

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation.) Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: INTERNATIONAL WOMEN'S MEDIA FOUNDATION
Doing business as: IWMF
Number and street (or P.O. box if mail is not delivered to street address): 1625 K STREET NW 1275
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 200061680

D Employer identification number: 52-1648942
E Telephone number: (202) 496-1992
G Gross receipts \$ 7,927,575

F Name and address of principal officer: ELISA LEES MUNOZ, 1625 K STREET NW 1275, WASHINGTON, DC 200061680

H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)
J Website: WWW.IMWF.ORG

K Form of organization: Corporation
L Year of formation: 1989
M State of legal domicile: DE

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission, membership, revenue, expenses, and assets.

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.

Sign Here: Signature of officer ELISA LEES MUNOZ EXECUTIVE DIRECTOR, Date 2022-11-15

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's EIN, Firm's address, Phone no.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

THE IWMF IS THE ONLY GLOBAL ORGANIZATION BUILT TO SERVE THE HOLISTIC NEEDS OF WOMEN AND NONBINARY JOURNALISTS. WE ARE A BOLD AND INCLUSIVE ORGANIZATION THAT SUPPORTS JOURNALISTS WHERE THEY ARE WITH AWARDS, REPORTING OPPORTUNITIES, FELLOWSHIPS, GRANTS, SAFETY TRAINING AND EMERGENCY AID. AS ONE OF THE LARGEST SUPPORTERS OF WOMEN-PRODUCED JOURNALISM, OUR TRANSFORMATIVE WORK STRENGTHENS EQUAL OPPORTUNITY AND PRESS FREEDOM WORLDWIDE. WE UNLEASH THE POTENTIAL OF WOMEN JOURNALISTS AS CHAMPIONS OF PRESS FREEDOM TO TRANSFORM THE GLOBAL NEWS MEDIA.

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 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 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 \$ **1,371,971** including grants of \$ **351,185**) (Revenue \$)
 TRAINING AND RESEARCH: THE FOUNDATION SPONSORS TRAINING PROGRAMS. PARTICIPANTS IN THE FOUNDATION'S TRAINING PROGRAMS BECOME HIGHLY SKILLED JOURNALISTS. THEY EARN PROMOTIONS AND AWARDS AS A RESULT OF THE REPORTING SKILLS ACQUIRED THROUGH THE FOUNDATION'S TRAINING PROGRAMS AND BRING POSITIVE CHANGE TO THEIR NEWSROOMS. THE FOUNDATION'S REPORTING FELLOWS BECOME SPECIALISTS THROUGH EXPOSURE TO A WIDE VARIETY OF EXPERTS AND THEY PRODUCE HIGH-QUALITY, IN-DEPTH REPORTING ON ISSUES OF GLOBAL IMPORTANCE THROUGH A GENDERED PERSPECTIVE.

4b (Code:) (Expenses \$ **38,000** including grants of \$ **38,000**) (Revenue \$)
 COURAGE AWARDS: SINCE 1990, THE COURAGE IN JOURNALISM AWARD HONORS WOMEN JOURNALISTS WHO SET THEMSELVES APART BY THEIR EXTRAORDINARY BRAVERY, AND THE LIFETIME ACHIEVEMENT AWARD IS GIVEN IN RECOGNITION OF MEDIA INDUSTRY PIONEERS WHO KICK DOWN BARRIERS TO EQUALITY AND JUSTICE. SINCE 1990, THE FOUNDATION HAS HONORED MORE THAN 100 WOMEN JOURNALISTS FROM 54 COUNTRIES.

