** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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

and ending

Inspection

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

В	Check if applicab	C Name of organization WOMEN'S INTERNATIONAL ZIONIST		D Employer identifi	cation number
	Addre				
F	□Name			13-3	041381
F	lchang lnitial return		om/suite	E Telephone numbe	
F	Final		303		751-6461
	—return termir ated			G Gross receipts \$	13,066,427.
Г	Amen	ded NEW VODE NV 10022		H(a) Is this a group re	
	Application	F Name and address of principal officer:LESLIE DEZER SALMON		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
Ι.	Tax-ex	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or (527		list. (see instructions)
J	Websi	te: ► WWW.WIZOUSA.ORG		H(c) Group exemptio	n number
		forganization: X Corporation Trust Association Other	L Year	of formation: 1980 N	∧ State of legal domicile: NY
P	art I	Summary			
ĕ	1	Briefly describe the organization's mission or most significant activities: ${\color{red} {\tt SEE} \ {\tt SC}}$	CHEDU	LE O	
Activities & Governance					
ern	2	Check this box if the organization discontinued its operations or disposed		ı	
Š	3			3	17
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17 12
ties	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			16
ξi	6	Total number of volunteers (estimate if necessary)			0.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	0	Net unrelated business taxable income from Form 990-T, line 34	·····	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		3,638,798.	11,009,894.
ne	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		161,633.	195,721.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-130,233.	290,406.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,670,198.	11,496,021.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,277,632.	4,104,696.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		596,670.	544,016.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 872,724	4.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		933,893.	669,552.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,808,195.	
		Revenue less expenses. Subtract line 18 from line 12		-1,137,997.	6,177,757.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
SSet	20	Total assets (Part X, line 16)		8,110,847.	14,535,203.
nd A	21	Total liabilities (Part X, line 26)		73,618.	50,651.
		Net assets or fund balances. Subtract line 21 from line 20		8,037,229.	14,484,552.
	art II	Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedules at	nd etatom	ante and to the heet of m	v knowledge and belief it is
		thes of perjury, i declare that i have examined this return, including accompanying schedules at ct, and complete. Declaration of preparer (other than officer) is based on all information of which			y knowledge and beller, it is
uuu	, 00110	As and complete. Becautation of property (other than officer) is based on an information of which	Πρισμαισι	nas any knowledge.	
Sig	ın	Signature of officer		Date	
He		LESLIE DEZER SALMON, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	AARON SHAPIRO		if self-employ	P01333816
Pre	parer	Firm's name ► LOEB & TROPER LLP		Firm's EIN	13-1517563
Use	Only	Firm's address 555 THIRD AVENUE, 12TH FLOOR			
		NEW YORK, NY 10017		Phone no.21	2-867-4000
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa		-	ervice Accomplishments		[**]
				Part III	X
1		ribe the organization's mis HEDULE O	sion:		
	SEE SC	UEDOPE O			
	-				
2	Did the orga	ınization undertake any sig	nificant program services during th	e year which were not listed on the	
					Yes X No
		scribe these new services			
3	Did the orga	inization cease conducting	g, or make significant changes in ho	w it conducts, any program services?	Yes X No
	If "Yes," des	scribe these changes on S	chedule O.		
4				f its three largest program services, as meas	
				nount of grants and allocations to others, the	e total expenses, and
		ny, for each program serv	ice reported.	4 104 606	
4a	(Code:) (Expenses \$4 HEDULE O	, 104, 696 including grants of \$	4,104,696. (Revenue \$)
	SEE SC	UEDOPE O			
	-				
	-				
	•				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Evnenses \$	including grants of \$) (Revenue \$)
70	(Code.	/ (Expenses #	including grants of t) (Heverlue #	,
4d	Other progra	am services (Describe in S	chedule O.)		
	(Expenses \$		including grants of \$) (Revenue \$)
4e	Total progra	m service expenses	4,104,696.		
				TOD COMMINION (C)	Form 990 (2017)

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?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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 Revenue Procedure 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? 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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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	
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			
	or for foreign individuals? If "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	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? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2017)

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? 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?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

13-3041381

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
		_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1
	filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	-			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	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		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				37
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions are expressed as a second of the contribution of the contr		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	-		70		x
	If "Yes," indicate the number of Forms 8282 filed during the year			7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		×+2	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous directly directly or indirectly, on a personal benefit continuous directly dire			7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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	13b				
	Enter the amount of reserves on hand	13c				77
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	000	(00.4=:
				Form	990	(2017)

