Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning OCT 1, 2021, and ending SEP 30, 20 22

EIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

INTERNATIONAL CENTER FOR RESEARCH ON

52-1081455

Name and title of officer or person subject to tax

MARGARET CLARK CEO & PRESIDENT

Part I	Type of	Return and	Return	Information
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Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	_. 1ь1 <u>0,814,543</u>
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	
За	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	. 7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signatu	ure	Authorization of Officer or Person Subject to Tax	
Jnder p	penalties of perjury, I declare that X	l aı	m an officer of the above entity or 🔲 I am a person subject to tax with res	pect to (name
of entity	v)		, (EIN) and that I hav	e examined a copy of the
2021 el	ectronic return and accompanying sch	edu	les and statements, and, to the best of my knowledge and belief, they are tr	ue, correct, and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

P	IN:	check	one	box	only
•		OHICON	OIIC	DUA	Oilly

X I authorize	CLIFTONLARSONALLEN	LLP

to enter my PIN

55902

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program Twitherft \$\PIN on the return's disclosure consent screen.

er or person subject to tax | Margaret & Clark

8/15/2023

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54434955902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature
__ROBERT WILLIAMS

Date > 08/14/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

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

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or INTERNATIONAL CENTER FOR RESEARCH ON print 52-1081455 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1120 20TH STREET N.W., 500 N return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 20036 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 80 01 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) MARGARET CLARK The books are in the care of ▶ 1120 20TH STREET, N.W. - WASHINGTON, DC 20036 Telephone No. ▶ 202-742-1264 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or , and ending <u>S</u>EP 30, ► X tax year beginning OCT 1, 2021 Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

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

Form 8868 (Rev. 1-2022)

EXTENDED TO AUGUST 15, 2023

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

ΑI	For th	e 2021 calendar year, or tax year beginning $$ OCT $$ $$ $$ 1 $$, $$ $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ $$ and ending	SEP 30, 2022	
В	Check if applicab	C Name of organization INTERNATIONAL CENTER FOR RESEARCH ON	D Employer identifi	cation number
	Addre	SS LIONERI		
H	Name	P. L. L.	52-10814	55
	Initial			
	Final return	, 1120 20TH STREET N.W. 500		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	11,702,195.
	Amen return	ded Nacutachom DC 20026	H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: PIARGARE I CLARK	for subordinates	? Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
			527 If "No," attach a	list. See instructions
		te: > WWW.ICRW.ORG	H(c) Group exemption	
			/ear of formation: 1977 r	M State of legal domicile: DC
Pa	art I	Summary		
Ф	1	Briefly describe the organization's mission or most significant activities: TO EMPOW		ANCE GENDER
Activities & Governance		EQUALITY AND FIGHT POVERTY IN THE DEVELOPING		
ern	2	Check this box if the organization discontinued its operations or disposed of m	ı	
Š	3		3	17 17
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		46
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		20
Ę	6	Total number of volunteers (estimate if necessary)		0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
		Net unrelated business taxable income nom Form 990-1, Fart I, line 11	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	7,806,668.	9,149,438.
Jue	9	Program service revenue (Part VIII, line 2g)	1,237,061.	1,539,110.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	430,648.	105,564.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,775.	20,431.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,479,152.	10,814,543.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	885,311.	765,995.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,252,740.	7,032,962.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ē.	b	Total fundraising expenses (Part IX, column (D), line 25) 198,423.		
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,481,569.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,619,620.	12,193,721.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,140,468.	-1,379,178.
S OF			Beginning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)	9,729,169.	8,096,483.
HA P	21	Total liabilities (Part X, line 26)	2,463,569.	2,279,853.
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	7,265,600.	5,816,630.
			tomonto and to the best of m	. Impulades and halist it is
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta ct, a n d complete: Declaration of preparer (other than officer) is based on all information of which prep		/ knowledge and belief, it is
true	, corre	st, and complete. Declaration of preparer (other than officer) is based on an information of which preparer. Note: The Market F (Lark)	8/15/2023	
ei	.	Signer Visa et a film e	I Date	
Sig Her		MARGARET CLARK, CEO & PRESIDENT		
пеі	е	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	j	ROBERT WILLIAMS ROBERT WILLIAMS	08/14/23 if self-employ	P01345960
	parer	Firm's name CLIFTONLARSONALLEN LLP		41-0746749
	Only	Firm's address 901 NORTH GLEBE ROAD, SUITE 200		
		ARLINGTON, VA 22203	Phone no. (5	71) 227-9500
Ma	y the II	RS discuss this return with the preparer shown above? See instructions		X Yes No

_	990 (2021) WOMEN 52-1081455 Page 2
Pai	t III Statement of Program Service Accomplishments
T:	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE INTERNATIONAL CENTER FOR RESEARCH ON WOMEN (ICRW) IS A GLOBAL
	RESEARCH INSTITUTE WITH OFFICES LOCATED IN WASHINGTON, D.C.; NEW
	DELHI, INDIA; NAIROBI, KENYA; AND KAMPALA, UGANDA. OUR RESEARCH
	EVIDENCE IDENTIFIES WOMEN'S CONTRIBUTIONS AS WELL AS THE OBSTACLES
2	Did the organization undertake any significant program services during the year which were not listed on the
2	00 pt
	prior Form 990 or 990-EZ? LYes X No If "Yes." describe these new services on Schedule O.
•	
3	
120	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 \$ 5,371,700. including grants of \$ 329,242.) (Revenue \$ 1,559,541.)
	RESEARCH & PROGRAMS: RESEARCH & PROGRAMS FOCUSES ON RESEARCH AREAS:
	GENDER, HEALTH, YOUTH AND DEVELOPMENT, VIOLENCE, RIGHTS & INCLUSION,
	AND GENDER, ECONOMIC EMPOWERMENT & LIVELIHOODS. THE GENDER, HEALTH,
	YOUTH & DEVELOPMENT PORTFOLIO FOCUSES ON ADOLESCENT HEALTH AND
	WELLBEING, SEXUAL AND REPRODUCTIVE HEALTH ALONG WITH THE REDUCTION
	OFSTIGMA RELATED TO HIV AS WELL AS THE PREVENTION OF CHILD MARRIAGE IN
	LOW- AND MIDDLE-INCOME COUNTRIES. THE VIOLENCE, RIGHTS AND INCLUSION
	PORTFOLIO FOCUSES ON THE PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS
	AS WELL AS THE INCLUSION OF MARGINALIZED POPULATIONS INTO ALL ASPECTS
	OF SOCIETY. THE GENDER, ECONOMIC EMPOWERMENT AND LIVELIHOODS PORTFOLIO
	WORKS TO PROMOTE THE DEVELOPMENT AND ADVANCE WOMENS ECONOMIC
	EMPOWERMENT.
4b	(Code:) (Expenses \$ 2,407,391. including grants of \$ 436,753.) (Revenue \$)
	ASIA REGIONAL OFFICE: ICRW'S ASIA REGIONAL OFFICE IN NEW DELHI IS A
	REGIONAL HUB TO EXPAND OUR EFFORTS TO PROMOTE GENDER EQUITABLE
	DEVELOPMENT AND RESPOND TO THE PRESSING CHALLENGES FACING WOMEN AND
	GIRLS AND THEIR COMMUNITIES IN SOUTH ASIA. THE ASIA REGIONAL OFFICE
	EMPLOYS OVER 50 LOCAL STAFF. ICRW EXAMINES THE REALITIES OF COMPLEX,
	INTERLINKED ISSUES AND FOCUSES THE OFFICE SERVES THE REGION INCLUDING
	BANGLADESH, CAMBODIA, CHINA, THAILAND, VIETNAM AND NEPAL WITH AN EYE
	TOWARDS FURTHER EXPANSION. WE COLLABORATE CLOSELY WITH LOCAL, REGIONAL
	AND INTERNATIONAL PARTNERS TO UNDERTAKE FIELD RESEARCH AND PROGRAM
	WORK. WE COMMUNICATE OUR FINDINGS AND EXPERIENCE TO POLICY MAKERS
	THROUGH ADVOCACY EFFORTS THAT ARE GROUNDED IN SOUND EVIDENCE AND DATA.
4c	(Code:) (Expenses \$1,303,713 \bullet including grants of \$0 \ 0 \bullet) (Revenue \$)
	AFRICA REGIONAL OFFICE: ICRW'S AFRICA REGIONAL OFFICE IN NAIROBI, KENYA
	AND KAMPALA, UGANDA WORKS TO EXPAND OUR EFFORTS TO PROMOTE GENDER
	EQUITABLE DEVELOPMENT AND RESPOND TO THE PRESSING CHALLENGES FACING
	WOMEN AND GIRLS AND THEIR COMMUNITIES IN EASTERN AFRICA. WE COLLABORATE
	CLOSELY WITH LOCAL, REGIONAL AND INTERNATIONAL PARTNERS TO UNDERTAKE
	FIELD RESEARCH AND PROGRAM WORK. WE COMMUNICATE OUR FINDINGS AND
	EXPERIENCE TO POLICY MAKERS THROUGH ADVOCACY EFFORTS THAT ARE GROUNDED
	IN SOUND EVIDENCE AND DATA.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 9,082,804.
	Form 990 (2021)

WOMEN 52-1081455 Page 3 Form 990 (2021)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7.0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	100 Per 100 Pe	8		X
9	Schedule D, Part III	_		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
10	If "Yes," complete Schedule D, Part IV	Э		- 22
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.		X
naru.	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	12.2	v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			U.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	24/00/2020		
ue ue	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	200 May 30		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7000	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	(2.5000 MPs)		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Washing .	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			000000
	or for foreign individuals? # "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	

132003 12-09-21

Form **990** (2021)

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Pa	rt IV Checklist of Required Schedules (continued)			
2			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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20	-23	
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			- V
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2200000		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28				
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
-	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #	number of		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			50-2-176
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002		
-	ff "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		
O,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
1 4	Check if Celeschile O contains a management of the Port V			i .
-	Check it Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
	19			

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Form 990 (2021) WOMEN 52-1081455 Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		,
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	.
b	If "Yes," enter the name of the foreign country ▶ INDIA, KENYA, UGANDA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-59/4
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		PODZA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
₩.	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ı_u		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
×	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ייד.		\vdash
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
.5	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
		17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.	17		
	II 163. SUIDUGE FUITI UUUJ.			

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Form **990** (2021)

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	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?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.4		
D	AND CONTROL OF THE PROPERTY OF	7b		X
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
a		8a	х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		X
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Billians de l'estant de la company de la com	1000	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		100000	
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DC, DE	FL,	GA,	HI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	12 - 50	200700 000	
	for public inspection. Indicate how you made these available. Check all that apply.	Store .		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
• •	statements available to the public during the tax year.		20.000 A	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARGARET CLARK - 202-742-1264			
	1120 20TH STREET, N.W., WASHINGTON, DC 20036			
132006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2021)

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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 employees."
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization ne	or any related o	orga	niza	tion	con	ıpen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		er an	dadi	recto	r/trust	ee)	from	from related	other
	(list any	recton						the	organizations	compensation
	hours for related	or d	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	nstee	trust		99	ubeus		1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tiona	503	nploy	st cor yee	_	1033 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH KAMBOU	37.50							27 A 2 M 20		
PRESIDENT & CEO UNTIL SEPT 2021							Х	390,078.	0.	18,160.
(2) RAVI VERMA	37.50									,
DIRECTOR, ICRW ASIA				Х				220,564.	0.	25,456.
(3) PATRICIA DAUNAS	37.50									_
CHIEF OPERATING OFFICER				Х				206,910.	0.	32,537.
(4) MANIZHA NABIEVA	37.50									
CHIEF FINANCIAL OFFICER				Х				180,623.	0.	12,885.
(5) LYRIC THOMPSON	37.50									
SENIOR DIRECTOR OF POLICY AND ADVOCA						Х		159,087.	0.	16,692.
(6) KATHRYN REITZ	37.50	ļ						Arthur and the same and the sam	7100	
DIRECTOR OF RESEARCH COMPLIANCE AND						Х		141,996.	0.	16,801.
(7) ALLISON GLINSKI	37.50								X722	0 2 (000_000
ASSOCIATE DIRECTOR, ICRW ADVISORS						Х		139,577.	0.	14,170.
(8) JESSICA OGDEN	37.50	ļ						4.40		
GLOBAL DIRECTOR, RESEARCH IMPACT & L						Х		140,723.	0.	11,699.
(9) PAMELA VAN DE WALLE	37.50					******				
DIRECTOR OF HUMAN RESOURCES	25 52					Х		112,757.	0.	30,039.
(10) MARGARET CLARK	37.50							00 54.4	2	4 880
PRESIDENT & CEO	0.05			Х				83,714.	0.	1,773.
(11) PHYLLIS COSTANZA	0.25	,,							0	0
BOARD MEMBER	2 00	Х				\vdash		0.	0.	0.
(12) CAROLE DICKERT-SCHERR BOARD MEMBER	3.00	Х						0.	0.	0.
(13) TREVOR GANDY	0.25	≏				\vdash		0.	U •	<u> </u>
BOARD MEMBER	0.23	Х						0.	0.	0.
(14) VIMI GREWAL-CARR	0.25	^				H		0.	0.	0.
BOARD MEMBER	0.23	Х						0.	0.	0.
(15) SCOTT JACKSON	4.00	7.				\vdash		0.	· ·	<u></u>
BOARD MEMBER	1100	х						0.	0.	0.
(16) MARIJKE JURGENS-DUPREE	1.00	<u> </u>						, i		<u> </u>
BOARD MEMBER		х						0.	0.	0.
(17) JENNIFER KLEIN	0.25									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2021)