4c (Code:) (Expenses \$ **2,456,079** including grants of \$ **1,955,084**) (Revenue \$)
 EMERGENCY AND RELIEF FUNDS: THESE FUNDS SUPPORT JOURNALISTS WITH IMMEDIATE NEEDS RELATED TO THEIR PROFESSIONAL WORK, SUCH AS MEDICAL AID, DESTROYED OR STOLEN EQUIPMENT AND PROTECTIVE GEAR; LONG-TERM JOURNALIST NEEDS SUCH AS TRAUMA, MENTAL HEALTH SERVICES AND REFERRALS TO LEGAL SUPPORT; AND JOURNALISTS TARGETED AS A RESULT OF THEIR REPORTING AT EVENTS RELATED TO THE HIGHLY CHARGED POLITICAL UNREST AND POLARIZATION IN THE U.S., INCLUDING BUT NOT LIMITED TO ELECTIONS, CIVIL MOVEMENTS AND OTHER CHALLENGING ENVIRONMENTS

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

4e **Total program service expenses** **3,866,050**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing Schedules A through H, and reporting on various activities and assets.

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Table with 17 main rows and multiple sub-rows (a-e). Columns include question text, response boxes (e.g., 2a, 2b, 3a), and Yes/No/No columns. Questions cover topics like employee reporting, federal tax returns, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, NY
18 Section 6104 requires an organization to make its Form 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.
Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
ELISA LEES MUNOZ 1625 K STREET NW 1275 WASHINGTON, DC 200061680 (202) 496-1992

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUZANNE MALVEAUX CO-CHAIR	3.00	X		X				0	0	0
(2) STEPHANIE KAUFFMAN CO-CHAIR	3.00	X		X				0	0	0
(3) LINDA DOUGLASS CO-VICE CHAIR	3.00	X		X				0	0	0
(4) JENNIFER REINGOLD CO-VICE CHAIR	3.00	X		X				0	0	0
(5) ERIC HARRIS TREASURER	2.00	X		X				0	0	0
(6) GRETA WILLIAMS LEGAL COUNCIL	2.00	X						0	0	0
(7) RAFAT ALI DIRECTOR	1.00	X						0	0	0
(8) HANNAH ALLAM DIRECTOR	1.00	X						0	0	0
(9) INGRID CIPRIAN-MATTHEWS DIRECTOR	1.00	X						0	0	0
(10) KRISTINE CORATTI DIRECTOR	1.00	X						0	0	0
(11) CINDI LEIVE DIRECTOR	1.00	X						0	0	0
(12) LINDA MASON DIRECTOR	1.00	X						0	0	0
(13) ANDREA MITCHELL DIRECTOR	1.00	X						0	0	0
(14) NORAH O'DONNELL DIRECTOR	1.00	X						0	0	0
(15) JESSICA OPPENHEIM DIRECTOR	1.00	X						0	0	0
(16) CRAIG NEWMARK DIRECTOR	1.00	X						0	0	0
(17) KERRY SMITH DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAUREN WILLIAMS DIRECTOR	1.00	X						0	0	
(19) MATT WINKLER DIRECTOR	1.00	X						0	0	
(20) ELISA LEES MUNOZ EXECUTIVE DIRECTOR	40.00			X			253,572	0	19,129	
(21) NADINE HOFFMAN DEPUTY DIRECTOR	40.00				X		160,644	0	7,246	
(22) ADENA MARTIN DIRECTOR OF OPERATIONS	40.00				X		123,034	0	16,897	
(23) CHARLOTTE FOX DIRECTOR OF COMMUNICATIONS	40.00				X		143,207	0	12,591	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							680,457	0	55,863	

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 **▶ 4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SISKIN LABS LTD 476A COWBRIDGE ROAD EAST WALES CF5 1BL UK	DIGITAL SECURITY CONSULTING & PROJECT MA	133,833
VAULT CONSULTING LLC 8401 GREENSBORO DRIVE STE 500 MCLEAN, VA 22102	ACCOUNTING	126,557
JEAN-FRANCOIS BELZIL 129 FRONTERA ROMA NORTE CIUDAD DE MEXICO 06700 MX	SAFETY TRAINING CONSULTING	116,813

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

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns				
1b Membership dues				
1c Fundraising events			942,872	
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above			5,910,022	
1g Noncash contributions included in lines 1a - 1f:\$				
1g Total. Add lines 1a-1f				6,852,894

Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f All other program service revenue.					
9 Total. Add lines 2a-2f.					