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

0	· · · · · · · · · · · · · · · · · · ·					Δ
Sec	tion A. Governing Body and Management					
		1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p 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		··· ⊢	_		
Ü	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4				4		X
4	Did the organization make any significant changes to its governing documents since the prior Form		⊢	\rightarrow		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		⊢	5		
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				
	more members of the governing body?		<u>L</u>	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?		<u>L</u>	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:				
а	The governing body?		L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		١,	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi					
	· · · · · · · · · · · · · · · · · · ·	,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		1	l0a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of		···			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	0b	х	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly before filling the form	' H	ı ıa		
12a	51.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			l2a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicte?	⊢	2b	X	
b			··· ├'	20	-25	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		١,		х	
40	in Schedule O how this was done		··· ⊢	12c	X	
13	Did the organization have a written whistleblower policy?		··· ⊢	13	X	
14	Did the organization have a written document retention and destruction policy?		···	14	^	
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				7,	
	The organization's CEO, Executive Director, or top management official			15a	Х	77
b	Other officers or key employees of the organization		1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?		1	l6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's				
	exempt status with respect to such arrangements?		1	6b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY , CA , GA , FL , I	C,NJ,TX				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s on	ly) ava	ailabl	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain	in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and fi	inand	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records:				
	MARA AYORA - 212-751-6461	· <u> </u>				
	950 3RD AVENUE, SUITE 2803, NEW YORK, NY 10022					

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	nours for		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) EVELYN SOMMER	5.00	.,		77						
FOUNDING PRESIDENT	15 00	Х		Х				0.	0.	0.
(2) MERCEDES IVCHER	15.00	٠,,		77						_
FOUNDING PRESIDENT	00.00	Х		Х				0.	0.	0.
(3) GAIL PERL	20.00	٠,,		77						_
CO-PRESIDENT	20.00	Х		Х				0.	0.	0.
(4) JANA FALIC	20.00	ļ ,,		37						_
CO-PRESIDENT	1 00	Х		Х				0.	0.	0.
(5) JOAN KAHN	1.00	ļ ,,		37					_	_
VICE PRESIDENT	10.00	Х		Х				0.	0.	0.
(6) RUTHY BENOLIEL	10.00	X		х				0.	0.	0.
VICE PRESIDENT	10.00	^		Λ				0.	0.	0.
(7) JUDITH GROISMAN VICE PRESIDENT	10.00	X		х				0.	0.	0.
(8) ROSITA RETELNY	10.00	^		Λ				0.	0.	0.
(6) ROSITA RETELNI VICE PRESIDENT	10.00	X		х				0.	0.	0.
(9) MIRA SOFER	5.00	^		Λ				0.	0.	· · ·
VICE PRESIDENT	3.00	x		х				0.	0.	0.
(10) MIREILLE MANOCHERIAN	5.00	122		22				0.	•	•
VICE PRESIDENT	3.00	x		Х				0.	0.	0.
(11) MARCI WATERMAN	5.00			22				0.	0.	•
VICE PRESIDENT	3.00	x		Х				0.	0.	0.
(12) VICTORIA SAKHAI	5.00	 								
WIZO CHAIRPERSON (NY)		x		х				0.	0.	0.
(13) LILIAN TABACINIC	15.00	 							•	
WIZO CHAIRPERSON (FL)		X		х				0.	0.	0.
(14) REGINA RAPHAEL	10.00							_		
WIZO CHAIRPERSON (LA)		Х		х				0.	0.	0.
(15) LESLIE DEZER SALMON	10.00									
TREASURER		Х		Х				0.	0.	0.
(16) ELEANOR NANKIN	10.00									
TREASURER		Х		Х				0.	0.	0.
(17) BRENDA ABUAF	10.00									
NY OPERATIONS CHAIR		Х		Х	L	L	L	0.	0.	0.

732007 11-28-17

Form **990** (2017)

Form 990 (2017)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				<u> </u>
(A)	(B) (C)							(D) (E)			(F)		
Name and title				Pos	ition	ገ e than	one	Reportable	Reportable		Es	timated	d
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	า		ount c	of
	week (list any	\vdash	1		T	1	1	from the	from related organizations			other pensat	tion
	hours for	direct				p		organization	(W-2/1099-MIS			om the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	· ·	,	orga	anizatio	on
	organizations	Itrus	nal tru		oyee	ombe					and	d relate	∌d
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	าทร
(10) 1703 000000000	15.00	<u>n</u>	lus	₩	, Ke	en Hig	휸				<u> </u>		
(18) LISA OHEBSHALOM	13.00	-		x				0.		0.			0.
U.N. REPRESENTATIVES (19) JACKIE SIEGAL	5.00			^				0.		0.			<u> </u>
U.N. REPRESENTATIVES	3.00	1		x				0.		0.			0.
(20) SARA E. BATISTA	40.00							0.		0.			<u> </u>
EXECUTIVE DIRECTOR	40.00	1		x				85,000.		0.	1	0,00	۱n.
EASCOTIVE DIRECTOR								03,000.		<u> </u>		,,,,,	, , ,
		1											
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		1											
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		1											
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		1											
		1											
		1											
1b Sub-total	•						▶	85,000.		0.	10	0,00	00.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								85,000.		0.	1	0,00	00.
2 Total number of individuals (including but								eceived more than \$100	0,000 of reportable				
compensation from the organization													0
												Yes	No
3 Did the organization list any former office	r, director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the	sum of reportab												
and related organizations greater than \$1	50,000? <i>If</i> "Yes,	" co	mple	ete S	Sch	edul	e J i	for such individual			4	\Box	X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y uni	relat	ted organization or indivi	idual for services				
rendered to the organization? If "Yes," co.	mplete Schedul	e J t	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of										pens	ation f	rom	
the organization. Report compensation for	r the calendar y	ear	endi	ng v	vith	or w	/ithi		year.				
(A) Name and busines	e addrose	BT/	``					(B) Description of s	onvices	C	(C comper		,
- Name and busines	s address	1//	INC	<u> </u>			-	Description of s	ei vices		omper	- ISaliOI	
							\dashv		+				
							\dashv						
							\dashv		+				
							\dashv		+				
2 Total number of independent contractors	(including but r	ot li	mite	d to	tho	se li	ster	d above) who received m	nore than				
\$100,000 of compensation from the organ					(0		,					
, , , , , , , , , , , , , , , , , , ,											Form 9	an (2	017