DocuSign Envelope ID: 0329B7CD-3CC5-4D73-A047-1DA14169920A INTERNATIONAL CENTER FOR RESEARCH ON WOMEN 52-1081455 Page 8 Form 990 (2021) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (F) (E) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation hours for organization (W-2/1099-MISC/ from the related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) (18) HAVEN LEY 0.25 BOARD MEMBER 0 0. 0. (19) PATIENCE MARIME-BALL 2.00 X 0. 0. BOARD MEMBER 0. (20) JACOUELYN MAYFIELD 1.00 BOARD MEMBER 0 0. 0. (21) APRIL MCCLAIN DELANEY 1.00 BOARD MEMBER 0. 0. 1.40(22) FIROZA MEHROTRA BOARD MEMBER 0. Х 0. 0. 0.25 (23) LINDA PERKINS BOARD MEMBER X 0. 0. 0. 0.25 (24) SHUBHI RAO 0 0. BOARD MEMBER X 0. (25) LOIS ROMANO 0.50 0. BOARD MEMBER 0 0. (26) ALLISON SHURE 0.25 BOARD MEMBER 0 0 0. 776, 029. 0. 180,212. 1b Subtotal 0. 0. O c Total from continuation sheets to Part VII. Section A 776,029. 0. 180,212. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X line 1a? ff "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 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	NONE	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

Form 990 WOMEN 52-1081455

Form 990 WOMEN									52-108	ITJJ
Form 990 WOMEN Part VII Section A. Officers, Directors, Tri	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all:	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					эуве		the	organizations	compensation
	(list any	recto				ldwa		organization	(W-2/1099-MISC)	from the
	hours for	ib ro	99			sat ed		(W-2/1099-MISC)		organization
	related	nstee	trust		96	suadi				and related
	organizations below	ual tr	iona	24000	ploy	t con	200			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MILTON SPEID	0.25	-	TL.	0	Х	Ξ.	4			
SOARD MEMBER	0.23	Х						0.	0.	0
UARD MEMBER		Δ						0.	0.	0
	-									
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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 656,915. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 8 492 523 g Noncash contributions included in lines 1a-1f 9,149,438. h Total. Add lines 1a-1f **Business Code** 2 a ADVISOR FEES 1,539,110, 900099 1,539,110. Program Service b d f All other program service revenue 1,539,110. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 93,216 93,216. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 900,000. assets other than inventory b Less: cost or other basis 887,652. Other Revenue and sales expenses 12,348. 12,348. 12,348. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS REVENUE 900099 20,431 20,431, b d All other revenue 20,431 e Total. Add lines 11a-11d 10,814,543. 105,564. 1,559,541 Total revenue. See instructions 12

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Part IX | Statement of Functional Expenses

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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 (B) Program service expenses (A) Total expenses (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 96,442. and domestic governments. See Part IV, line 21 96,442. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 669,553. individuals. See Part IV, lines 15 and 16 669,553. Benefits paid to or for members Compensation of current officers, directors, 1,633,944. 1,241,796. 32,680. 359,468. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 162,191 123,265. 35,682. 3,244. persons described in section 4958(c)(3)(B) 3,268,682. 1,641,213. 1,595,912. Other salaries and wages 7 Pension plan accruals and contributions (include 150,699 115,137. 33,251 2,311. section 401(k) and 403(b) employer contributions) 770,647. 496,439. 708,214. 17,578. Other employee benefits 9 321,007 244,805 70,757. 5,445 10 Payroll taxes Fees for services (nonemployees): a Management Legal 74,305 3,540. 70,765. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 157,132. 71,220. 85,760. 152. 13 Office expenses Information technology 14 Royalties 15 1,166,636. 1,166,636. 16 Occupancy 379,109, 292,737. 86,329. 43. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 120,485. 18,501. 7,349. 146,335. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 150,088. 150,088 Depreciation, depletion, and amortization 22 31,262. 31,262. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,890,574. 1,665,710. 186,040. 38,824. CONTRACTS SERVICES EQUIPMENT 221,109 6,363. 212,616. 2,130. 1,371. 57,814 44,911. 11,532. DIRECT COSTS 2,170. 8,307. SUBSCRIPTIONS AND PUBLI 11,215. 738. 109,185. 1,972,810. -1,908,465. 44.840. All other expenses 12,193,721. 9,082,804. 2,912,494. 198,423. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 400. 1 400. Cash - non-interest-bearing 4,116,466. 3,135,378. Savings and temporary cash investments 660,809. 617,549. 3 3 Pledges and grants receivable, net 46,371. 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Assets Inventories for sale or use 8 9 Prepaid expenses and deferred charges 93,148. 9 241,666. 10a Land, buildings, and equipment: cost or other 2,640,726. basis. Complete Part VI of Schedule D _____ 10a 1,978,046. 775,132. 662,680. b Less: accumulated depreciation ______10b 10c 3,950,053. 3,255,015. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 133,161. 137,424. 15 15 Other assets. See Part IV, line 11 9,729,169. 8,096,483. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 619,631. 800,612. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,479,241. 1,843,938. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 2,463,569. 2,279,853. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,835,798. 2,204,737. 27 27 Net assets with donor restrictions 4,429,802. 3,611,893. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 7,265,600. 5,816,630. 32 32

8,096,483. Form **990** (2021)

Total liabilities and net assets/fund balances

729,169.

33

WOMEN 52-1081455 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 10,814,543. Total revenue (must equal Part VIII, column (A), line 12) 12,193,721. Total expenses (must equal Part IX, column (A), line 25) 2 2 ,379,178. Revenue less expenses. Subtract line 2 from line 1 3 3 7,265,600. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -628,833. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 559,041 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Ο. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 5,816,630. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **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.

INTERNATIONAL CENTER FOR RESEARCH ON

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WOMEN

Employer identification number 52-1081455

Pa	rt l	Reason for Public C	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.					
he o	organi	zation is not a private found				600 6000		
1		A church, convention of chu)(A)(i).	
2	5	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)	5 5.5	500 525	
3	_	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4		A medical research organiza						the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support for	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	era conscionario inti interpresentativo	•			•	
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	77 MAR 79 HEAT 200	V CONTRACTOR OF THE CONTRACTOR		ed in conju	nction with a land-grant	college
		or university or a non-land-g					10 NO 10 NO 10 TO 10	20
		university:		W.S.		K 1		
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from
		activities related to its exem						
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by ha	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its supported organi	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attenti	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f		r the number of supported o						
g		ide the following information Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(II) EIIV	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No	,	Carl Person Carron Carron Sandrace (7)
					n			
			:	2			<u>.</u>). P

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	1,1		,			
Cale	ndar 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.")	11126894.	9139993.	11000924.	7806669.	9149438.	48223918.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						-0
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	11100001	040000	14000004	E006660	04.40.40.0	40000000
	Total. Add lines 1 through 3	11126894.	9139993.	11000924.	7806669.	9149438.	48223918.
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,						
	(6)						19159821.
6	Public support. Subtract line 5 from line 4.						29064097.
	etion B. Total Support						230040371
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	11126894.	9139993.	11000924.	7806669.	9149438.	48223918.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	129,421.	131,852.	116,626.	85,842.	93,216.	556,957.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						1.0
10	Other income. Do not include gain						
	or loss from the sale of capital		129,933.	4,704.	4,775.	20 421	159,843.
44	assets (Explain in Part VI.)		129,933.	4,704.	4,115.	20,431.	48940718.
	Total support. Add lines 7 through 10	ata (ann inaturatio	una V			12 5	,139,274.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tay w		2 Anna Carlos Ca	1130,214.
10	organization, check this box and stop	1077	Ø 80 80			5 55 5	▶ □
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	59.39 %
	Public support percentage from 2020				110 for each 410 for each 1111 for each 114 for the 114 for each	15	66.02 %
	33 1/3% support test - 2021. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				<u>X</u>
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances test	h bringstoneser bare bander aberen			C THERESAY SECRETARISM SHOWN THE TREESAY OF		CAN THE CONTRACT OF STREET AND STREET
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	and the contract of the contra	rafi and some or \$1	a 2 a 241 and	Equal promps spread States St.		
b	10% -facts-and-circumstances test	a a sa					10% or
	more, and if the organization meets the						2
02020	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 161o, 1/a, or 171o	, cneck this box ar	na see instructions	s

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 WOMEN

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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

Section A. Public Support	elow, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	Juj 2017	(6) 2010	(0) 2010	(4) 2020	(0) 2021	(i) rotal
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ- ization'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 10 a 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						
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	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (ine 8, column (f), c	divided by line 13, o	column (f))	***************************************	15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	stment Income	e Percentage	and the second s			viscos (
17 Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by li	ne 13, column (f))			%
18 Investment income percentage from						%
19 a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization quali	fies as a publicly s	supported organiz	ation	
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che		THE PART OF SEC. 1997.				INTERNATIONAL TRANSPORT
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

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Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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")? # "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? # "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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.)

	Yes	No
	res	NO
1		
2		
3a		
3b		
Зс		
40		ž
4a		
4b		
4c		
5a		
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5b		
5c		
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8		
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9b		
9c		
10a		
10b		<u></u> ,

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INTERNATIONAL CENTER FOR RESEARCH ON 52-1081455 Page 5 WOMEN Schedule A (Form 990) 2021 Part IV | Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations No Yes Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities, If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, inervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction C Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined <u>2a</u> that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 3a

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2021 WOMEN 52-1081455 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	L IOOIISS ago (
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		a 1100 W or 1000 W E - 10	122
Sect	ion 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		y.
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
12	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		и
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	cion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

52-1081455 Page 7 WOMEN Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 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. 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 3e 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. 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. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result 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

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	WOMEN	52-1081455 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1: Part IV. Section D.	mation. Provide the explanations required by Part II, line 10; Part II, line 17a of , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6.	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V. Section B. line 1e: Part V.
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Schedule A (Form 990) 2021

WOMEN 52-1081455

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
PRIOR YEAR RETURN	17,281,187.	16,302,373.
BILL & MELINDA GATES FOUNDATION	3,593,060.	2,614,246.
IKEA FOUNDATION	1,200,830.	222,016.
THE WILLIAM AND FLORA HEWLETT FOUNDATION	1,000,000.	21,186.
Total Excess Contributions to Schedule A, Part II, Line 5		19,159,821.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Employer identification number

52-1081455

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-E	Z X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a secti	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections contribut	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, con is checke purpose.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

Name of organization

INTERNATIONAL CENTER FOR RESEARCH ON

WOMEN

Employer identification number

52-1081455

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$ 3,593,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	IKEA FOUNDATION P.O. BOX 11134 LEIDEN, NETHERLANDS	\$1,200,830.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE WILLIAM AND FLORA HEWLETT FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$1,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 INTERNATIONAL DEVELOPMENT RESEARCH CENTRE P.O BOX 8500 OTTAWA, CANADA	Total contributions \$ 409,518.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RESONANCE 1 MILL STREET BURLINGTON, VT 05401	\$ 371,570.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE SUSAN THOMPSON BUFFETT FOUNDATION 808 CONAGRA DRIVE, STE 300 OMAHA, NE 68102	\$308,599.	Person X Payroll

123452 11-11-21

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

Ochedale B (1 0111 330) (2021)	i aye
Name of organization	Employer identification number
INTERNATIONAL CENTER FOR RESEARCH ON	
WOMEN	52-1081455

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FORD FOUNDATION 320 EAST 43RD ST NEW YORK, NY 10017	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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chedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 3

Name of organization
INTERNATIONAL CENTER FOR RESEARCH ON
WOMEN

Employer identification number
52-1081455

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						

123453 11-11-21

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization Employer identification number INTERNATIONAL CENTER FOR RESEARCH ON 52-1081455 WOMEN Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)[7], (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) - \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization INTERNA	TIONAL CENTER FOR	RESEARCH ON	1 Emp	loyer identification number
	WOMEN				52-1081455
Pa	art I-A Complete if the org	janization is exempt undei	section 501(c) or	r is a section 527 or	ganization.
2 3	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campains	ures ign activities		> 3	
_	art I-B Complete if the org	k			
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
	o If "Yes," describe in Part IV. art I-C Complete if the org	enization is evenuat under	continu EO1(a)	voont coation E01/s	.\/o\
		ka			
	Enter the amount directly expended	 DA STANDS AND ASSESSMENT - MAN STANDARD BY MARKET DISTANCED BY AND AND ASSESSMENT OF THE /li>		Residence of the second	
2	Enter the amount of the filing organ				
2	exempt function activities Total exempt function expenditures				
J	line 17b			.	
1	Did the filing organization file Form				
	Enter the names, addresses and en				
•	made payments. For each organiza		THE TAXABLE SALES AND ADDRESS OF THE PARTY O	Control of the Contro	and contain a contract of the
	contributions received that were pro-	mentanakan Kananana Talikana Hunta Lalikanan di mentani di kanan baharan baharan s	e management encelled medical		ant managamananan ant Palkananikan
	political action committee (PAC). If	additional space is needed, provid	e information in Part IV	<i>i</i> .	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0.	(e) Amount of political contributions received and promptly and directly delivered to a separate
					political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021 WOMEN 52-1081455 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) 12,185 b Total lobbying expenditures to influence a legislative body (direct lobbying) 12,185. c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures 12,181,536. 12,193,721. e Total exempt purpose expenditures (add lines 1c and 1d) 759,686. Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000 189,922. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0ighthere is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2018 (b) 2019 (c) 2020(d) 2021 (e) Total (or fiscal year beginning in) 680,981. 759,686. 718,321. 680,531. 2,839,519. 2a Lobbying nontaxable amount b Lobbying ceiling amount 4,259,279. (150% of line 2a, column(e)) 9,655. 8,927. 12,352. 12,185. 43,119. c Total lobbying expenditures 179,580. 170,133. 170,245. 189,922. 709,880. d Grassroots nontaxable amount e Grassroots ceiling amount

Schedule C (Form 990) 2021

1,064,820.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2021

WOMEN

52-1081455 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Solicition Sol	or ea	nch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)		(t))
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, spesches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif "Yes," enter the amount of any tax incurred by organization managers under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 to the part III-AD Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes N Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Part III-AD Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 2 Did the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenses for which the section 527(f) tax was paid). 4 If notices were sent and the amount on line 2c exceeds the amount on lin	f the	lobbying activity.	Yes	No		Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, spesches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif "Yes," enter the amount of any tax incurred by organization managers under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 to the part III-AD Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes N Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Part III-AD Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 2 Did the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenses for which the section 527(f) tax was paid). 4 If notices were sent and the amount on line 2c exceeds the amount on lin	1	During the year, did the filing organization attempt to influence foreign, national, state, or					
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Maillings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Vers substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Carrent year b Carryover from last year c Total C Carrent year b Carryover from last year c Total J Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 5033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization a							
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speaches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 503(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 603(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree							
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expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions 5 Part IV Supplemental Information	2 3 Part 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year'n 501(c)(t n 501(c)(t "No" OR	? 5), or (b) Pa	2 3 sec art l		3, is
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rovide the descriptions required for Part FA, line 1; Part FB, line 4; Part FC, line 5; Part IFA (affiliated group list); Part IFA, lines 1 and 2 (See	2 3 Part 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures. See instructions	e prior year n 501(c)(t "No" OR cal	? 5), or (b) Pa	2 3 sec art l		3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ 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.