3 Investment income (including dividends, interest, and other similar amounts)		92,969			92,969
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
6a					
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
7a	981,712				
b Less: cost or other basis and sales expenses	7b	905,406			
c Gain or (loss)	7c	76,306			
d Net gain or (loss)		76,306			76,306
8a Gross income from fundraising events (not including \$ 942,872 of contributions reported on line 1c). See Part IV, line 18	8a	0			
b Less: direct expenses	8b	287,058			
c Net income or (loss) from fundraising events		-287,058			-287,058
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		6,735,111	0	0	-117,783

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,139,000	1,139,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	612,571	612,571		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	592,698	592,698		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	272,701	35,451	201,799	35,451
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	915,359	520,299	346,346	48,714
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,379	18,766	13,648	1,965
9 Other employee benefits	71,105	37,728	29,122	4,255
10 Payroll taxes	105,066	49,728	47,996	7,342
11 Fees for services (non-employees):				
a Management				
b Legal	247		247	
c Accounting	156,512		156,512	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	108,750			108,750
f Investment management fees	23,381		23,381	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	801,629	656,366	145,263	
12 Advertising and promotion	1,450		1,450	
13 Office expenses	132,588	52,338	77,663	2,587
14 Information technology	133,284	52,613	78,071	2,600
15 Royalties				
16 Occupancy	162,610	7,946	154,664	
17 Travel	48,839	40,065	8,774	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,554	21,335	7,130	89
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,425	11,615	17,236	574
23 Insurance				
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 PAYROLL PROCESSING	42,245		42,245	
b EQUIPMENT	25,885	10,218	15,162	505
c THEFT/LOSS	12,401	4,895	7,264	242
d GIFT/HOSPITALITY	3,739	1,476	2,190	73
e All other expenses	1,539	942	591	6
25 Total functional expenses. Add lines 1 through 24e	5,455,957	3,866,050	1,376,754	213,153
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	113,972	1	508,941
	2 Savings and temporary cash investments	2,936,995	2	2,994,839
	3 Pledges and grants receivable, net	372,654	3	870,986
	4 Accounts receivable, net	2,090	4	8,031
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,264	9	43,523
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 534,943		
	b Less: accumulated depreciation	10b 519,418	36,500	10c 15,525
	11 Investments—publicly traded securities	12,540,156	11	12,764,873
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,406	15	7,406
16 Total assets: Add lines 1 through 15 (must equal line 33)	16,056,037	16	17,214,124	
Liabilities	17 Accounts payable and accrued expenses	159,529	17	173,187
	18 Grants payable		18	
	19 Deferred revenue	95,000	19	41,971
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	10,082,044	25	9,942,806
	26 Total liabilities. Add lines 17 through 25	10,336,573	26	10,157,964
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	394,771	27	1,328,749
	28 Net assets with donor restrictions	5,324,693	28	5,727,411
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,719,464	32	7,056,160
33 Total liabilities and net assets/fund balances	16,056,037	33	17,214,124	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,735,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,455,957
3	Revenue less expenses. Subtract line 2 from line 1	3	1,279,154
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,719,464
5	Net unrealized gains (losses) on investments	5	57,542
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	7,056,160

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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.	Yes	
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?		No
3b	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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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 for instructions and the latest information.

Name of the organization
INTERNATIONAL WOMEN'S MEDIA FOUNDATION

Employer identification number
52-1648942

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).)
- 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 **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 on 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		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,535,090	4,266,300	3,040,523	4,452,075	6,852,894	20,146,882
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	1,535,090	4,266,300	3,040,523	4,452,075	6,852,894	20,146,882
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						5,799,905
6 Public support. Subtract line 5 from line 4.						14,346,977

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	1,535,090	4,266,300	3,040,523	4,452,075	6,852,894	20,146,882
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69,482	136,682	174,820	146,278	92,969	620,231
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						20,767,113

12 Gross receipts from related activities, etc. (see instructions) **12** _____

13 First 5 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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	69.090 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	78.860 %

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

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

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

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

Return Reference

Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2021

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL WOMEN'S MEDIA FOUNDATION

Employer identification number

52-1648942

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a, 2b, 2c, 2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06.