Form 990 (2017)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 23,877 1,534,711. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 9,451,306 g Noncash contributions included in lines 1a-1f: \$ 11,009,894 h Total. Add lines 1a-1f ... Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 243,647. 243,647 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 675,056 assets other than inventory b Less: cost or other basis 722,982. and sales expenses -47,926. c Gain or (loss) -47,926 -47,926. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 1,534,711. of contributions reported on line 1c). See 1,137,830 Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 290,406 290,406. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue

486,127.

11,496,021.

e Total. Add lines 11a-11d

Total revenue. See instructions.

0.

Part IX Statement of Functional Expenses

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

1	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
Total expenses	(A) (D) (O) (D)											
and domestic governments. See Part IV, line 21 (Carants and other assistance to domestic individuals. See Part IV, line 12 (Carants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 (Compensation of current officers, directors, trustees, and key employees (as defined under section 4958(f)(1)) and parsons described in section 4958(f)(1) and 4958(f) and 4958(f)(1) and 4958(f) and 4958(f)(1) and 4958(f)(1		'		Program service	Management and	Fundraising						
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 4 Benefits paid to or for members 5 Compensation of current offices, directors, trustees, and key employees 6 Compensation of current offices, directors, trustees, and key employees 7 Compensation of current offices, directors, trustees, and key employees 8 Pension plan accruals and outer dividuals and outer building persons described in section 4958(c)(3)(8) 9 Other employee benefits 9 Payroll taxes 11 Fees for services (non-employees): 12 Advantaging and expenses 13 Advantaging and promotion 14 Advantaging and promotion 15 Investment management fees 16 Occupancy 17 Investment management fees 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to taffities 12 Advantaging and promotion 10 Advantaging and promotion 11 Advantaging and promotion 12 Advantaging and promotion 13 Office expenses 15 77, 5311 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to taffities 12 Payments to taffities 12 Payments to taffities 13 Department of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to taffities 12 Payments to taffities 13 Department to taffities 14 Payments to taffities 15 Department of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to taffities 12 Payments to taffities 13 Department to taffities 14 Payments to taffities 15 Department of the payment of the payment seep and the payment of	1	Grants and other assistance to domestic organizations										
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 A.104,696. 4,104,696. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and leavy employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(I)(I)) and persons described in section 4958(I)(I)) and persons described in section 4958(I)(I)) and persons described in section 4958(I)(I) and persons described in section 4958(I)(I) and (a)(I)) and (a)(I) and (a)(I)) and		and domestic governments. See Part IV, line 21										
3 Grants and other assistance to foreign organizations, foreign governments and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958((r)(1)) and persons described in section 4958((r)(1)) and persons	2	Grants and other assistance to domestic										
organizations, foreigin governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4580(I)(I)) and persons (as defined under section 4580(I)(I)) and persons described in section 4580(I)(I)) and persons described in section 4580(I)(I)) and persons described in section 4580(I)(I) and 403(I) employer contributions (Include section 401(I)) and 403(I) employer contributions (Include s		individuals. See Part IV, line 22										
Individuals See Part IV, lines 15 and 16	3	Grants and other assistance to foreign										
4 Benefits paid to or for members 5 Compensation of current offices, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accrusia and contributions (include section 4058(c) 4041) 9 Other employee benefits 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 11 Fees for services (non-employees): 12 Advertising and promotion 15 Legal 16 Accounting 17 Investment management fees 18 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 19 Advertising and promotion 10 Advertising and promotion 11 Information technology 12 Advertising and promotion 14 , 910 . 1 , 473 . 3 , 4		organizations, foreign governments, and foreign										
5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees promoted above, to disqualified persons (as defined under section 4986((3)(8)) 7 Other salaries and wages		individuals. See Part IV, lines 15 and 16	4,104,696.	4,104,696.								
trustees, and key employees Compensation not included above, to disqualified persons (as ethiend under section 4958(c)(3)(8) Pension plan accruals and contributions (include section 4016) and (2016)	4	Benefits paid to or for members										