2021
Open to Public Inspection

Name of the organization

INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Employer identification number 52-1081455

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Simila	r Funds or Accou	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
1	10	(a) Donor advised fund	s (b) F	unds and other accounts
1	Total number at end of year	Factorial.		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		onor advised funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		1001 00	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Pres	ervation of a historica	lly important land area
	Protection of natural habitat	Pres	ervation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in	the form of a conser	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		28	1
b			1000	
С	Number of conservation easements on a certified historic stru		20 CONTO DE	
	Number of conservation easements included in (c) acquired a		STV DGB at the STR and analysis of an entire in all the street in the st	
	listed in the National Register			1
3	Number of conservation easements modified, transferred, relative			on during the tax
	year ▶		the grant and the state and the second of th	and a successful of the succes
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, ha	andling 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 enfo	rcing conservation ea	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation easeme	ents during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of se	ction 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue an	d expense statement a	and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financ	ial statements that de	scribes the
	organization's accounting for conservation easements.			
Pai			es, or Other Simil	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	25 di	10
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue s	atement and balance	sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or res	earch in furtherance o	of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue state	ment and balance she	et works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or resea	rch in furtherance of p	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 treatments	asures, or other similar assets f	or financial gain, provi	de
	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1			· \$
b	Assets included in Form 990, Part X		>	• \$

132051 10-28-21

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Schedule D (Form 990) 2021

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

Sche	dule D (Form 990) 2021 WOMEN						78	52-10	81455	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	r Assets	(continue	d)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that	make sig	nificant u	use of its		
	collection items (check all that apply):									
а	Public exhibition	C	t	Loan or exc	hange progra	am				
b	Scholarly research	6	• 🔲	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	n's exem	ot purpo	se in Part I	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	ersimilara	ssets		_	
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered '	'Yes" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pai									
1a	Is the organization an agent, trustee, custodi		The second of the second of the second						- r	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	:able:					- 04 (POP IN POP IN POP IN	
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f	-	7	
	Did the organization include an amount on Fe		- 120 man			ATTACA TANAHAN AND AND AND AND AND AND AND AND AND A	/?		」Yes □	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	12 25 106 St		2000	W 32 HS/**	-			2.5.5	
		(a) Current year	(b) F	Prior year	(c) Two yea	rs dack (a) inree y	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions				i.	,			K.	
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
020	and programs					-				
1	Administrative expenses					-				-
g	End of year balance	20 70 7	// · ·		<u> </u>	/-			,	
2	Provide the estimated percentage of the curr	3	Ann T	g, column (a))) held as:					
	Board designated or quasi-endowment	2755E	_%							
	Permanent endowment	<u></u> %								
С		%								
	The percentages on lines 2a, 2b, and 2c short			مرح لماميا مرتمية	. al a aluaini atan	مطافيتها اسما				
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are neid ar	ia administer	ed for the	organiza	ation	Ye	es No
	by:								10 1000	3 110
	(i) Unrelated organizations								3a(i)	-
h	(ii) Related organizations								3a(ii)	+-
4	Describe in Part XIII the intended uses of the								3b	
	t VI Land, Buildings, and Equipm		AAIIIGIILI	urius.						
	Complete if the organization answere		D. Part IV	/. line 11a. S	ee Form 990	. Part X. li	ne 10.			
5. 7	Description of property	(a) Cost or o	USAN INTERNATIONAL PROPERTY OF THE PROPERTY OF	The second second second	or other		cumulate	²⁴	(d) Book v	alue
	Description of property	basis (investr		3 5	(other)	E (5,	reciation	,u	(a) Book v	aiue
19	Land	AND SETTINGS OF A DESCRIPTION OF SET		0.0.0		200				
	Buildings									
	Leasehold improvements			1.99	9,940.	1.3	74,5	13.	625.	427.
	Equipment	V.			0,786.		03,5			253.
	Other	especial C						22 (T)(C C)	sitticati I	
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	0c.)				662,	680.
	1991911111191111000									

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
Financial derivatives			•
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.		11 - O - F 000 B-1 V F 10	
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)		+	
(2)			
(3)			
(4)		-	
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ ▮			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	W2500 POR (N N)
/o\	Description		
(a) L	3 GO GII PAIGH		(b) Book value
(1)	3000 II Pilot		(b) Book value
75 G	э э э э э э э э э э э э э э э э э э э		(b) Book value
(1)	3300npaon		(b) Book Value
(1) (2)	SSOSIPHOT		(D) BOOK Value
(1) (2) (3)	Societies		(b) Book Value
(1) (2) (3) (4)	Societies		(b) Book value
(1) (2) (3) (4) (5)	Societies		(b) Book value
(1) (2) (3) (4) (5) (6)	SSOCIATION		(р) воок value
(1) (2) (3) (4) (5) (6) (7)			(р) воок value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)		•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		(D) BOOK Value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (Complete if the organization answ	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	<i>15.</i>)on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

132053 10-28-21

-	INTERNATIONAL CENTER FOR RI	ESEARC	H ON	E 2	1081455 Page 4
Par	dule D (Form 990) 2021 WOMEN t XI Reconciliation of Revenue per Audited Financial Stateme	nte With	Revenue ner Re		
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		nevenue per ne	tuiii.	
1	T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1	10,185,710
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	10/100//100
a	Net unrealized gains (losses) on investments	2a	-628,833.		
a b	Donated services and use of facilities		020,033.		
(855)	Recoveries of prior year grants			-	
q	Other (Describe in Part XIII.)				
d	FEM. DIM PLANT STATE AND S			2e	-628,833
е 3				3	10,814,543
_	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	10,011,010
4		1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	20		4.	0.
c	Add lines 4a and 4b			4c	10,814,543
Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statement	ente With	Evnences ner		
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		i Expenses per	Hetui	III.
	<u> </u>			14	12,193,721
1	Total expenses and losses per audited financial statements				12,177,121
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما			
a	Donated services and use of facilities			-	
b	Prior year adjustments			-	
C .	Other losses			-	
d	Other (Describe in Part XIII.)				0
е _	Add lines 2a through 2d			<u>2e</u>	0. 12,193,721.
3	Subtract line 2e from line 1			3	12,193,721
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	920		-	
b	Other (Describe in Part XIII.)			_	_
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	12,193,721
	t XIII Supplemental Information.	NAME OF STREET	1000-00 100-00 00-00 00	100 E20 100	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			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 add	litional infor	mation.		
-					
DAT	om v tind).				
PAF	T X, LINE 2:				
тат	W WAG INCORDODATION IN 1076 INDED THE LANG			ΔE	COT TIME TA
TCF	W WAS INCORPORATED IN 1976 UNDER THE LAWS	OF TH	E DISTRICT	OF	COLUMBIA
A NIT	TO EVENOU EDON DEDEDAT INCOME DAVEO HADE	o cecm	TON 501/C\/	21	OE MUE
AMI	IS EXEMPT FROM FEDERAL INCOME TAXES UNDER	SECT.	10N 301(C)((3)	OF THE
ТМП	HEDNAL DEVENUE CODE AC A DUDITOLY CUDDODUCT) ODGA	NT 7 3 MT ANT T	CDW	TO
<u>T 14.1</u>	'ERNAL REVENUE CODE AS A PUBLICLY SUPPORTEI) ORGA	NIZATION. I	LCRW	15,
пои		יח ג מכוזגב		7 T M T	na Deelmed
пои	EVER, SUBJECT TO TAX ON THE NET PROFITS GE	SNERAT	ED BY ACTIV	/111	E2 DELINED
7.0	INDELAMED DUGINEGG ACMINIMIEG UNDER ADDITO	ו קדראי	מא דאנז הוכ) D.A.	MD TODW
AS	UNRELATED BUSINESS ACTIVITIES UNDER APPLIC	YRPPP.	TAX LAW. TO) DA	TE, ICRW
TT 70 C	NOW ENGAGED IN GUGU AGETTIMEG				
HAS	NOT ENGAGED IN SUCH ACTIVITIES.				
27					
<u>አ</u> ፈኳ እ	NACEMBAIN IIAA DENTEMBO MIIE MAY DAATMIANA DA	יזיר אום כ		יים זאיב	אס עהאהם
1AM	AGEMENT HAS REVIEWED THE TAX POSITIONS FOR	K EACH	OF THE OPE	514 T.	AA IEAKS
/VI	ARS ENDED SEPTEMBER 30 2019 THROUGH 2021)	OD E	YDRCTRD TO	BF	такем тм

ICRW'S SEPTEMBER 30, 2022, TAX RETURN AND HAS CONCLUDED THAT THERE ARE NOT SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Part XIII Supplemental Info	WOMEN	52-1081455	Page 5
Part XIII Supplemental Info	rmation (continued)		
FINANCIAL STATEMENT	g		
FINANCIAL STATEMENT	p.		
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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

INTERNATIONAL CENTER FOR RESEARCH ON

WOMEN

Employer identification number

52-1081455

Pai	t I	General Intor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on						
		Form 990, Part IV	/, line 14b.										
1	For g	r <mark>antmakers</mark> . Does	the organization	maintain record	ds to substantiate the amount of its gra								
	the gr	e grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No											
2	For g	r <mark>antmakers.</mark> Desc	akers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the										
	United	d States.											
3	Activit	ties per Region. (Th		owing Part I, line 3 table can be duplicated if additional space is needed.)									
	(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures						
			offices in the region	agents and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and						
			in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments						
				in the region		.,	in the region						
						ICRW'S ASIA REGIONAL							
						OFFICE (ARO) WORKS WITH							
					PROGRAM SERVICES AND GRANTS	IN-COUNTRY PARTNERS TO							
ruos	H ASI	A	1	44	TO RECIPIENTS IN REGION	GENERATE RESEARCH	1,860,105.						
						ICRW'S EAST AFRICA							
						OFFICE (EARO) AIMS TO							
						BUILD LOCAL CAPACITY TO							
BUB-	SAHAR	AN AFRICA	1	23	PROGRAM SERVICE	CONDUCT RIGOROUS	536,391.						
^ -	Culta-	tal	2	67			2,396,496.						
	Subto	from continuation	2	07			2,350,250.						
D			0	0			0.						
_		s to Part I		•									
С	and 3	s (add lines 3a	2	67			2,396,496.						
	and 3	Ο)	2	1 07			_,,						

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021 WOMEN 52-1081455 Page 2

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, FM\ appraisal, other)
			UMANG: EMPOWERING					
			GIRLS AND ENDING					
			CHILD MARRIAGE IN					
		SOUTH ASIA	JHARKHAND, INDIA	75,390.	WIRE	0.		CASH
			UMANG: EMPOWERING					
			GIRLS AND ENDING					
			CHILD MARRIAGE IN					
		SOUTH ASIA	JHARKHAND, INDIA	95,836.	WIRE	0.		CASH
			UMANG: EMPOWERING					
			GIRLS AND ENDING					
			CHILD MARRIAGE IN					
		SOUTH ASIA	JHARKHAND, INDIA	37,261.	WIRE	0.		CASH
		SOUTH ASIA	SEMS FOR BOYS PROGRAM	28,151.	WIRE	0.		CASH
		SOUTH ASIA	GEMS FOR BOYS PROGRAM	27,410.	WIRE	0.		CASH
		SOUTH ASIA	GEMS FOR BOYS PROGRAM	20,918.	WIRE	0.		CASH
			STRENGTHENING ABORTION RESEARCH					
		SUB-SAHARAN	CAPACITY IN	Service of the servic		SAME.		Parent Constant
		AFRICA	SUB-SAHARAN AFRICA	136,481.	WIRE	0.		CASH
			GEMS IN JHARKHAND: NO					
		SOUTH ASIA	GIRL LEFT BEHIND	62,511.	WIRE	0.		CASH

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

3 Enter total number of other organizations or entities

13

Schedule F (Form 990) WOMEN 52-1081455 Page 2

chedule F (Form 990)	WOMEN				52-10	81455		Page
Part II Continuatio	n of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
			GEMS IN JHARKHAND: NO	40.550				2,27
		SOUTH ASIA	GIRL LEFT BEHIND GLOBAL WEE/WECS	42,559.	WIRE	0.		CASH
			ADVOCACY AND					
		SUB-SAHARAN	COMMUNICATION HUB -					
		AFRICA	STEERING COMMITTEE	42,500.	WIRE	0.		CASH
			GLOBAL WEE/WECS					
			ADVOCACY AND					
		SUB-SAHARAN	COMMUNICATION HUB -					
		AFRICA	STEERING COMMITTEE	50,470.	WIRE	0.		CASH
			GLOBAL WEE/WECS					
			ADVOCACY AND					
		001MH 3 GT 3	COMMUNICATION HUB -	42 500		°0		22.57
		SOUTH ASIA	STEERING COMMITTEE	42,500.	WIRE	0.		CASH
								+
			1					

<u>Schedule F (Form 990) 2021</u> WOMEN 52-1081455 Page 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. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of cash disbursement (f) Amount of (c) Number of (d) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2021 WOMEN 52-1081455 Page 4

	Foreign Forms		
i	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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2021 WO:

WOMEN

52-1081455 Page 5

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.

