATION, INC.           | B                             | 461,667.               | WIRE   |
| (3) PRO MUJER MEXICO APOYO A.C.            | B                             | 243,548.               | WIRE   |
| (4) ASOCIACION PRO MUJER DE MEXICO (SOFOM) | B                             | 204,166.               | WIRE   |
| (5) ASOCIACION PRO MUJER DE MEXICO (SOFOM) | D                             | 1,900,000.             | WIRE   |
| (6)  |                               |                        |  |

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

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

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

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

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

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