6 Compensation not included above, to disqualified persons (as defined under section 4958()(1) and persons (as defined under section 4958()(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1 Payroll taxes 1 Pees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 1 Office expenses 5 77, 531. 2 9, 052. 2 11, 998. 2 7, 9 1 Travel 1 Conferences, conventions, and meetings Interest 1 Payments of travel or entertainment expenses for any feddral, state, or local public officials 2 Depreciation, depletion, and amortization 2 Insurance 1 Payments to affiliates 2 Depreciation, depletion, and amortization 2 Insurance 2 All other expenses 5 77, 518. 4 8, 239. 4 8, 239. 4 8, 239. 5 7 14 10th or expenses 5 77, 518. 5 7, 618. 6 All other expenses 5 77, 518. 6 All other expenses 5 77, 518. 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	Compensation of current officers, directors,										
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 4 4, 338 . 13, 302 . 31, 0 10 Payroll taxes 4 40, 637 . 12, 191 . 28, 4 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 9, 992 . 11, 998 . 277, 9 10 Royalites 6 Occupancy 10 Royalites 10 Occupancy 10 Royalites 10 Occupancy 10 Royalites 10 Oriferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Payments of travel or entertainment expenses for any federal, state, or local public officials 15 Insurance 27 Payments of travel or entertainment expenses for any federal, state, or local public officials 16 Occupancy 17 Travel 28 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 10 Payments to affiliates 10 Payments of filine 24e, expenses on 1 covered above. (List insigelalneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedul on a contribution 10 Agents in section 40 or line 25, column (A) amount, list line 24e expenses on Schedul on a column and amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedul on a column and amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedul on a column and amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedul on a column and amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedul on a column and amount		trustees, and key employees	95,000.		28,500.	66,500.						
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 44,338. 13,302. 31,0 10 Payroll taxes 40,637. 12,191. 28,4 11 Fees for services (non-employees): a Management b Legal c Accounting 4 Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (Iline 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 4 ,910. 13 Office expenses 57,531. 29,052. 28,4 14 Information technology 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 (18 Interest) 24 (24 amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Sch 0.) 24 (18 Interest) 25 (18 Payments to affiliates) 26 (18 Payments to affiliates) 27 (18 Payments to affiliates) 28 (18 Payments to affiliates) 29 (18 Payments to affiliates) 20 (18 Payments to affiliates) 20 (18 Payments to affiliates) 21 Payments to affiliates) 22 (18 Payments to affiliates) 23 (18 Payments to affiliates) 24 (18 Payments to affiliates) 25 (18 Payments to affiliates) 26 (18 Payments to affiliates) 27 (18 Payments to affiliates) 28 (18 Payments to affiliates) 29 (18 Payments to affiliates) 20 (18 Payments to affiliates) 21 Payments to affiliates) 22 (18 Payments to affiliates) 23 (18 Payments to affiliates) 24 (18 Payments to affiliates) 25 (18 Payments to affiliates) 26 (18 Payments to affiliates) 27 (18 Payments to affiliates) 28 (18 Payments to affiliates) 29 (18 Payments to affiliates) 30 (18 Payments to affiliates) 31 (18 Payments to affiliates) 32 (18 Payments to affiliates) 33 (18 Payments to affiliates) 34 (18 Payments to affiliates) 35 (18 Payments to affiliates) 36 (18 Payments to affiliates) 37 (18 Payments to affiliates) 38 (18	6	Compensation not included above, to disqualified										
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9 Other employee benefits	8	,										
10			44 222		12 222	24 226						
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 4, 910. 13 Office expenses 57, 531. 29, 0522. 28, 4 14 Information technology 39, 992. 11, 998. 27, 9 16 Occupancy 108, 772. 53, 901. 54, 8 7 Travel 6, 924. 7 Travel 7 Expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 12 Insurance 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line 24e amount, list line 24e expenses on Schedule 0.) 2 CREDIT CARD FEES 57, 618. 57, 618. 57, 618. 6 Ald other expenses. 75 Total functional expenses. Add lines 1 through 24e 5, 318, 264. 7 Total functional expenses. Add lines 1 through 24e 5, 318, 264. 7 Total functional expenses. Add lines 1 through 24e 5, 318, 264. 7 Total functional expenses. Add lines 1 through 24e 5, 318, 264. 7 Total functional expenses. Add lines 1 through 24e 5, 318, 264. 7 Total functional expenses. Add lines 1 through 24e 5, 318, 264. 7 Total functional expenses. Add lines 1 through 24e 5, 318, 264. 7 Total functional expenses.	9				13,302.	31,036.						
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 157,531. 29,052. 28,4 1nformation technology 39,992. 111,998. 27,9 15 Royalties 10 Occupancy 108,772. 53,901. 54,8 6,924. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 15,180. 11,554. 244,386. 244,386. 244,386. 25,180. 26,180. 27,180. 28,180. 29,052. 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 28,4 29,052. 29,052. 28,4 29,052. 29,052. 29,052. 20,04. 20,052. 20,			40,637.		12,191.	28,446.						