PART I, LINE 2:

ICRW ISSUES SUB AGREEMENTS TO LEGALLY REGISTERED ENTITIES AFTER REVIEW

AND ACCEPTANCE OF VARIOUS DOCUMENTS PERTAINING TO THE SELECTION PROCESS,

THE ENTITY'S FINANCIAL ACCOUNTABILITY AND STATUS, AND ADHERENCE TO ANY

DONOR REQUIREMENTS. ICRW DEFINES THE REPORTING AND PAYMENT SCHEDULES FOR

EACH SUB AGREEMENT BASED ON THE ASSOCIATED RISKS, BUDGET AMOUNT, AND

TIMELINE, PER THE STIPULATIONS OF THE PAYMENT SCHEDULE. DISBURSEMENTS ARE

MADE UPON REVIEW AND APPROVAL OF FINANCIAL REPORTS SHOWING SUFFICIENT

FUNDS SPENT AND PROJECTED FUTURE SPENDING IF REQUIRED. SUB RECIPIENTS ARE

MONITORED THROUGHOUT THE DURATION OF THE AWARD ACTIVITY VIA FINANCIAL

REPORTS AND NARRATIVE REPORTS. PROGRAM STAFF REMAIN IN CONTACT WITH SUB

GRANTEES DURING IMPLEMENTATION.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ICRW'S ASIA REGIONAL OFFICE

(ARO) WORKS WITH IN-COUNTRY PARTNERS TO GENERATE RESEARCH EVIDENCE,

INTEGRATE GENDER INTO INTERVENTION PROGRAMS AND MONITOR AND EVALUATE

PROGRAM IMPACT ON ISSUES SUCH AS HIV/AIDS; ADOLESCENT REPRODUCTIVE

HEALTH; CHILD MARRIAGE.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ICRW'S EAST AFRICA OFFICE

(EARO) AIMS TO BUILD LOCAL CAPACITY TO CONDUCT RIGOROUS RESEARCH,

DISSEMINATE STATE OF THE ART RESEOURCE MATERIALS, AND PROMOTE EVIDENCE

BASED ADOCACY.

WOMEN 52-1081455 Page 5 Schedule F (Form 990) 2021 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. PART II, COLUMN (D): REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: STRENGTHENING ABORTION RESEARCH CAPACITY IN SUB-SAHARAN AFRICA (STARS) MALI PILOT PROJECT

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service 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.

Attach to Form 990.

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

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization INTERNATI WOMEN	ONAL CENT	ER FOR RESE	ARCH ON				Employer identification number 52-1081455
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's property Part II Grants and Other Assistance to II	tance? cedures for monit	oring the use of grant	funds in the United	l States.	-		X Yes No
recipient that received more than \$					anization answered i	es officiality, rait	iv, mie z i, loi ally
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EQUIMUNDO: CENTER FOR MASCULINITIES & SOCIAL JUSTICE - 1367 CONNECTICUT AVE - WASHINGTON, DC 20036	26-1931968	501(C)(3)	0.	23,754.	CASH		MALE ENGAGEMENT IN PROMOTING GENDER EQUALITY AND WOMEN'S EMPOWERMENT: ASTOCK
MEN ENGAGE 1875 CONNECTICUT AVE WASHINGTON, DC 20009	81-1666828	501(C)(3)	0.	22,962.	Cash		STOCK TAKING ON MEN AND MASCULINITIES FOR GENDER EQUALITY
ACTIONAID USA 1220 L ST NW WASHINGTON, DC 20005	52-2277575	501(C)(3)	0.	45,226.	Cash		GLOBAL WEE/WECS ADVOCACY AND COMMUNICATION HUB - STEERING COMMITTEE
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations	2020		e line 1 table		I	1	3.

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

INTERNATIONAL C Schedule I (Form 990) 2021 WOMEN	ENTER FOR	RESEARCH	ON		52-1081455	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		1 490 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
ICRW ISSUES SUB AGREEMENTS TO LEGA	LLY REGIS	TERED ENTI	TIES AFTER	REVIEW AND		
ACCEPTANCE OF VARIOUS DOCUMENTS PE	RTAINING	TO THE SEI	LECTION PRO	CESS NAMELY		
THE ENTITY'S FINANCIAL ACCOUNTABILE	ITY AND S	TATUS, ANI	ADHERENCE	TO ANY		
DONOR REQUIREMENTS.						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Employer identification number 52-1081455

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	to an approximately a processor of the approximately accommodately accom			
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
	tradicas, and official, friendling the OEO/Excedited photolog, regulating the terms directed of fine rate			
3	Indicate which, if any, of the following the 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.			
	The second control of			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	Divine the year did any mayor listed on Ferm 000 Part VII Continu A line to with warnest to the filling			
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:	22102		v
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	.5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021 WOMEN 52-1081455 Page 2

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARAH KAMBOU	(i)	390,078.	0.	0.	17,588.	572.	408,238.	0.
93500 VAG	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAVI VERMA	(i)	220,564.	0.	0.	15,031.	10,425.	246,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICIA DAUNAS	(i)	206,910.	0.	0.	13,986.	18,551.	239,447.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MANIZHA NABIEVA	(i)	180,623.	0.	0.	12,125.	760.	193,508.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LYRIC THOMPSON	(i)	159,087.	0.	0.	9,912.	6,780.	175,779.	0.
SENIOR DIRECTOR OF POLICY AND ADVOCA	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATHRYN REITZ	(i)	141,996.	0.	0.	10,168.	6,633.	158,797.	0.
DIRECTOR OF RESEARCH COMPLIANCE AND	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	139,577.	0.	0.	9,100.	5,070.	153,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JESSICA OGDEN	(i)	140,723.	0.	0.	9,827.	1,872.	152,422.	0.
GLOBAL DIRECTOR, RESEARCH IMPACT & L	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
19	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

Schedule J (Form 990) 2021 WOMEN	52-1081455	Page 3
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	e this part for any additional information	·
	6° 5500	
3		
		
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-		

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

QUZ I
Open to Public
Inspection

OMB No. 1545-0047

Name of the organization

INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Employer identification number 52-1081455

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT PREVENT THEM FROM BEING ECONOMICALLY STRONG AND ABLE TO FULLY

PARTICIPATE IN SOCIETY. ICRW TRANSLATES THESE INSIGHTS INTO A PATH OF

ACTION THAT HONORS WOMEN'S HUMAN RIGHTS, ENSURES GENDER EQUALITY AND

CREATES THE CONDITIONS IN WHICH ALL WOMEN CAN THRIVE.

ICRW COMPRISES SOCIAL SCIENTISTS, ECONOMISTS, PUBLIC HEALTH SPECIALISTS

AND DEMOGRAPHERS, ALL OF WHOM ARE EXPERTS IN GENDER. WE ARE THOUGHT

LEADERS DRIVEN BY A PASSION TO ALLEVIATE POVERTY AND RECTIFY INJUSTICE

IN THE WORLD. AND WE BELIEVE THAT WOMEN AND GIRLS IN COLLABORATION

WITH MEN AND BOYS ARE ESSENTIAL TO THE SOLUTIONS. WE KNOW THAT WHEN

THEIR QUALITY OF LIFE IMPROVES, FAMILIES ARE HEALTHIER AND ECONOMIES

ARE STRONGER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FORM 990 WAS PREPARED BY EXTERNAL ACCOUNTANTS AND

REVIEWED BY SENIOR MANAGEMENT. THE AUDIT COMMITTEE REVIEWED THE FINAL 990

WHICH WAS THEN PRESENTED TO TEH FULL BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

IN THE EVENT THAT A NON-DISCLOSED CONFLICT OF INTEREST IS DETERMINED, ICRW
WILL TAKE APPROPRIATE ACTION FOR THE VIOLATION OF THIS POLICY WITH THE
INTENTION OF ELIMINATING ANY AND ALL REAL, APPARENT, OR PERCEIVED
CONFLICTS OF INTEREST. EACH EMPLOYEE SIGNS AND ACKNOWLEDGES RECEIPT OF AND
COMPLIANCE WITH THE ICRW CONFLICT OF INTEREST POLICY. WHEN THERE IS AN
INFRACTION, ICRW HAS A FORMAL PROGRESSIVE DISCIPLINE POLICY FOR ALL

132211 11-11-21

Schedule O (Form 990) 2021 Page 2

Name of the organization INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Employer identification number 52-1081455

UNACCEPTABLE CONDUCT THAT REQUIRES WARNINGS OR COUNSELING SESSIONS. MOST

CASES ARE CONSIDERED BASED ON THEIR OWN FACTS. IN THE CASE OF MISCONDUCT OR

VIOLATION OF POLICY, AN EMPLOYEE MAY BE IMMEDIATELY TERMINATED.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD RECOMMENDS THE COMPENSATION LEVEL OF THE CEO, AND ITS APPROVED BY THE FULL BOARD. THE COMMITTEE REVIEWS EXTERNAL MARKET DATA FROM A VARIETY OF INDEPENDENT DATA SOURCES PROVIDED BY LEADING NATIONAL NON-PROFIT EXECUTIVE COMPENSATION EXPERTS. DECISIONS ABOUT COMPENSATION ARE MADE CONSISTENT WITH MARKET DATA AND ARE BASED BOTH ON THE DATA AND THE PERFORMANCE OF THE EXECUTIVE WHICH IS VETTED BY THE BOARD. THE CEO PARTICIPATES IN ICRW'S FORMAL ANNUAL PERFORMANCE APPRAISAL SYSTEM AND THE APPRAISAL IS DULY RECORDED. THE APPRAISAL INCLUDES A WRITTEN ANALYSIS OF ACCOMPLISHMENTS RATED AGAINST PRE-SET GOALS FOR THE YEAR, WHICH THE COMMITTEE REVIEWS WITH THE CEO. THE LAST COMPENSATION REVIEW TOOK PLACE DURING 2021. DISQUALIFIED PERSONS ARE EXCLUDED FROM THE COMPENSATION DECISION AND THE COMMITTEE PROVIDES THE RECOMMENDATION TO THE FULL BOARD. FINAL DECISIONS REACHED BY THE BOARD ARE COMMUNICATED TO HUMAN RESOURCES STAFF BY THE BOARD CHAIR. THE COMMITTEE AND ICRW MAINTAIN ALL RECORDS ON THE DETERMINATION OF THE CEO'S COMPENSATION. PAY FOR ALL ICRW EMPLOYEES, INCLUDING KEY EMPLOYEES, IS DETERMINED PRINCIPALLY BY ASSIGNING EMPLOYEES TO THEIR RESPECTIVE SALARY BANDS. SALARY BANDS ARE GROUPED BY LEVEL OF WORK AND DIVISION. THEY ARE REVIEWED BI-ANNUALLY WITH A DETAILED ANALYSIS OF INTERNAL JOB DESCRIPTIONS AND RESPONSIBILITIES AND THEN MAPPING THEM TO CORRESPONDING DATA SETS IN PUBLISHED SALARY SURVERYS FOR NON-PROFIT ORGANIZATIONS IN THE DC METRO AREA WITH SIMILAR OPERATING BUDGETS. AS PART OF THE ANNUAL BUDGET PROCESS, ICRW GATHERS CURRENT INFLATION RATES AND COST OF LIVING INDICES DETERMINED BY THE BUREAU OF LABOR STATISTICS AND

Name of the organization INTERNATIONAL CENTER FOR RESEARCH ON WOMEN	Employer identification number 52–1081455
FORECASTS THE ORGAINZATION'S ECONOMIC OUTLOOK TO ESTABLISH	A MERIT POOL
WHICH IS APPROVED BY THE BOARD OF DIRECTORS. EMPLOYEE PERF	ORMANCE IS
REVIEWED ANUALLY AND VIA THE ANNUAL MERIT REVIEW PROCESS,	A MERIT INCREASE
BUDGET AND MATRIX WHICH THE CEO AND COO USE TO DETERMINE P	PAY FOR THESE
AFOREMENTIONED EMPLOYEES. ALL DISQUALIFIED PERSONS ARE EXC	LUDED FROM THE
FINAL DETERMINATION OF SALARY LEVELS AND ICRW MAINTAINS RE	CORDS ON ALL
DECISIONS REGARDING EMPLOYEE PAY LEVELS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	
AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, ME, M	ID,MA,MI,MN,MS,MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, V	YY, VA, WA, WV, WI, WY
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO T	HE PUBLIC UPON
REQUEST OR VIA THE WEB.	
·	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-0047

Go to www.irs.gov/Form8868 for the latest information. Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or INTERNATIONAL CENTER FOR RESEARCH ON print 52-1081455 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1120 20TH STREET N.W., 500 N return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 20036 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 80 01 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) MARGARET CLARK The books are in the care of ▶ 1120 20TH STREET, N.W. - WASHINGTON, DC 20036 Telephone No. ▶ 202-742-1264 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or , and ending <u>S</u>EP 30, ► X tax year beginning OCT 1, 2021 Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

private foundations) 2021

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.