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

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

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,875,374	1,869,636	1,634,126	1,385,054	1,385,054
b Contributions	35,075	39,907	48,197	343,466	
c Net investment earnings, gains, and losses	173,448	14,093	279,767	-19,198	
d Grants or scholarships					
e Other expenditures for facilities and programs	76,326	48,262	73,250	50,742	
f Administrative expenses			19,204	24,454	
g End of year balance	2,007,571	1,875,374	1,869,636	1,634,126	1,385,054

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 92.600 %
 - c** Term endowment ▶ 7.400 %
- 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		116,045	116,045	0
d Equipment		380,182	368,087	12,095
e Other		38,716	35,286	3,430
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				15,525

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	9,942,806

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,070,116
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	57,542	
b	Donated services and use of facilities	2b	13,786	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	287,058	
e	Add lines 2a through 2d	2e	358,386	
3	Subtract line 2e from line 1	3	6,711,730	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,381	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	23,381	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,735,111	

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

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

1	Total expenses and losses per audited financial statements		1	5,733,420
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,786	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	287,058	
e	Add lines 2a through 2d	2e	300,844	
3	Subtract line 2e from line 1	3	5,432,576	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,381	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	23,381	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,455,957	

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.

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION'S ENDOWMENT CONSISTS OF THE FOLLOWING THREE DONOR-RESTRICTED ENDOWMENT FUNDS: NIEDRINGHAUS: THE ANJA NIEDRINGHAUS COURAGE IN PHOTOJOURNALISM AWARD (NIEDRINGHAUS) FUND PROVIDES AN ANNUAL AWARD TO RECOGNIZE THE LEADERSHIP OF INDIVIDUAL PHOTOJOURNALISTS WORKING IN CONFLICT AREAS. THE AWARD RECIPIENTS WILL BE RECOMMENDED BY THE FOUNDATION'S AWARDS COMMITTEE. KIM WALL MEMORIAL FUND: THE KIM WALL MEMORIAL FUND PROVIDE SCHOLARSHIPS FOR WOMEN JOURNALISTS. THE AWARD RECIPIENTS WILL BE RECOMMENDED BY THE FOUNDATION'S AWARDS COMMITTEE. COURAGE AWARDS: THE COURAGE IN JOURNALISM AWARDS (COURAGE AWARDS) FUND PROVIDES AWARDS FOR UP TO FOUR RECIPIENTS ANNUALLY. INVESTMENT INCOME FROM THE FUND IS CLASSIFIED AS AN ACTIVITY WITH DONOR RESTRICTIONS UNTIL APPROPRIATED FOR SPENDING ON AWARDS.
PART X, LINE 2:	FOR THE YEAR ENDED DECEMBER 31, 2021, THE FOUNDATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES REPORTED AS AN EXPENSE ON 287,058. THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 8B.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES REPORTED AS AN EXPENSE ON 287,058. THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON PART VIII, LINE 8B.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

2021

Open to Public Inspection

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL WOMEN'S MEDIA FOUNDATION

Employer identification number

52-1648942

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 or 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 region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAINING, CONTENT DEVELOPMENT AND COMMUNITY MANAGEMENT.	65,679
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	REPORTING.	4,381
(3) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAINING AND SECURITY CONSULTING.	211,840
(4) NORTH AMERICA	0	1	PROGRAM SERVICES	SECURITY TRAINING AND EDUCATION.	134,302
(5) SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAINING AND EVENT SPEAKER FEES.	11,022
(6) SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING.	2,800
(7) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAINING AND PROJECT COORDINATION.	79,455
(8) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN THE REGION		52,897
(9) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS IN THE REGION		22,669
(10) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS IN THE REGION		135,967
(11) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		81,100
(12) NORTH AMERICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		77,776
(13) RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS IN THE REGION		8,225
(14) SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		52,397
(15) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION		51,439
(16) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		110,228
(17)					
3a Sub-total	0	1			562,376
b Total from continuation sheets to Part I	0	0			539,801
c Totals (add lines 3a and 3b)	0	1			1,102,177