b Legal c Accounting 58,583. 42,766. 15,8 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 4,910. 1,473. 3,4 d Lother expenses for any federal, state, or local public officials Conferences, conventions, and meetings 244,386. 244,386. 244,386. 244,386. 244,386. 1,554. 3,6 l Insurance 2,833. 850. 1,9 d Lother expenses. Itemize expenses in line 24e. If line 24e amount, its line 24e expenses on Schedule O.) a CREDIT CARD FEES 57,618. 425. 57,1 d Lother expenses 1 d Lother expenses 2 d Lother expenses 3 d Lother expenses 4 d Lother expenses 3 d Lother expenses 4 d Lother expenses 5 d Lother expenses 6 d Lother expenses	11	· ·										
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f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion	d											
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion	е	- · · · · · · · · · · · · · · · · · · ·										
Column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion												
12 Advertising and promotion	g											
13 Office expenses	40		/ 910		1 //73	3,437.						
11		_			29 052	28,479.						
15 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 10 Royalties 1					11 998	27,994.						
16 Occupancy 108,772. 53,901. 54,8 17 Travel 6,924. 4,708. 2,2 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 244,386. 244,3 19 Conferences, conventions, and meetings 244,386. 244,3 20 Interest 20 Depreciation, depletion, and amortization 5,180. 1,554. 3,6 21 Insurance 2,833. 850. 1,9 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 57,618. 425. 57,1 a CREDIT CARD FEES 57,618. 425. 57,1 b MEMBERSHIP RECRUITMENT 18,144. 16,440. 16,440. c BAD DEBT 16,440. 16,440. 16,440. d All other expenses 48,239. 14,472. 33,7 25 Total functional expenses. Add lines 1 through 24e 5,318,264. 4,104,696. 340,844. 872,7			33,332.		11,550.	21,334.						
17 Travel 6,924. 4,708. 2,2 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 244,386. 244,3 19 Conferences, conventions, and meetings 244,386. 244,3 20 Interest 20 Depreciation, depletion, and amortization 5,180. 1,554. 3,6 23 Insurance 2,833. 850. 1,9 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 57,618. 425. 57,1 a CREDIT CARD FEES 57,618. 425. 57,1 b MEMBERSHIP RECRUITMENT 18,144. 16,440. 16,440. d e All other expenses 48,239. 14,472. 33,7 25 Total functional expenses. Add lines 1 through 24e 5,318,264. 4,104,696. 340,844. 872,7			108 772		53 901	54,871.						
Payments of travel or entertainment expenses for any federal, state, or local public officials						2,216.						
for any federal, state, or local public officials 19			0,524.		4,700.	2,210.						
19 Conferences, conventions, and meetings 244,386. 244,3 20 Interest 21 21 Payments to affiliates 22 22 Depreciation, depletion, and amortization 5,180. 1,554. 3,6 23 Insurance 2,833. 850. 1,9 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a CREDIT CARD FEES 57,618. 425. 57,1 b MEMBERSHIP RECRUITMENT 18,144. 18,1 c BAD DEBT 16,440. 16,440. d e All other expenses 48,239. 14,472. 33,7 25 Total functional expenses. Add lines 1 through 24e 5,318,264. 4,104,696. 340,844. 872,7	18	•										
Payments to affiliates Payments to affiliate Payments to affiliate Payments to affiliates Payments to affiliate Payments to affiliates Payments to affiliate Payments to aff	40	, , , , ,	244 386.			244,386.						
21 Payments to affiliates 22 Depreciation, depletion, and amortization 5,180. 1,554. 3,6 23 Insurance 2,833. 850. 1,9 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 425. 57,1 a CREDIT CARD FEES 57,618. 425. 57,1 b MEMBERSHIP RECRUITMENT 18,144. 16,440. 16,440. c BAD DEBT 16,440. 16,440. 33,7 d All other expenses 48,239. 14,472. 33,7 25 Total functional expenses. Add lines 1 through 24e 5,318,264. 4,104,696. 340,844. 872,7			244,300¢		+	244,300 •						
Depreciation, depletion, and amortization 1,554. 3,6					+							
23 Insurance 2 , 833			5.180.		1.554	3,626.						
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a CREDIT CARD FEES b MEMBERSHIP RECRUITMENT c BAD DEBT d						1,983.						
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a CREDIT CARD FEES 57,618. 425. 57,1 b MEMBERSHIP RECRUITMENT 18,144. 18,1 c BAD DEBT 16,440. 16,440. d e All other expenses 48,239. 14,472. 33,7 25 Total functional expenses. Add lines 1 through 24e 5,318,264. 4,104,696. 340,844. 872,7			2,000		333.							
a CREDIT CARD FEES b MEMBERSHIP RECRUITMENT c BAD DEBT d e All other expenses 48,239. 25 Total functional expenses. Add lines 1 through 24e 57,618. 57,618. 18,144. 16,440. 16,440. 16,440. 27,718. 28,70. 29,70. 20,70. 20,70. 21,70. 22,70. 23,70. 24,104,696. 24,104,696. 24,104,696. 25,318,264. 25,318,264. 26,00. 27,10. 28,70. 29,70. 20,70. 20,70. 20,70. 20,70. 20,70. 20,70. 21,70. 22,70. 23,70. 24,104,696. 24,104,696. 24,104,696. 24,104,696.	<u>-</u> 7	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
b MEMBERSHIP RECRUITMENT c BAD DEBT d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 18,144. 16,440. 16,440. 18,1 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144. 18,144.	9		57.618.		425.	57,193.						
c BAD DEBT 16,440. d e All other expenses 48,239. 25 Total functional expenses. Add lines 1 through 24e 5,318,264. 4,104,696. 340,844.						18,144.						
d e All other expenses Total functional expenses. Add lines 1 through 24e 48,239. 48,239. 5,318,264. 4,104,696. 340,844. 872,7					16,440.	, 						
e All other expenses 48,239. 14,472. 33,7 25 Total functional expenses. Add lines 1 through 24e 5,318,264. 4,104,696. 340,844. 872,7	-				=-,							
25 Total functional expenses. Add lines 1 through 24e 5,318,264. 4,104,696. 340,844. 872,7		All other expenses	48,239.		14,472.	33,767.						
		· —		4,104,696.		872,724.						
ZO voint voite. Complete this into only if the organization I	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)		, 🗂										