Open to Public Inspection

OMB No. 1545-0047

2022 OCT 1, 2021 and ending SEP 30, A For the 2021 calendar year, or tax year beginning C Name of organization Check if applicable D Employer identification number INTERNATIONAL CENTER FOR RESEARCH ON Address change WOMEN Name change 52-1081455 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 202-797-0007 1120 20TH STREET N.W. 500 N 11,702,195. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended WASHINGTON, DC 20036 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARGARET CLARK for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c)(527) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.ICRW.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > Year of formation: 1977 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER WOMEN, ADVANCE GENDER Activities & Governance EQUALITY AND FIGHT POVERTY IN THE DEVELOPING WORLD. if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 46 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 7,806,668. 9,149,438. Contributions and grants (Part VIII, line 1h) Revenue 1,237,061. 1,539,110. Program service revenue (Part VIII, line 2g) 430,648. 105,564. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,775. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,431. 11 9,479,152. 10,814,543. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 885,311. 765,995. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 6,252,740. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,032,962. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,481,569. 4,394,764. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,193,721. 10,619,620. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,379,178. -1,140,468. Revenue less expenses. Subtract line 18 from line 12 Ы **Beginning of Current Year End of Year** 9,729,169. 8,096,483. 20 Total assets (Part X, line 16) 2,279,853. 2,463,569. 21 Total liabilities (Part X, line 26) 7,265,600. 5,816,630. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Margaret & Clark Signature et autice : Date Sign MARGARET CLARK, CEO & PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature if self-employed 08/15/23 P01345960 ROBERT WILLIAMS ROBERT WILLIAMS Paid Firm's EIN = 41 - 0746749Firm's name CLIFTONLARSONALLEN LLP Preparer Firm's address > 901 NORTH GLEBE ROAD, SUITE 200 Use Only Phone no. (571) 227-9500 ARLINGTON, VA 22203 X Yes May the IRS discuss this return with the preparer shown above? See instructions

_	990 (2021) WOMEN 52-1081455 Page	2
Pai	t III Statement of Program Service Accomplishments	
:0	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE INTERNATIONAL CENTER FOR RESEARCH ON WOMEN (ICRW) IS A GLOBAL	
	RESEARCH INSTITUTE WITH OFFICES LOCATED IN WASHINGTON, D.C.; NEW	
	DELHI, INDIA; NAIROBI, KENYA; AND KAMPALA, UGANDA. OUR RESEARCH	
	EVIDENCE IDENTIFIES WOMEN'S CONTRIBUTIONS AS WELL AS THE OBSTACLES	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	O
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes X No	o
	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 \$ 5,371,700. including grants of \$ 329,242.) (Revenue \$ 1,559,541.	_)
	RESEARCH & PROGRAMS: RESEARCH & PROGRAMS FOCUSES ON RESEARCH AREAS:	
	GENDER, HEALTH, YOUTH AND DEVELOPMENT, VIOLENCE, RIGHTS & INCLUSION,	_
	AND GENDER, ECONOMIC EMPOWERMENT & LIVELIHOODS. THE GENDER, HEALTH,	_
	YOUTH & DEVELOPMENT PORTFOLIO FOCUSES ON ADOLESCENT HEALTH AND	
	WELLBEING, SEXUAL AND REPRODUCTIVE HEALTH ALONG WITH THE REDUCTION	
	OFSTIGMA RELATED TO HIV AS WELL AS THE PREVENTION OF CHILD MARRIAGE IN	_
	LOW- AND MIDDLE-INCOME COUNTRIES. THE VIOLENCE, RIGHTS AND INCLUSION	<u> </u>
	PORTFOLIO FOCUSES ON THE PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS	_
	AS WELL AS THE INCLUSION OF MARGINALIZED POPULATIONS INTO ALL ASPECTS	-
	OF SOCIETY. THE GENDER, ECONOMIC EMPOWERMENT AND LIVELIHOODS PORTFOLIO	_
	WORKS TO PROMOTE THE DEVELOPMENT AND ADVANCE WOMENS ECONOMIC	 ,
	EMPOWERMENT.	_
4b	(Code:) (Expenses \$ 2,407,391. including grants of \$ 436,753.) (Revenue \$ 0.	_)
	ASIA REGIONAL OFFICE: ICRW'S ASIA REGIONAL OFFICE IN NEW DELHI IS A	
	REGIONAL HUB TO EXPAND OUR EFFORTS TO PROMOTE GENDER EQUITABLE DEVELOPMENT AND RESPOND TO THE PRESSING CHALLENGES FACING WOMEN AND	-
	GIRLS AND THEIR COMMUNITIES IN SOUTH ASIA. THE ASIA REGIONAL OFFICE	_
	EMPLOYS OVER 50 LOCAL STAFF. ICRW EXAMINES THE REALITIES OF COMPLEX,	_
	INTERLINKED ISSUES AND FOCUSES THE OFFICE SERVES THE REGION INCLUDING	_
	BANGLADESH, CAMBODIA, CHINA, THAILAND, VIETNAM AND NEPAL WITH AN EYE	<u> </u>
	TOWARDS FURTHER EXPANSION. WE COLLABORATE CLOSELY WITH LOCAL, REGIONAL	_
	AND INTERNATIONAL PARTNERS TO UNDERTAKE FIELD RESEARCH AND PROGRAM	-
	WORK. WE COMMUNICATE OUR FINDINGS AND EXPERIENCE TO POLICY MAKERS	_
	THROUGH ADVOCACY EFFORTS THAT ARE GROUNDED IN SOUND EVIDENCE AND DATA.	
	IMOUGH REVOCACE BITORIE IMIT AND GROUNDED IN DOUBLE BYIELD AND BATH.	
40	(Code:) (Expenses \$1,303,713 . including grants of \$0 . (Revenue \$0 .	Y
-10	AFRICA REGIONAL OFFICE: ICRW'S AFRICA REGIONAL OFFICE IN NAIROBI, KENYA	. /
	AND KAMPALA, UGANDA WORKS TO EXPAND OUR EFFORTS TO PROMOTE GENDER	-
	EQUITABLE DEVELOPMENT AND RESPOND TO THE PRESSING CHALLENGES FACING	
	WOMEN AND GIRLS AND THEIR COMMUNITIES IN EASTERN AFRICA. WE COLLABORATE	(1)
	CLOSELY WITH LOCAL, REGIONAL AND INTERNATIONAL PARTNERS TO UNDERTAKE	_
	FIELD RESEARCH AND PROGRAM WORK. WE COMMUNICATE OUR FINDINGS AND	
	EXPERIENCE TO POLICY MAKERS THROUGH ADVOCACY EFFORTS THAT ARE GROUNDED	_
	IN SOUND EVIDENCE AND DATA.	
·		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 9,082,804.	
	Form 990 (202	21)

WOMEN 52-1081455 Page 3 Form 990 (2021)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7.0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	100 Per 100 Pe	8		X
9	Schedule D, Part III	_		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
10	If "Yes," complete Schedule D, Part IV	Э		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.		X
naru.	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	12.2	v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			U.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	24/00/2020		
ue ue	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	200 May 30		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7000	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	(2.5000 MPs)		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Washing .	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			000000
	or for foreign individuals? # "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	

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Pa	rt IV Checklist of Required Schedules (continued)			
2			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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20	-23	
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			- V
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2200000		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28				
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
-	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #	number of		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			50-2-176
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002		
-	ff "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		
O,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
1 4	Check if Celeschile O contains a management of the Port V			i .
-	Check it Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
	19			

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 46							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х					
b	If "Yes," enter the name of the foreign country ▶ INDIA, KENYA, UGANDA							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>						
D	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 'D						
·		70		Х				
ت	to file Form 8282?	7c						
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х				
828	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_						
40	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	2						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12	ł						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	20000						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	\Box	L				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			2002				
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.			5:0//				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.							

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	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?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.4		
D	AND CONTROL OF THE PROPERTY OF	7b		X
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
a		8a	х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		X
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Billians de l'estant de la company de la com	1000	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		100000	
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, DE	FL,	GA,	HI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	12 - 50	200700 000	
	for public inspection. Indicate how you made these available. Check all that apply.	Store .		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
- T	statements available to the public during the tax year.		20.000 A	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARGARET CLARK - 202-742-1264			
	1120 20TH STREET, N.W., WASHINGTON, DC 20036			
132006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2021)

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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 employees."
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions	for the orde	r in which to list	the persons above.
----------------------	--------------	--------------------	--------------------

Check this box if neither the organization n	r any related organization compensated							ed any current officer, director, or trustee.				
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable	Estimated		
	hours per	box	(do not check more that box, unless person is bo officer and a director/tri			s both	nan	compensation	compensation	amount of		
	week		er an	dad	recto	r/trus	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the		
	related	eetsr	trust		99	sued		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	la tri	onal		ploye	tcom ee		1099-NEC)		and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) SARAH KAMBOU	37.50								72	to their was recover		
PRESIDENT & CEO UNTIL SEPT 2021							Х	390,078.	0.	18,160.		
(2) RAVI VERMA	37.50											
DIRECTOR, ICRW ASIA				Х				220,564.	0.	25,456.		
(3) PATRICIA DAUNAS	37.50											
CHIEF OPERATING OFFICER				Х				206,910.	0.	32,537.		
(4) MANIZHA NABIEVA	37.50							AND STREET, VINCES SALE	2285			
CHIEF FINANCIAL OFFICER	25.50	_		Х				180,623.	0.	12,885.		
(5) LYRIC THOMPSON	37.50					,,		150 007	0	16 600		
SENIOR DIRECTOR OF POLICY AND ADVOCA	27 E0					Х		159,087.	0.	16,692.		
(6) KATHRYN REITZ DIRECTOR OF RESEARCH COMPLIANCE AND	37.50					Х		141,996.	0.	16 901		
(7) ALLISON GLINSKI	37.50					Δ		141,330.	0.	16,801.		
ASSOCIATE DIRECTOR, ICRW ADVISORS	37.30					Х		139,577.	0.	14,170.		
(8) JESSICA OGDEN	37.50							205 / 5 / 7 .	••	11/1/00		
GLOBAL DIRECTOR, RESEARCH IMPACT & L		İ				Х		140,723.	0.	11,699.		
(9) PAMELA VAN DE WALLE	37.50									-		
DIRECTOR OF HUMAN RESOURCES						Х		112,757.	0.	30,039.		
(10) MARGARET CLARK	37.50											
PRESIDENT & CEO				Х				83,714.	0.	1,773.		
(11) PHYLLIS COSTANZA	0.25											
BOARD MEMBER		Х						0.	0.	0.		
(12) CAROLE DICKERT-SCHERR	3.00											
BOARD MEMBER		Х						0.	0.	0.		
(13) TREVOR GANDY	0.25							360	2205			
BOARD MEMBER		X						0.	0.	0.		
(14) VIMI GREWAL-CARR	0.25											
BOARD MEMBER	20 1-205	Х	lacksquare					0.	0.	0.		
(15) SCOTT JACKSON	4.00							gen .	126	7		
BOARD MEMBER	1 00	Х	\vdash					0.	0.	0.		
(16) MARIJKE JURGENS-DUPREE	1.00	37							^	^		
BOARD MEMBER (17) JENNIFER KLEIN	0.25	Х	\vdash					0.	0.	0.		
BOARD MEMBER	0.23	x						0.	0.	0.		
199007 12-09-21		Λ						0.	0.	Form 990 (2021)		

DocuSign Envelope ID: 0329B7CD-3CC5-4D73-A047-1DA14169920A INTERNATIONAL CENTER FOR RESEARCH ON WOMEN 52-1081455 Page 8 Form 990 (2021) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation hours for organization (W-2/1099-MISC/ from the related (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) (18) HAVEN LEY 0.25 BOARD MEMBER 0. 0. 0. (19) PATIENCE MARIME-BALL 2.00 X 0. 0. 0. BOARD MEMBER (20) JACQUELYN MAYFIELD 1.00 BOARD MEMBER 0. 0. 0. (21) APRIL MCCLAIN DELANEY 1.00 BOARD MEMBER 0. 0. (22) FIROZA MEHROTRA 1.40 BOARD MEMBER 0. 0. Х 0. 0.25 (23) LINDA PERKINS BOARD MEMBER X 0. 0. 0. 0.25 (24) SHUBHI RAO 0 0. BOARD MEMBER X 0. (25) LOIS ROMANO 0.50 0. 0. BOARD MEMBER 0. (26) ALLISON SHURE 0.25 BOARD MEMBER 0 0 0. 776,029. 0. 180,212. 1b Subtotal 0. 0. 0. c Total from continuation sheets to Part VII, Section A 776,029. 0. 180,212. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 12 compensation from the organization

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

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)	(B)	(C)							
Name and business address	NONE	Description of services	Compensation						
Total number of independent contractors (including but	not limited to those I	listed above) who received more than							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

\$100,000 of compensation from the organization

Form 990 WOMEN 52-1081455

Form 990 WOMEN									52-108	1400		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest C												
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	/0			ition		ls A	Reportable	Reportable	Estimated amount of		
	hours per	(C	Teck	(all	liiai	app	ıу) 	compensation from	compensation from related	other		
	week	40.00				уве		the	organizations	compensation		
	(list any	irector				emplic		organization	(W-2/1099-MISC)	from the		
	hours for related	96 Or d	stee			nsated		(W-2/1099-MISC)		organization and related		
	organizations	truste	nal true		oyee	omper				organizations		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
	line)	pul	lus	₽	Ke	Hig	For					
27) MILTON SPEID OARD MEMBER	0.25	x						0.	0.	0		
OARD MEMBER		Δ						0.	0.	U		
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Form 990 (2021) WOMEN 52-1081455 Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 656,915. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 8 492 523 g Noncash contributions included in lines 1a-1f 9,149,438. h Total. Add lines 1a-1f **Business Code** 2 a ADVISOR FEES 1,539,110, 900099 1,539,110. Program Service b d f All other program service revenue 1,539,110. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 93,216 93,216. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 900,000. assets other than inventory b Less: cost or other basis 887,652. Other Revenue and sales expenses 12,348. 12,348. 12,348. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS REVENUE 900099 20,431 20,431, b d All other revenue 20,431 e Total. Add lines 11a-11d 10,814,543. 105,564. 1,559,541 Total revenue. See instructions