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)			EUROPE (INCLUDING ICELAND & GREENLAND)	KILLING ARCHITECTS	10,000	CASH	0		
(2)			MIDDLE EAST AND NORTH AFRICA	AFGHAN JOURNALIST SAFETY COMMITTEE	10,000	CASH	0		
(3)			MIDDLE EAST AND NORTH AFRICA	EGYPTIAN COMMISSION FOR RIGHTS AND FREEDOMS	14,400	CASH	0		
(4)			MIDDLE EAST AND NORTH AFRICA	MOBY MEDIA FZ LLC	10,000	CASH	0		
(5)			MIDDLE EAST AND NORTH AFRICA	TEAM 4 RISK MANAGEMENT COMPANY	7,250	CASH	0		
(6)			NORTH AMERICA	WIJ INSTITUTE	20,000	CASH	0		
(7)			SOUTH AMERICA	FUNDACION PARA LA LIBERTAD DE PRENSA	10,740	CASH	0		
(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 4

3 Enter total number of other organizations or entities 3

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) EMERGENCY FUNDS	CENTRAL AMERICA AND THE CARIBBEAN	25	52,897	WIRE AND CHECK			
(2) EMERGENCY FUNDS	EAST ASIA AND THE PACIFIC	9	22,669	WIRE AND CHECK			
(3) EMERGENCY FUNDS	EUROPE (INCLUDING ICELAND & GREENLAND)	31	125,967	WIRE AND CHECK			
(4) EMERGENCY FUNDS	MIDDLE EAST AND NORTH AFRICA	6	39,450	WIRE AND CHECK			
(5) EMERGENCY FUNDS	NORTH AMERICA	25	57,776	WIRE AND CHECK			
(6) EMERGENCY FUNDS	RUSSIA AND NEIGHBORING STATES	2	8,225	WIRE AND CHECK			
(7) EMERGENCY FUNDS	SOUTH AMERICA	13	41,657	WIRE AND CHECK			
(8) EMERGENCY FUNDS	SOUTH ASIA	11	51,439	WIRE AND CHECK			
(9) GENDER JUSTICE AND EMERGENCY FUNDS	SUB-SAHARAN AFRICA	41	110,228	WIRE AND CHECK			
(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.

ReturnReference	Explanation
PART I, LINE 2:	GRANTEES RECEIVE THE AWARD AFTER A THOROUGH SUBMISSIONS VETTING PROCESS. THE ORGANIZATION FOLLOWS ESTABLISHED DISBURSEMENT PROCEDURES THAT ENSURE ALL PAYMENTS ARE PROPERLY DOCUMENTED, SUPPORTED, RECORDED, AND APPROVED BY THE APPROPRIATE OFFICIALS AND MANAGEMENT, MADE FOR VALID PURPOSES THAT ARE REASONABLE AND NECESSARY, AND MADE IN COMPLIANCE WITH GOVERNMENT REGULATIONS. THE SUBMISSIONS ARE ANALYZED IN CONJUNCTION WITH ESTABLISHED CRITERIA WHICH IS PUBLISHED PRIOR TO APPLICATION TO ALL AWARD APPLICANTS.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
INTERNATIONAL WOMEN'S MEDIA FOUNDATION

Employer identification number
52-1648942

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INEZ WEINSTEIN SPECIAL EVENTS 215 PARK AVE SOUTH STE 2014 NEW YORK, NY 10003	COURAGE AWARDS FUNDRAISING		No	726,847	63,750	663,097
2 THE JAMES GROUP 5120 GOULD AVENUE LA CANADA FLINTRIDGE, CA 91011	COURAGE AWARDS FUNDRAISING		No	216,025	45,000	171,025
3						
4						
5						
6						
7						
8						
9						
10						
Total				942,872	108,750	834,122

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

C A, C T, D C, K Y, M A, M D, N J, N Y, P A, V A

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

		(a) Event #1 COURAGE AWARDS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	942,872			942,872
	2 Less: Contributions	942,872			942,872
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes	38,000			38,000
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	24,591			24,591
	8 Entertainment	7,200			7,200
	9 Other direct expenses	217,267			217,267
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				287,058
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-287,058	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See

Instructions. Return Reference	Explanation
SCHEDULE G, PART II, FUNDRAISING EVENT:	THE ORGANIZATION'S EVENT WAS HELD VIRTUALLY. THEREFORE, NO MEASURABLE BENEFIT WAS RECEIVED IN EXCHANGE FOR CONTRIBUTIONS.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
 Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
INTERNATIONAL WOMEN'S MEDIA FOUNDATION

Employer identification number
52-1648942

Part I General Information on Grants and Assistance

- 1** 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
- 2** 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.