Form **990** (2017)

Form 990 (2017)

Part X | Balance Sheet

Part X	Balance Sheet								
	Check if Schedule O contains a response or not	e to any	/ line in this Part X						
				(A) Beginning of year		(B) End of year			
1	Cash - non-interest-bearing			3,358,199.	1	1,691,984.			
2				4,171,690.	2	12,507,671			
3	Pledges and grants receivable, net		383,338.	3	176,649				
4	Accounts receivable, net			4					
5	Loans and other receivables from current and fo								
	trustees, key employees, and highest compensa		, ,						
	Part II of Schedule L				5				
6	Loans and other receivables from other disqualif								
	section 4958(f)(1)), persons described in section								
	employers and sponsoring organizations of sect		_						
_ω	employees' beneficiary organizations (see instr).		6						
Assets					7				
& 8					8				
9	Prepaid expenses and deferred charges			133,346.	9	101,289			
	a Land, buildings, and equipment: cost or other			,		, , , , , , , , , , , , , , , , , , , ,			
	basis. Complete Part VI of Schedule D	10a	229,144.						
			181,728.	45,226.	10c	47,416			
11	Investments - publicly traded securities	6,048.	11	47,416 10,194					
12			13,000.	12	,				
13		Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11							
14	Intangible assets		13 14						
15	Other assets. See Part IV, line 11				15				
16	Total assets. Add lines 1 through 15 (must equa		8,110,847.	16	14,535,203				
17	Accounts payable and accrued expenses	66,996.	17	44,452					
18	Grants payable		18						
19	Deferred revenue			19					
20	Tax-exempt bond liabilities			20					
21	Escrow or custodial account liability. Complete F			21					
စ္က 22									
≝	key employees, highest compensated employee	s, and	disqualified persons.						
Liabilities 8	Complete Part II of Schedule L				22				
コ 23	Secured mortgages and notes payable to unrela				23				
24	Unsecured notes and loans payable to unrelated	d third p	parties		24				
25	Other liabilities (including federal income tax, pay	yables t	o related third						
	parties, and other liabilities not included on lines	17-24).	Complete Part X of						
	Schedule D			6,622.	25	6,199 50,651			
26	Total liabilities. Add lines 17 through 25			73,618.	26	50,651			
	Organizations that follow SFAS 117 (ASC 958)), checl	k here ▶ X and						
es es	complete lines 27 through 29, and lines 33 and	d 34.							
ဋ 27	Unrestricted net assets			5,453,072.	27	6,332,473			
평 28	Temporarily restricted net assets	2,584,157.	28	8,152,079					
둳 29	*		29						
Ē	Organizations that do not follow SFAS 117 (AS	SC 958), check here ▶Ш						
<u>p</u>	and complete lines 30 through 34.								
8 30	Capital stock or trust principal, or current funds				30				
S 31	Paid-in or capital surplus, or land, building, or eq				31				
Net Assets or Fund Balances 22 8 2 9 30 31 32 32 32 33 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	•			0 00= 000	32				
z 33	Total net assets or fund balances		L	8,037,229.	33	14,484,552			
34	Total liabilities and net assets/fund balances			8,110,847.	34	14,535,203			

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,49				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,31				
3	Revenue less expenses. Subtract line 2 from line 1	3	6,17				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,03		$\frac{29}{10}$		
5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	2,9	56.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	14,48	4,5	52.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			X		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits						
			Form	990	(2017)		

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

WOMEN'S INTERNATIONAL ZIONIST **Employer identification number** Name of the organization ORGANIZATION 13-3041381 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	4,118,147.	3,474,824.	5,983,651.	3,638,798.	11,009,894.	28,225,314.
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	4,118,147.	3,474,824.	5,983,651.	3,638,798.	11,009,894.	28,225,314.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						9,257,477.
6	Public support. Subtract line 5 from line 4.						18,967,837.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	4,118,147.	3,474,824.	5,983,651.	3,638,798.	11,009,894.	28,225,314.
	Gross income from interest,	. ,			. ,	, ,	<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	228,654.	216,487.	199,154.	207,621.	243,647.	1,095,563.
9	Net income from unrelated business	-	,			-	<u> </u>
	activities, whether or not the						
	business is regularly carried on	389,742.	660,618.	516,203.		290,406.	1,856,969.
10	Other income. Do not include gain	-	-	-		-	· · ·
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						31,177,846.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (olumn (f))		14	60.84 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	74.84 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
<u>18</u>	Private foundation. If the organization						
						dula A (Earm 000	

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.)