132009 12-09-21

Form 990 (2021) WOMEN

Part IX | Statement of Functional Expenses 52-1081455 Page 10

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported or lines 8b. Total expenses Program environment of the part IV Total expenses Program environment of the part IV Program environment environment of the part IV Program environment environment of the part IV Program environment environ											
Continuity continuity of amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 22 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 25 Grants and other assistance to foreign individuals. See Part IV, line 26 Grants and other assistance to foreign individuals. See Part IV, line 26 Grants and other assistance to foreign individuals. See Part IV, line 26 Grants and other assistance to foreign individuals and see Part IV, line 26 Grants and see Part IV, line 27 Grants and see Part IV, line 28 Grants and see Part IV	D) raising enses										
2 Grants and other assistance to domestic individuals. See Part IV, line 27 conferences (nonemployee): 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 17 in IV, line 17 for IV in											
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	2,130										
c DIRECT COSTS 57,014. 44,911. 1,371. 1	1,532										
d SUBSCRIPTIONS AND PUBLI 11,215. 2,170. 8,307.	738										
	4,840										
	8,423										
26 Joint costs. Complete this line only if the organization											
reported in column (B) joint costs from a combined											
educational campaign and fundraising solicitation.											
Check here ▶ if following SOP 98-2 (ASC 958-720)											

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_	rt X	Balance Sheet			1001433 Page II
		Check if Schedule O contains a response or note to any line in this Part X			
3.5	(6)		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	400.
	2	Savings and temporary cash investments	4,116,466.	2	3,135,378.
	3	Pledges and grants receivable, net	660,809.	3	617,549.
	4	Accounts receivable, net		4	46,371.
	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	
Ø	7	Notes and loans receivable, net		7	*
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	93,148.	9	241,666.
	10a	Land, buildings, and equipment: cost or other			
	- Andrews	basis. Complete Part VI of Schedule D 10a 2,640,726.			
	b	Less: accumulated depreciation 10b 1,978,046.	775,132.	10c	662,680.
	11	Investments - publicly traded securities	3,950,053.	11	3,255,015.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	- 10
	15	Other assets. See Part IV, line 11		15	137,424.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	8,096,483.
	17	Accounts payable and accrued expenses	619,631.	17	800,612.
	18	Grants payable		18	**
	19	Deferred revenue	1,843,938.	19	1,479,241.
	20	Tax-exempt bond liabilities		20	-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ige		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		25	
	26	Total liabilities. Add lines 17 through 25	2,463,569.	26	2,279,853.
		Organizations that follow FASB ASC 958, check here X			
ĕ		and complete lines 27, 28, 32, and 33.	2 225 522		
Net Assets or Fund Balances	27	Net assets without donor restrictions		27	2,204,737. 3,611,893.
B	28	Net assets with donor restrictions	4,429,802.	28	3,611,893.
핕		Organizations that do not follow FASB ASC 958, check here			
Έ		and complete lines 29 through 33.		10.00	
S O	29	Capital stock or trust principal, or current funds		29	
ssel	30	Paid-in or capital surplus, or land, building, or equipment fund		30	-8
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	F 04 5 500
Ne.	32	Total net assets or fund balances		32	5,816,630.
	33	Total liabilities and net assets/fund balances	9,729,169.	33	8,096,483.

WOMEN 52-1081455 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 10,814,543. Total revenue (must equal Part VIII, column (A), line 12) 12,193,721. Total expenses (must equal Part IX, column (A), line 25) 2 2 ,379,178. Revenue less expenses. Subtract line 2 from line 1 3 3 7,265,600. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 -628,833. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 559,041 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Ο. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 5,816,630. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

132012 12-09-21

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **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.

INTERNATIONAL CENTER FOR RESEARCH ON

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WOMEN

Employer identification number 52-1081455

Pa	rt l	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
he o	organi	zation is not a private found				600 6000					
1		A church, convention of chu)(A)(i).				
2	5	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)	5 5.5	500 525				
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:	as utomatus ramazo — 1920—94 mais terro mais o em a si mandrés emarca la broincia de se	each i viction of philesophy is about the contract of the process of the contract of the contr				Alexandria Victoria Arcidente protoce do como intercola di Arendo del Como			
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describ	ed in			
		section 170(b)(1)(A)(iv). (C	complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal	lly receives a substar	ntial part of its support for	rom a gove	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (Co	era conscionario inti internambario essenti	•							
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	77 MAR 79 HEAT 200	V CONTRACTOR OF THE CONTRACTOR		ed in conju	nction with a land-grant	college			
		or university or a non-land-g					10 NO 10 NO 10 TO 10	20			
		university:		W.S.		K 1					
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from			
		activities related to its exem									
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or			
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box on			
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.				
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting			
		organization. You must c	omplete Part IV, Se	ections A and B.							
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by ha	ving			
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
C		Type III functionally inter	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its supported organi	zation(s)			
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attenti	veness			
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.					
f		r the number of supported o									
g		ide the following information Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization	(II) EIIV	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)			
				above (see instructions))	Yes	No	,	Cont Person Common control of the Co			
					n						
			:	2			<u>.</u>). P			

Schedule A (Form 990) 2021

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

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

Section A. Public Support							
Cale	ndar 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.")	11126894.	9139993.	11000924.	7806669.	9149438.	48223918.
2	Tax revenues levied for the organ-						
	ization'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	11126894.	9139993.	11000924.	7806669.	9149438.	48223918.
	The portion of total contributions		100 100 100 100 100 100 100 100 100 100		500 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	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,						
	actumen (f)						19159821.
6	Public support, Subtract line 5 from line 4.						29064097.
	tion B. Total Support	, and the second					250040571
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	11126894.		11000924.	7806669.		48223918.
	Gross income from interest,	111200511	J 1 3 3 3 3 3 •	11000321.	70000031	J11J130•	102233101
O	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	129 421	131,852.	116 626.	85,842.	93 216.	556,957.
9	Net income from unrelated business	125 / 1210	131/0321	110,020.	03,0121	33/210.	330 / 33 / 1
9							
	activities, whether or not the						
40	business is regularly carried on						, s
10	Other income. Do not include gain						
	or loss from the sale of capital		129,933.	4,704.	4,775.	20 /31	159,843.
44	assets (Explain in Part VI.)		120,000.	4,704.	4,115.	20,431.	48940718.
	Total support. Add lines 7 through 10		>				,139,274.
	Gross receipts from related activities,						,133,214.
13	First 5 years. If the Form 990 is for the	1079	6 8 8	£0 9.5-		A 5.5 5.	
organization, check this box and stop here Section C. Computation of Public Support Percentage							
			1000000	aduman (f))		14	59.39 %
	Public support percentage for 2021 (I				17.0 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1	15	C C O O
	Public support percentage from 2020						
ioa	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						
D				NOW THE CALL AND A			2
0	and stop here. The organization qual				40.40		
17a	7a 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 fact					VI how the organiz	zation
40	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	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-circu				STRUBERT STRUKENERS STRUKTERENSE	SAME AND COMMON	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021 WOMEN

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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.)

	below, please com	piete rait ii.)				
Section A. Public Support		Ť		1	1	
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.")		1				
2 Gross receipts from admissions, merchandise sold or services per-						
formed, 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 bus-						
iness under section 513		ļ				
4 Tax revenues levied for the organ-						
ization'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						
10 a Gross income from interest,						
dividends, payments received on						
dividends, payments received on securities loans, rents, royalties,						
dividends, payments received on securities loans, rents, royalties, and income from similar sources	5					
dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses						
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						
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						
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 Net income from unrelated business activities not included on line 10b,						
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						
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						
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						
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.)						
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.)		ivet accord third	Soundly Or Siddly town	(or so a costinu 5	01/a)/2) arganizati	
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 sale of capital assets.	the organization's f	2 2 2				- 6
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 check this box and stop here	the organization's f					- C
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 check this box and stop here	the organization's f	rcentage				<u> </u>
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 check this box and stop here Section C. Computation of Publi 15 Public support percentage for 2021	the organization's f	rcentage divided by line 13, o	column (f))		15	9/
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 check this box and stop here Section C. Computation of Public Support percentage for 2021 16 Public support percentage from 202	the organization's file Support Per(line 8, column (f), of Schedule A, Part	rcentage divided by line 13, o				9/
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 check this box and stop here Section C. Computation of Publes 15 Public support percentage from 202 Section D. Computation of Inve	lic Support Pe (line 8, column (f), o 0 Schedule A, Part stment Incom	rcentage divided by line 13, of till, line 15 e Percentage	column (f))		15	9/ 9/
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 check this box and stop here Section C. Computation of Public Support percentage for 2021 16 Public support percentage from 202 Section D. Computation of Inve	the organization's fine Support Per (line 8, column (f), column (f	rcentage divided by line 13, of the line 15 e Percentage imn (f), divided by li	column (f)) ne 13, column (f))		15 16	9/ 9/ 9/
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 check this box and stop here Section C. Computation of Public Public support percentage for 2021 16 Public support percentage from 202 Section D. Computation of Invelinvestment income percentage from 2018 Investment income percentage from 2018	the organization's formula in the composition of the control of th	rcentage divided by line 13, of the line 15 e Percentage mn (f), divided by line, Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	9/ 9/ 9/ 9/
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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 check this box and stop here Section C. Computation of Public support percentage for 2021 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 19a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box as	lic Support Pe (line 8, column (f), o 0 Schedule A, Part stment Income 2021 (line 10c, colu 2020 Schedule A, e organization did	rcentage divided by line 13, of the lill, line 15 e Percentage mn (f), divided by line, Part III, line 17 not check the box of erganization quality	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	: 15 is more than 3 upported organiza	15 16 17 18 3 1/3%, and line 17	9 9 9 7 is not
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 check this box and stop here section C. Computation of Public Support percentage for 2021 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 19a 33 1/3% support tests - 2021. If the	lic Support Pe (line 8, column (f), o 0 Schedule A, Part stment Incom 2021 (line 10c, colu 2020 Schedule A, e organization did and stop here. The e organization did	rcentage divided by line 13, of the lill, line 15 e Percentage Imn (f), divided by line, Part III, line 17 not check the box of the lill, line 17 organization quality and the check a box on the lill, line 17 organization quality and the lill, line 17 organization quality and the lill, line 17 organization quality and the lill, l	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	15 is more than 3 upported organiza	15 16 17 18 3 1/3%, and line 17 tion	9 9 7 is not

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Schedule A (Form 990) 2021

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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")? #
 "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? [f "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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.)

į		Yes	No
	1		
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	3b		
	3c		
	4a		
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	10b		
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INTERNATIONAL CENTER FOR RESEARCH ON 52-1081455 Page 5 WOMEN Schedule A (Form 990) 2021 Part IV | Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations No Yes Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities, If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, inervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction C Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined <u>2a</u> that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

3a

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Schedule A (Form 990) 2021 WOMEN 52-1081455 Page 6

	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	1 1001135 agc 0
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		an man the company to the company of	122
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
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
2	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		e e e e e e e e e e e e e e e e e e e
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
2	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		<i>t</i>
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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			
.01	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see
	instructions).		KI NOW MON	

52-1081455 Page 7 WOMEN Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 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. 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 3e 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. 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. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result 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

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	WOMEN	52-1081455 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, f, Section B, line 1e; Part V,
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Schedule A (Form 990) 2021

Schedule B

(Form 990)

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Employer identification number

52-1081455

Organization type (chec	k one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	on is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
The state was the second	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n (b) instead of the contributor name and address), II, and III.
year, contribution is checked, ente purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year
answer "No" on Part IV, I	in that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify illing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

Scriedule B (FOITI 990) (2021)	raye
Name of organization	Employer identification number
INTERNATIONAL CENTER FOR RESEARCH ON	
WOMEN	52-1081455

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,593,060.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,200,830.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	,	\$\$09,518.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 371,570.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$308,599.	Person X Payroll

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

Certedate B (1 of 11 936) (2021)	1 ago
Name of organization	Employer identification number
INTERNATIONAL CENTER FOR RESEARCH ON	
WOMEN	52-1081455

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	5-	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 3

Name of organization
INTERNATIONAL CENTER FOR RESEARCH ON
WOMEN

Employer identification number
52-1081455

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

123453 11-11-21

Schedule B (Form 990) (2021) Page 4 Name of organization Employer identification number INTERNATIONAL CENTER FOR RESEARCH ON 52-1081455 WOMEN Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)[7], (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) - \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