(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) AMNESTY INTERNATIONAL OF THE USA INC 311 W 43RD ST 7TH FLOOR NEW YORK, NY 10036	52-0851555	501(C)(3)	9,000	0			SUPPORT FOR THREE KENYAN JOURNALISTS
(2) CENTER FOR DOCUMENTARY STUDIES AT DUKE UNIVERSITY 1317 WEST PETTIGREW ST DURHAM, NC 27712	56-1655039	501(C)(3)	20,000	0			SCENE ON RADIO PRODUCTION
(3) PLEDGELING TECHNOLOGIES 2100 ABBOT KINNEY BOULEVARD LOS ANGELES, CA 90291	46-2440594	501(C)(3)	300,000	0			CHARTER EVACUATION FLIGHT
(4) THE MAINE CENTER FOR PUBLIC INTEREST REPORTING PINE TREE WATCH APT 1 CASCO, ME 04015	27-2623867	501(C)(3)	20,000	0			INTERMEDIARY FOR AWARD TO ONE JOURNALIST
(5) THE SLATE GROUP LLC 1707 L ST NW SUITE - 800 WASHINGTON, DC 20036	85-3394152	OTHER	22,000	0			ROE V. WADE PODCAST
(6) TOO YOUNG TO WED 1112 MAIN STREET 1ST FLOOR PEEKSKILL, NY 10566	46-5222420	501(C)(3)	650,000	0			EVACUATION AND RELOCATION COSTS
(7) UPLIFT AFGHANISTAN CO ILAHA ELI OMAR 5655 LINDERO CANYON ROAD WESTLAKE VILLAGE, CA 91362	87-2672906	501(C)(3)	7,500	0			INTERMEDIARY FOR AWARDS TO THREE JOURNALISTS
(8) DEMOCRACY FUND INC 1200 17TH ST NW STE 300 WASHINGTON, DC 20036	38-3926408	501(C)(3)	100,000	0			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7
- 3** Enter total number of other organizations listed in the line 1 table 1

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY FUND ASSISTANCE	134	536,871			
(2) BUFFETT - FUND FOR WOMEN JOURNALISTS	14	43,014			
(3) CBS - SAFETY TRAINING	10	10,237			
(4) FOUNDATION FOR A JUST SOCIETY	2	2,515			
(5) SABIN VACCINE INSTITUTE	2	4,755			
(6) DORIS DUKE FOUNDATION	1	7,500			
(7) WOMEN'S EQUALITY CENTER	2	4,679			
(8) WOMEN DELIVER	1	3,000			

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

Return Reference	Explanation
PART I, LINE 2:	GRANTEES RECEIVE THE AWARD AFTER A THOROUGH SUBMISSIONS VETTING PROCESS. THE ORGANIZATION FOLLOWS ESTABLISHED DISBURSEMENT PROCEDURES THAT ENSURE ALL PAYMENTS ARE PROPERLY DOCUMENTED, SUPPORTED, RECORDED AND APPROVED BY THE APPROPRIATE OFFICIALS AND MANAGEMENT, MADE FOR VALID PURPOSES THAT ARE REASONABLE AND NECESSARY, AND MADE IN COMPLIANCE WITH GOVERNMENT REGULATIONS. THE SUBMISSIONS ARE ANALYZED IN CONJUNCTION WITH ESTABLISHED CRITERIA WHICH IS PUBLISHED PRIOR TO APPLICATION TO ALL AWARD APPLICANTS.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL WOMEN'S MEDIA FOUNDATION

Employer identification number

52-1648942

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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, 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 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 in lines 5 and 6? If "Yes," describe in Part III.