82.	qualify under the tests listed b	elow, please com	plete Part II.)				
	etion A. Public Support	() 6040	# N CO		(0.0010	() 65:-	(0 T : :
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	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						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thin	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2017 (I	line 8, column (f) o	divided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>

Schedule A (Form 990 or 990-EZ) 2017 ORGANIZATION Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	70		
	AL		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	3		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
1 9	90 or 99	90-EZ	2017

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	í –	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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			
	that these activities constituted substantially all of its activities.	2a		
b	,			
	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 these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con	mplete S	Sections A through E.	
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		
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 (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ated Type III supporting or	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

WOMEN'S INTERNATIONAL ZIONIST

Schedule A (Form 990 or 990-EZ) 2017 ORGANIZATION 13-3041381 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

Employer identification number

13-3041381

Organization type (check one):							
Filers of	:	Section:					
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 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					
	,	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special l	Rules						
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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
WOMEN'S INTERNATIONAL ZIONIST
ORGANIZATION

Employer identification number

13-3041381

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,103,417.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,500,000.	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 Noncash (Complete Part II for noncash contributions.)

Name of organization
WOMEN'S INTERNATIONAL ZIONIST
ORGANIZATION

Employer identification number

13-3041381

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	fadditional 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
		- - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 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 Part III

Employer identification number

13-3041381

	Jse duplicate copies of Part III if addition		(115			
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
- _						
		(e) Transfer of git	ft			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
lo						
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
$-\mid$ $-$						
		(e) Transfer of git	ft			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	Transfer of or name, data cost, a		Trotation por transfer to transfer to			
-						
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
t I						
_ _						
		(e) Transfer of git	ft			
		17ID 4	Relationship of transferor to transferee			
	Transferee's name, address, a	na ZIP + 4				
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ï i	(b) Fulpose of glit	(c) Use of gift	(d) Description of now gift is field			
-						
_ _						
	(a) Tuessefers of wift					
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

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 Open to Public Inspection

Name of the organization

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

Employer identification number 13-3041381

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	· _	
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		□v□N.
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	riandling of violations, and emorcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n essements during the year
•	\$ \$	and emorning conservation	ri easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
_	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		3
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

Sulping the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apoly):		t III Organizations Maintaining C		rt. Hist	orical Tr	easures o	r Other		r Asse			age Z
Check all that apply): A		To a game a disconsistantiani great								•		
a Public exhibition d Loan or exchange programs b Scholarly research e Other Cher Scholarly research e Other Cher Scholarly research e Other Cher Scholarly research e Other Scholarly research of future generations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Vee No Part VI Excorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Additions during the year 1d d Scholar or Sch	3		on, and other record	15, CHEC	Carry Or tire	lollowing triat	are a sigi	illicarit u	SE 01 11.S	COIIECTIO	i iteii	15
b Scholarly research c □ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds ariser than to be maintained as part of the organization collection? □ ▼es № № Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX line 21. 1b If Yes, explain the arrangement in Part XIII and complete the following table: □ ★ Amount □ ★ Amount □ ★ Amount □ ★ Beginning balance □ ★ Amount □ ★ Beginning balance □ ★ Beginning balance □ ★ Beginning balance □ ★ Beginning balance □ ★ Beginning during the year □ ★ Beginning of year balance □ ★ Beginning of ye	_	`	d		oan or ove	hango program	me					
c						riarige prograi	113					
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to be sold to raise funds rather than to be maintained as part of the organization's collection?									se III Fai	ı AIII.		
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5									7 Vaa] Na
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1e	Pai											_ INO
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	ı u			ete ii tile	organizatio	ii alisweled	res onr	om 990,	rantiv,	iii le 9, oi		
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a Board designated or quasi-endowment ▶				- /line 1	e /-							
b Permanent endowment \			ent year end baland		g, column (a	a)) neid as:						
Temporarily restricted endowment ▶	_	_	0/	_%								
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Schedule D (Form 990) 2017 ORGANIZATIO		ZIONIDI	1:	3-3041381	Page :
Part VII Investments - Other Securities.	_,				1 age (
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11h See Form 990	Part X line 12		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or er	nd-of-vear market	value
(1) Financial derivatives	(-,	(-,		,	
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11c See Form 900	Part Y line 13		
(a) Description of investment	(b) Book value		aluation: Cost or er	nd-of-vear market	value
	(3) 20011 141141	(0)		ia or your mamor	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.		
(a)	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.))	<u> </u>	
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 2	25.	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) ANNUITY PAYABLE		6,199.			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoonup2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

6,199.