•	Section 501(c)(4), (5), or (6) organizate	tions: Complete Part III.			
Nan	ne of organization INTERNA	TIONAL CENTER FOR	RESEARCH ON	I Emp	oloyer identification number
	WOMEN				52-1081455
Pa	art I-A Complete if the org	janization is exempt unde	section 501(c) or	r is a section 527 o	rganization.
2 3	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campaigns.	ures ign activities		>	\$
_	art I-B Complete if the org	·			
	Enter the amount of any excise tax				·
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
	o If "Yes," describe in Part IV. art I-C Complete if the org	ionization is exempt under	coation 501/a) a	voont coation 501/	~\/2\
_		·			
	Enter the amount directly expended Enter the amount of the filing organ	A DESCRIPTION OF THE PROPERTY OF STREET OF THE PROPERTY OF THE		Security of the second security of the second secon	D
2	exempt function activities		no chipro 😅 santo conventamente propieta - se predicto anticipa.		1
2	Total exempt function expenditures				Ψ
U	line 17b			.	\$
4	Did the filing organization file Form				
	Enter the names, addresses and en				
	made payments. For each organiza		THE TAXABLE PARTY OF THE PARTY	The Control of the Co	terror attended to the entire of the first terror and the first terror and the first terror and the first terror
	contributions received that were pro-	omptly and directly delivered to a s	separate political organ	ization, such as a separa	te segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	e information in Part IV	<u>(</u>	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0-	contributions received and promptly and directly
				Turius. Il florie, eriter o	delivered to a separate
					political organization. If none, enter -0
,					irriorie, enter o.
-					

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

Schedule C (Form 990) 2021

LHA

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Schedule C (Form 990) 2021 WOMEN 52-1081455 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) 12,185 b Total lobbying expenditures to influence a legislative body (direct lobbying) 12,185. c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures 12,181,536. 12,193,721. e Total exempt purpose expenditures (add lines 1c and 1d) 759,686. Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000 189,922. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-Λ. i Subtract line 1f from line 1c. If zero or less, enter -0ighthere is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2018 (b) 2019 (c) 2020(d) 2021 (e) Total (or fiscal year beginning in) 680,981. 759,686. 718,321. 680,531. 2,839,519. 2a Lobbying nontaxable amount b Lobbying ceiling amount 4,259,279. (150% of line 2a, column(e)) 9,655. 8,927. 12,352. 12,185. 43,119. c Total lobbying expenditures 179,580. 170,133. 170,245. 189,922. 709,880. d Grassroots nontaxable amount e Grassroots ceiling amount

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1,064,820.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

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WOMEN

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? c Media advertisements? d Mailings to members, legislators, or the public? P Publications, or published or broadcast statements? G Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Raties, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 1 Other activities? 1 Total, Add lines 1c through 11 2 and 111-3 Add lines 1c through 11 2 bit 1*Ves,* enter the amount of any tax incurred by organization managems under section 4912 c if 1*Yes,* enter the amount of any tax incurred by organization inarrangems under section 4912 d if the filing organization inarrangem under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (50% or more) duse received nondeductible by members? 2 bit the organization in grants as exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 bit organization agrees to carry over lobbying and political expenditures (do not include amounts of political expenditures from the prior year? 2 and III-B Complete if the organization is exempt under section 501(c)(6), section 501(c)(6), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 bit organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(t) tax was paid). 2 a Current year 2 bit motose were sent and the amount on line 2e exceeds the amount on line 3, w	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(2	1)	(t)
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	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), see 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated points).	om the prior year; ection 501(c)(5 ered "No" OR of political es e excess and political	2 3 3 5), or se (b) Part 1 2a 2b 2c 3	III-A, line	3, is
	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the information in the information section for the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated parts and the interval in the interval in	om the prior year; ection 501(c)(5 ered "No" OR of political es e excess and political	2 3 3 5), or se (b) Part 1 2a 2b 2c 3	III-A, line	3, is
	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated parts).	om the prior year; ection 501(c)(5 ered "No" OR of political es e excess and political	2 3 3 5), or se (b) Part 1 2a 2b 2c 3	III-A, line	3, is
	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), see 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated points).	om the prior year; ection 501(c)(5 ered "No" OR of political es e excess and political	2 3 3 5), or se (b) Part 1 2a 2b 2c 3	III-A, line	3, is
	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), see 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated points).	om the prior year; ection 501(c)(5 ered "No" OR of political es e excess and political	2 3 3 5), or se (b) Part 1 2a 2b 2c 3	III-A, line	3, is
	Did the organization agree to carry over lobbying and political campaign activity expenditures for till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year? Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	om the prior year; ection 501(c)(5 ered "No" OR of political es e excess and political	2 3 3 5), or se (b) Part 1 2a 2b 2c 3	III-A, line	3, is

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ 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.

OMB No. 1545-0047 Inspection

Name of the organization

INTERNATIONAL CENTER FOR RESEARCH ON

Employer identification number

Pai	wомем rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts Complete if the	_
ı u	organization answered "Yes" on Form 990, Part IV, line		Complete if the	
	Signification and worker 188 Sitt Office S	(a) Donor advised funds	(b) Funds and other accounts	-
	Total number at and of year	(a) Borior advised farids	(b) Farias and other accounts	—
1	Total number at end of year			_
2	Aggregate value of contributions to (during year)			—3
3	Aggregate value of grants from (during year)			_
4	Aggregate value at end of year			_
5	Did the organization inform all donors and donor advisors in wr		<u></u>	
35	are the organization's property, subject to the organization's ex			0
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or c			
D	impermissible private benefit?			0
	rt II Conservation Easements. Complete if the orga		Part IV, line 7.	_
1	Purpose(s) of conservation easements held by the organization	The second secon		
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area	
	Protection of natural habitat	Preservation of	a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	day of the tax year.		Held at the End of the Tax Yea	Al .
а	Total number of conservation easements		2a	_
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic struc	ture included in (a)	2c	
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a historic structu	ire	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, relea			
	year ▶			
4	Number of states where property subject to conservation easer	ment is located ▶		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	olds?	Yes N	0
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation easements during the year	
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	tion 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 N	0
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot			
	organization's accounting for conservation easements.	ead crassian (Control (1995) - Control (Control (1995) (1995) - Francis (1995) Cartil (1995) (1995) (1995)		
Pai	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public	
	service, provide in Part XIII the text of the footnote to its financi		AN AREAST CONTROL OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF T	
b				
1,350	art, historical treasures, or other similar assets held for public ea			
	provide the following amounts relating to these items:	,,,,	1	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
				_
2	If the organization received or held works of art, historical treas		V 400 V 400	_
4	the following amounts required to be reported under FASB ASC		i gairi, provide	
	And the Control of th	The state of the s	\$	
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			_
U	ASSOCIATION OF THE STATE AND A			

132051 10-28-21

Schedule D (Form 990) 2021

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

Sche	dule D (Form 990) 2021 WOMEN					52-10	81455	Page 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or	Other S	imilar Asset	s (continued	d)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following that n	nake signi	ficant use of its		
	collection items (check all that apply):							
а	Public exhibition	C	(4 <u></u>	change progran				
b	Scholarly research	6	Other					
c	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further	the organization	's exempt	purpose in Par	: XIII.	
5	During the year, did the organization solicit or					201		
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organizat	ion answered "Y	es" on Fo	rm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia		THE SPECIAL PROPERTY OF THE PR					
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or	custodial accour	nt liability?	·L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if	the organization an	nswered "Yes" on F			100000 Page 100 Page	W 23 NAS	
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four yea	ırs back
1a	Beginning of year balance							
b	Contributions						6	
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance		fs.	14			<i>i.</i>	
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column ((a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С	Term endowment >	%						
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administere	d for the c	organization	<u>a</u>	
	by:						Ye	s No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	ed on Schedule R	7			. 3b	
	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11a.	See Form 990, I	Part X, line	e 10.		
	Description of property	(a) Cost or o	other (b) Co	st or other	(c) Accu	umulated	(d) Book va	alue
	VO	basis (investr	ment) basi	s (other)	depre	ciation		
1a	Land							
b	Buildings							
С	Leasehold improvements			99,940.		4,513.	625,	
	Equipment	V	6	40,786.	60	3,533.	37,	253.
	Other	5050						
Total	Add lines 1a through 1e (Column (d) must ex	wal Form 000 Port	V column (D) line	100)			662	680.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-or	f-vear market value
Financial derivatives	(4) 2 3 3 1 1 3 3	(5)	.,
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Part VIII Investments - Program Related.	on Form 000 Port IV line	11a Cas Farm 000 Bort V line 12	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-or	f-voor market value
	(b) DOOK VAIUE	(c) Welliod of Valuation, Cost of effe-o	ryearmanetvalue
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
2004		l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
(2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	15)	•	
(2) (3) (4) (5) (6) (7) (8)	15.)	>	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			(b) Book value
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(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		(b) Book value

132053 10-28-21

	INTERNATIONAL CENTER FOR	RESEARCH ON			
Sche	dule D (Form 990) 2021 WOMEN		52-	1081455	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue per F			
	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	10,185,	710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	f 1			
а	Net unrealized gains (losses) on investments		•		
b	Donated services and use of facilities				
С	Recoveries of prior year grants		_		
d	Other (Describe in Part XIII.)	2d		600	022
е	Add lines 2a through 2d		2e	-628,	
3	Subtract line 2e from line 1		3	10,814,	343.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[45]			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		_		
b	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,814,	
	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses per			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	5 - 25			
1	Total expenses and losses per audited financial statements		. 1	12,193,	721.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			1-1
е	Add lines 2a through 2d		2e	10 100	0.
3	Subtract line 2e from line 1		3	12,193,	721.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	I s I			
a	Investment expenses not included on Form 990, Part VIII, line 7b	#216.E998	_		
b	Other (Describe in Part XIII.) Add lines 4a and 4b		10		0.
5 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	12,193,	
	t XIII Supplemental Information.			12/133/	721
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		e 4; Part ː	X, line 2; Part XI	j
PAI	RT X, LINE 2:				
ICE	RW WAS INCORPORATED IN 1976 UNDER THE LAW	S OF THE DISTRICT	OF	COLUMBIA	L.
ANI) IS EXEMPT FROM FEDERAL INCOME TAXES UND	ER SECTION 501(C)	(3)	OF THE	
INT	PERNAL REVENUE CODE AS A PUBLICLY SUPPORT	ED ORGANIZATION.	ICRW	IS,	
HOV	NEVER, SUBJECT TO TAX ON THE NET PROFITS	GENERATED BY ACTI	VITI	ES DEFIN	ED
AS	UNRELATED BUSINESS ACTIVITIES UNDER APPL	ICABLE TAX LAW. T	O DA	TE, ICRW	
HAS	NOT ENGAGED IN SUCH ACTIVITIES.				
2					
MA1	NAGEMENT HAS REVIEWED THE TAX POSITIONS F	OR EACH OF THE OF	EN T.	AX YEARS	
<u>(Y</u> E	EARS ENDED SEPTEMBER 30, 2019 THROUGH 202	1) OR EXPECTED TO	BE '	TAKEN IN	Ī

SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE Schedule D (Form 990) 2021

ICRW'S SEPTEMBER 30, 2022, TAX RETURN AND HAS CONCLUDED THAT THERE ARE NOT

Schedule D (Form 990) 2021 Part XIII Supplemental Info	WOMEN	52-1081455	Page 5
Part XIII Supplemental Info	rmation (continued)		
FINANCIAL STATEMENT	g		
FINANCIAL STATEMENT	p.		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number INTERNATIONAL CENTER FOR RESEARCH ON WOMEN 52-1081455

Pai	rt I	General Intor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "\	′es" on
		Form 990, Part IV	/, line 14b.				
1	For g	r <mark>antmakers</mark> . Does	the organization	n maintain record	ds to substantiate the amount of its gra		
	the gr	antees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	000000000000000000000000000000000000000	r <mark>antmakers.</mark> Desc d States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outs	ide the
3			ne following Part	Lline 3 table ca	an be duplicated if additional space is n	(behee	
U) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		,g	offices in the region	émployees, agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	expenditures for and investments in the region
				in the region		ICRW'S ASIA REGIONAL	
						OFFICE (ARO) WORKS WITH	
					PROGRAM SERVICES AND GRANTS	IN-COUNTRY PARTNERS TO	
חווס	TH ASI	7.	1	44	TO RECIPIENTS IN REGION	GENERATE RESEARCE	1,860,105.
,001	L ADI	1	r-		TO RECTIFICATE IN RECTOR	ICRW'S EAST AFRICA	1,000,105.
						OFFICE (EARO) AIMS TO	
						BUILD LOCAL CAPACITY TO	
מזוי	CAHAD	AN AUDICA	4	22	DROGRAM GERUIGE		E26 201
OB-	-SAHAK	AN AFRICA	1	23	PROGRAM SERVICE	CONDUCT RIGOROUS	536,391.
							_
0 -	- د مار ر	tal	2	67			2,396,496.
		talfrom continuation		- 67			2,330,430.
b			0	0			_
		s to Part I	<u> </u>	· "			0.
С	Totals	s (add lines 3a	3	67			2.396.496.
	3010 S			. 0/			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 WOMEN 52-1081455 Page 2

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, FM\ appraisal, other)
			UMANG: EMPOWERING					
			GIRLS AND ENDING					
			CHILD MARRIAGE IN					
		SOUTH ASIA	JHARKHAND, INDIA	75,390.	WIRE	0.		CASH
			UMANG: EMPOWERING					
			GIRLS AND ENDING					
			CHILD MARRIAGE IN					
		SOUTH ASIA	JHARKHAND, INDIA	95,836.	WIRE	0.		CASH
			UMANG: EMPOWERING					
			GIRLS AND ENDING					
			CHILD MARRIAGE IN					
		SOUTH ASIA	JHARKHAND, INDIA	37,261.	WIRE	0.		CASH
		SOUTH ASIA	JEMS FOR BOYS PROGRAM	28,151.		0.		CASH
			SEMS FOR BOYS PROGRAM	27,410.		0.		CASH
		SOUTH ASIA	GEMS FOR BOYS PROGRAM	20,918.	WIRE	0.		CASH
		SUB-SAHARAN AFRICA	STRENGTHENING ABORTION RESEARCH CAPACITY IN SUB-SAHARAN AFRICA	136,481.	WIRE	0.		CASH
			gems in jearkeand; no					
		SOUTH ASIA	GIRL LEFT BEHIND	62,511.	WIRE	0.		CASH

<u>13</u>

Schedule F (Form 990) 2021

³ Enter total number of other organizations or entities

Schedule F (Form 990) WOMEN 52-1081455 Page 2

Schedule	F (Form 990)	WOMEN				52-10	81455		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ntions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Nam	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
			SOUTH ASIA	GEMS IN JHARKHAND: NO	42 550	NIT TO THE	ا م		CASH
			SOUTH ASIA	GIRL LEFT BEHIND GLOBAL WEE/WECS	42,559.	MIKE	0.		CASH
				ADVOCACY AND					
			SUB-SAHARAN	COMMUNICATION HUB -					
			AFRICA	STEERING COMMITTEE	42,500.	WIRE	0.		CASH
				GLOBAL WEE/WECS					
				ADVOCACY AND					
			SUB-SAHARAN	COMMUNICATION HUB -					
			AFRICA	STEERING COMMITTEE	50,470.	WIRE	0.		CASH
				GLOBAL WEE/WECS					
				ADVOCACY AND COMMUNICATION HUB -					
			SOUTH ASIA	STEERING COMMITTEE	42,500.	WIRE	0.		CASH
					,				
									+

<u>Schedule F (Form 990) 2021</u> WOMEN 52-1081455 Page 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. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of cash disbursement (f) Amount of (c) Number of (d) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2021

 Schedule F (Form 990) 2021 WOMEN
 52-1081455
 Page 4

 Part IV Foreign Forms

an American Short	1 oreign rollis		
ã	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	X 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	X 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	X 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? # "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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "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	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

WOMEN

52-1081455 Page 5

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.