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

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

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

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.

Return Reference	Explanation
PART I, LINE 7	THE FOLLOWING FOLLOWING INDIVIDUAL RECEIVED BONUSES: - CHARLOTTE FOX \$3,000 - NADINE HOFFMAN \$5,000 - ELISA LEES MUNOZ \$35,000 - ADENA MARTIN \$2,000

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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
INTERNATIONAL WOMEN'S MEDIA FOUNDATION

Employer identification number

52-1648942

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR. A FINAL COPY OF 990 IS THEN PROVIDED TO THE FULL BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST RULES ARE WRITTEN IN THE IWMF STAFF POLICY MANUAL AS WELL AS IN THE BOARD OF DIRECTORS HANDBOOK. THE BOARD REQUIRES EACH BOARD MEMBER AND SENIOR STAFF TO ANNUALLY A) BE FAMILIAR WITH THE TERMS OF THE CONFLICT OF INTEREST POLICY; B) TO DISCLOSE TO THE BOARD CO-CHAIRS ANY POSSIBLE PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIPS THAT REASONABLY MIGHT GIVE RISE TO A CONFLICT INVOLVING THE IWMF; AND C) TO ACKNOWLEDGE BY HER OR HIS SIGNATURE ON THE DISCLOSURE FORM THAT SHE OR HE IS IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE POLICY. THE BOARD CO-CHAIRS ARE RESPONSIBLE FOR THE APPLICATION AND IMPLEMENTATION OF THE POLICY AS IT RELATES TO BOARD MEMBERS AND THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR THE APPLICATION OF POLICY AS IT RELATES TO STAFF. INDIVIDUALS ARE EXPECTED TO REVEAL ANY CONFLICTS AND SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATIONS OF PROPOSED TRANSACTIONS UNLESS THE BOARD REQUESTS INFORMATION OR INTERPRETATION FOR SPECIAL REASON. IF A CONFLICT OF INTEREST WAS TO ARISE, THE PARTY WITH THE CONFLICT WOULD BE FORCED BY THE BOARD AND/OR MANAGEMENT TO RECUSE THEMSELVES FROM THE DECISION IN QUESTION, SO THAT THE BEST INTERESTS OF THE IWMF IS THE DRIVER OF THE DECISION.
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION AND REVIEWS HER PERFORMANCE ANNUALLY. THE PROCESS IS ALSO DOCUMENTED. THE BOARD CO-CHAIRS CONDUCTED RESEARCH TO DETERMINE THE SALARY LEVEL OF SIMILAR ORGANIZATIONS. THEY DISCUSSED COMPENSATION AT A BOARD MEETING AND AT AN EXECUTIVE COMMITTEE MEETING. COMPENSATION IS COMMENSURATE WITH SIMILAR ORGANIZATIONS. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECEMBER 2021.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE AS PART OF ITS ANNUAL REPORT. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	STAFF TRAINING, DEVELOPMENT & RECRUITMENT: PROGRAM SERVICE EXPENSES 105. MANAGEMENT AND GENERAL EXPENSES 19,110. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 19,215. STAFF WELLNESS: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 1,291. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,291. OUTSIDE SERVICES: PROGRAM SERVICE EXPENSES 536,475. MANAGEMENT AND GENERAL EXPENSES 90,593. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 627,068. CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 122,434. MANAGEMENT AND GENERAL EXPENSES 7,097. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 129,531. TRANSLATION/INTERPRETATION: PROGRAM SERVICE EXPENSES 977. MANAGEMENT AND GENERAL EXPENSES 673. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,650. AUDIO VISUAL: PROGRAM SERVICE EXPENSES 9,088. MANAGEMENT AND GENERAL EXPENSES 5,722. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 14,810. PHOTOGRAPHY: PROGRAM SERVICE EXPENSES 7. MANAGEMENT AND GENERAL EXPENSES 64. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 71. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES -12,720. MANAGEMENT AND GENERAL EXPENSES 20,713. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,993.

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