PART I, LINE 2:

ICRW ISSUES SUB AGREEMENTS TO LEGALLY REGISTERED ENTITIES AFTER REVIEW AND ACCEPTANCE OF VARIOUS DOCUMENTS PERTAINING TO THE SELECTION PROCESS, THE ENTITY'S FINANCIAL ACCOUNTABILITY AND STATUS, AND ADHERENCE TO ANY DONOR REQUIREMENTS. ICRW DEFINES THE REPORTING AND PAYMENT SCHEDULES FOR EACH SUB AGREEMENT BASED ON THE ASSOCIATED RISKS, BUDGET AMOUNT, AND TIMELINE, PER THE STIPULATIONS OF THE PAYMENT SCHEDULE. DISBURSEMENTS ARE MADE UPON REVIEW AND APPROVAL OF FINANCIAL REPORTS SHOWING SUFFICIENT FUNDS SPENT AND PROJECTED FUTURE SPENDING IF REQUIRED. SUB RECIPIENTS ARE MONITORED THROUGHOUT THE DURATION OF THE AWARD ACTIVITY VIA FINANCIAL REPORTS AND NARRATIVE REPORTS. PROGRAM STAFF REMAIN IN CONTACT WITH SUB GRANTEES DURING IMPLEMENTATION.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ICRW'S ASIA REGIONAL OFFICE (ARO) WORKS WITH IN-COUNTRY PARTNERS TO GENERATE RESEARCH EVIDENCE, INTEGRATE GENDER INTO INTERVENTION PROGRAMS AND MONITOR AND EVALUATE PROGRAM IMPACT ON ISSUES SUCH AS HIV/AIDS; ADOLESCENT REPRODUCTIVE HEALTH; CHILD MARRIAGE.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ICRW'S EAST AFRICA OFFICE (EARO) AIMS TO BUILD LOCAL CAPACITY TO CONDUCT RIGOROUS RESEARCH DISSEMINATE STATE OF THE ART RESEOURCE MATERIALS, AND PROMOTE EVIDENCE BASED ADOCACY.

WOMEN 52-1081455 Page 5 Schedule F (Form 990) 2021 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. PART II, COLUMN (D): REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: STRENGTHENING ABORTION RESEARCH CAPACITY IN SUB-SAHARAN AFRICA (STARS) MALI PILOT PROJECT

Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service 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.

Attach to Form 990.

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

2021

Open to Public Inspection

Name of the organization INTERNATI WOMEN	ONAL CENT	ER FOR RESEA	ARCH ON				Employer identification number 52-1081455
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process.	tance? cedures for monit	oring the use of grant	funds in the United	l States.	*		X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EQUIMUNDO: CENTER FOR MASCULINITIES & SOCIAL JUSTICE - 1367 CONNECTICUT AVE - WASHINGTON, DC 20036	26-1931968	501(c)(3)	0.	23,754.	CASH		MALE ENGAGEMENT IN PROMOTING GENDER EQUALITY AND WOMEN'S EMPOWERMENT: ASTOCK
MEN ENGAGE 1875 CONNECTICUT AVE WASHINGTON, DC 20009	81-1666828	501(C)(3)	0.	22,962.	Cash		STOCK TAKING ON MEN AND MASCULINITIES FOR GENDER EQUALITY
ACTIONAID USA 1220 L ST NW WASHINGTON, DC 20005	52-2277575	501(C)(3)	0.	45,226.	CASH		GLOBAL WEE/WECS ADVOCACY AND COMMUNICATION HUB - STEERING COMMITTEE
,							
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations		5	e line 1 table		I	<u> </u>	3. 0.

Schedule I (Form 990) 2021 WOMEN	ENTER FOR	RESEARCH	ON		52-1081455	Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV Supplemental Information. Provide the information req	I uired in Part I, line	e 2; Part III, column	(b); and any other ad	lditional information.		
PART I, LINE 2:						
ICRW ISSUES SUB AGREEMENTS TO LEGAI	LLY REGIS	TERED ENT	TIES AFTER	REVIEW AND		
ACCEPTANCE OF VARIOUS DOCUMENTS PER	RTATNING	TO THE SEI	ECTION PRO	CESS NAMELY		
THE ENTITY'S FINANCIAL ACCOUNTABILE						
	C UNA III	TATUS, ANI	O ADREKENCE	TO ANI		
DONOR REQUIREMENTS.						

Questions Regarding Compensation

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Employer identification number 52-1081455

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the 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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.	-		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
700	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
664 -5 67	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 WOMEN 52-1081455 Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	benefits (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARAH KAMBOU	(i)	390,078.	0.	0.	17,588.	572.	408,238.	0.
93500 VAG	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAVI VERMA	(i)	220,564.	0.	0.	15,031.	10,425.	246,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICIA DAUNAS	(i)	206,910.	0.	0.	13,986.	18,551.	239,447.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MANIZHA NABIEVA	(i)	180,623.	0.	0.	12,125.	760.	193,508.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LYRIC THOMPSON	(i)	159,087.	0.	0.	9,912.	6,780.	175,779.	0.
SENIOR DIRECTOR OF POLICY AND ADVOCA	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATHRYN REITZ	(i)	141,996.	0.	0.	10,168.	6,633.	158,797.	0.
DIRECTOR OF RESEARCH COMPLIANCE AND	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	139,577.	0.	0.	9,100.	5,070.	153,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JESSICA OGDEN	(i)	140,723.	0.	0.	9,827.	1,872.	152,422.	0.
GLOBAL DIRECTOR, RESEARCH IMPACT & L	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
19	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

Schedule J (Form 990) 2021	WOMEN	52-1081455	Page 3
Part III Supplemental Informa	tion		
Provide the information, explanat	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6	b, 7, and 8, and for Part II. Also complete this part for any additional information	٦.
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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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. QUZ I
Open to Public
Inspection

OMB No. 1545-0047

Name of the organization

INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Employer identification number 52-1081455

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT PREVENT THEM FROM BEING ECONOMICALLY STRONG AND ABLE TO FULLY

PARTICIPATE IN SOCIETY. ICRW TRANSLATES THESE INSIGHTS INTO A PATH OF

ACTION THAT HONORS WOMEN'S HUMAN RIGHTS, ENSURES GENDER EQUALITY AND

CREATES THE CONDITIONS IN WHICH ALL WOMEN CAN THRIVE.

ICRW COMPRISES SOCIAL SCIENTISTS, ECONOMISTS, PUBLIC HEALTH SPECIALISTS

AND DEMOGRAPHERS, ALL OF WHOM ARE EXPERTS IN GENDER. WE ARE THOUGHT

LEADERS DRIVEN BY A PASSION TO ALLEVIATE POVERTY AND RECTIFY INJUSTICE

IN THE WORLD. AND WE BELIEVE THAT WOMEN AND GIRLS IN COLLABORATION

WITH MEN AND BOYS ARE ESSENTIAL TO THE SOLUTIONS. WE KNOW THAT WHEN

THEIR QUALITY OF LIFE IMPROVES, FAMILIES ARE HEALTHIER AND ECONOMIES

ARE STRONGER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FORM 990 WAS PREPARED BY EXTERNAL ACCOUNTANTS AND

REVIEWED BY SENIOR MANAGEMENT. THE AUDIT COMMITTEE REVIEWED THE FINAL 990

WHICH WAS THEN PRESENTED TO TEH FULL BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

IN THE EVENT THAT A NON-DISCLOSED CONFLICT OF INTEREST IS DETERMINED, ICRW
WILL TAKE APPROPRIATE ACTION FOR THE VIOLATION OF THIS POLICY WITH THE
INTENTION OF ELIMINATING ANY AND ALL REAL, APPARENT, OR PERCEIVED
CONFLICTS OF INTEREST. EACH EMPLOYEE SIGNS AND ACKNOWLEDGES RECEIPT OF AND
COMPLIANCE WITH THE ICRW CONFLICT OF INTEREST POLICY. WHEN THERE IS AN
INFRACTION, ICRW HAS A FORMAL PROGRESSIVE DISCIPLINE POLICY FOR ALL

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

Employer identification number 52-1081455

UNACCEPTABLE CONDUCT THAT REQUIRES WARNINGS OR COUNSELING SESSIONS. MOST

CASES ARE CONSIDERED BASED ON THEIR OWN FACTS. IN THE CASE OF MISCONDUCT OR

VIOLATION OF POLICY, AN EMPLOYEE MAY BE IMMEDIATELY TERMINATED.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD RECOMMENDS THE COMPENSATION LEVEL OF THE CEO, AND ITS APPROVED BY THE FULL BOARD. THE COMMITTEE REVIEWS EXTERNAL MARKET DATA FROM A VARIETY OF INDEPENDENT DATA SOURCES PROVIDED BY LEADING NATIONAL NON-PROFIT EXECUTIVE COMPENSATION EXPERTS. DECISIONS ABOUT COMPENSATION ARE MADE CONSISTENT WITH MARKET DATA AND ARE BASED BOTH ON THE DATA AND THE PERFORMANCE OF THE EXECUTIVE WHICH IS VETTED BY THE BOARD. THE CEO PARTICIPATES IN ICRW'S FORMAL ANNUAL PERFORMANCE APPRAISAL SYSTEM AND THE APPRAISAL IS DULY RECORDED. THE APPRAISAL INCLUDES A WRITTEN ANALYSIS OF ACCOMPLISHMENTS RATED AGAINST PRE-SET GOALS FOR THE YEAR, WHICH THE COMMITTEE REVIEWS WITH THE CEO. THE LAST COMPENSATION REVIEW TOOK PLACE DURING 2021. DISQUALIFIED PERSONS ARE EXCLUDED FROM THE COMPENSATION DECISION AND THE COMMITTEE PROVIDES THE RECOMMENDATION TO THE FULL BOARD. FINAL DECISIONS REACHED BY THE BOARD ARE COMMUNICATED TO HUMAN RESOURCES STAFF BY THE BOARD CHAIR. THE COMMITTEE AND ICRW MAINTAIN ALL RECORDS ON THE DETERMINATION OF THE CEO'S COMPENSATION. PAY FOR ALL ICRW EMPLOYEES, INCLUDING KEY EMPLOYEES, IS DETERMINED PRINCIPALLY BY ASSIGNING EMPLOYEES TO THEIR RESPECTIVE SALARY BANDS. SALARY BANDS ARE GROUPED BY LEVEL OF WORK AND DIVISION. THEY ARE REVIEWED BI-ANNUALLY WITH A DETAILED ANALYSIS OF INTERNAL JOB DESCRIPTIONS AND RESPONSIBILITIES AND THEN MAPPING THEM TO CORRESPONDING DATA SETS IN PUBLISHED SALARY SURVERYS FOR NON-PROFIT ORGANIZATIONS IN THE DC METRO AREA WITH SIMILAR OPERATING BUDGETS. AS PART OF THE ANNUAL BUDGET PROCESS, ICRW GATHERS CURRENT INFLATION RATES AND COST OF LIVING INDICES DETERMINED BY THE BUREAU OF LABOR STATISTICS AND

Schedule O (Form 990) 2021	Page 2
Name of the organization INTERNATIONAL CENTER FOR RESEARCH ON WOMEN	Employer identification number 52-1081455
FORECASTS THE ORGAINZATION'S ECONOMIC OUTLOOK TO ESTABLISH	H A MERIT POOL
WHICH IS APPROVED BY THE BOARD OF DIRECTORS. EMPLOYEE PERE	FORMANCE IS
REVIEWED ANUALLY AND VIA THE ANNUAL MERIT REVIEW PROCESS,	A MERIT INCREASE
BUDGET AND MATRIX WHICH THE CEO AND COO USE TO DETERMINE I	PAY FOR THESE
AFOREMENTIONED EMPLOYEES. ALL DISQUALIFIED PERSONS ARE EXC	CLUDED FROM THE
FINAL DETERMINATION OF SALARY LEVELS AND ICRW MAINTAINS RE	CORDS ON ALL
DECISIONS REGARDING EMPLOYEE PAY LEVELS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, ME, N	MD,MA,MI,MN,MS,MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, N	T,VA,WA,WV,WI,WY
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO T	THE PUBLIC UPON
REQUEST OR VIA THE WEB.	
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