Pa	rt XI	Reconciliation of Revenue per Audited Financial S	Statements With	Revenue per R	eturr	١.
		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	11,765,587.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	256,610.		
b		ted services and use of facilities				
С		veries of prior year grants				
d		(Describe in Part XIII.)		12,956.		
е		nes 2a through 2d			2e	269,566.
3	Subtra	act line 2e from line 1			3	11,496,021.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	0.
5	Totalı	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	11,496,021.
Pa	rt XII	Reconciliation of Expenses per Audited Financial	Statements Wit	h Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total	expenses and losses per audited financial statements			1	5,318,264.
2		ints included on line 1 but not on Form 990, Part IX, line 25:				
а		ted services and use of facilities	2a			
b		year adjustments				
С		losses	_			
d	Other	(Describe in Part XIII.)				
е		nes 2a through 2d	•		2e	0.
3	Subtra	act line 2e from line 1			3	5,318,264.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)				
С		nes 4a and 4b	·		4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	5,318,264.
Pa		Supplemental Information.				
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b	and 2b; Part V, line	1; Part	X, line 2; Part XI,
		d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide				
			•			
PA:	RT X	I, LINE 2:				
TH:	ERE	ARE NO MATERIAL UNCERTAIN TAX POST	TIONS THAT	REQUIRE R	ECO	GNITION OR
DI	SCLO	SURE IN THE FINANCIAL STATEMENTS.	PERIODS E	NDING DECE	MBE	R 31, 2014
AN:	D SU	BSEQUENT REMAIN SUBJECT TO EXAMINA	ATION BY AF	PLICABLE T	AXI	NG
		~				
ΑU	THOR	ITIES.				
PA:	RT X	I, LINE 2D - OTHER ADJUSTMENTS:				
		•				
CH.	ANGE	IN VALUE OF SPLIT-INTEREST AGREEM	MENTS			12,956.
						_,

Schedule D (Form 990) 2017

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WOMEN'S INTERNATIONAL ZIONIST

Employer identification number

ORGANIZATION 13-3041381 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes _____No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region describe specific type gram services, investments, grants to investments contractors recipients located in the region) of service(s) in the region in the region in the region MIDDLE EAST & NORTH GRANTS TO RECIPIENTS SUPPORT AND FUND AFRICA OCATED IN THE REGION PROJECTS IN ISRAEL 4,104,696. 3 a Sub-total 0 4,104,696. **b** Total from continuation 0 0. sheets to Part I c Totals (add lines 3a

732071 10-06-17

and 3b)

Schedule F (Form 990) 2017

4,104,696.

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			GENERAL SUPPORT FOR THE DAY CARE CENTERS AND SCHOOLS FOR YOUTH	4,104,696.	WIRE TRANSFER	0.		
by the IRS, or for which	ch the grantee or cou	insel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lette	er		> ,		1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2017 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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) 2017

13-3041381 ORGANIZATION Schedule F (Form 990) 2017 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: FUNDS FROM WIZO USA ARE TRANSFERRED TO WORLD WIZO TO DISTRIBUTE AS EARMARKED DURING FUNDRAISING CAMPAIGNS. THE WORLD WIZO ORGANIZATION, WHICH IS NOT PART OF WIZO USA, DISTRIBUTES THE FUNDS BASED ON THE EARMARKS MADE BY WIZO USA. WIZO USA IS THEN IN CONNECTION WITH WORLD WIZO TO MAKE SURE THE FUNDS ARE PROPERLY DISTRIBUTED.

Schedule F (Form 990) 2017

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

Employer identification number 13-3041381

Schedule G (Form 990 or 990-EZ) 2017

Part I Fundraising Activities required to complete this par	• Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, F If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	☐ No e
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	Activity have custody from activity fundraiser to (or retained by) to (or retain				(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5.000

		of fundraising event contributions and gro			events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FASHION SHOW			(add col. (a) through
			- NY	GALA - FL	18	col. (c))
Φ			(event type)	(event type)	(total number)	001. (0))
Revenue						
Şe.	1	Gross receipts	689,582.	536,389.	1,446,570.	2,672,541.
ш						
	2	Less: Contributions	300,782.	461,150.	772,779.	1,534,711.
	3	Gross income (line 1 minus line 2)	388,800.	75,239.	673,791.	1,137,830.
	4	Cash prizes				
	_					
S	5	Noncash prizes				
Direct Expenses		D 1/6 1111	64 625	27 527	22 500	125 662
фе	6	Rent/facility costs	64,635.	27,527.	33,500.	125,662.
Ω̈́	_		7,500.		31,008.	38,508.
<u>ie</u>	′	Food and beverages	7,300.		31,000.	30,300.
	۰	Entartainment	14,500.	44,400.	18,786.	77,686.
	8 9	Entertainment Other direct expenses	2,531.		595,477.	
	10			.,,,,,,		847,424.
		Net income summary. Subtract line 10 from li			_	290,406.
Pa	rt	III Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Şeve						
ш_	1	Gross revenue				
es	2	Cash prizes				
ens						
Direct Expenses	3	Noncash prizes				
둟		D 1/6 1111				
Ë	4	Rent/facility costs				
	_	Other diseast assesses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	١	Volunteer labor	NO	140	140	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	•	Direct expense cummary. And inter 2 timeagn	10 III 00IIIIII (u)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		<u> </u>	, , , , , ,		,	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
	_					

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

WOMEN'S INTERNATIONAL ZIONIST

ge 3 No
No
%
%
No
No
b,
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WOMEN'S INTERNATIONAL ZIONIST

Schedule G (I	Form 990 or 990-EZ)	ORGANIZATION		13-3041381	Page 4
Part IV	Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
	•••				
•					
-					
_					
_					
			-		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) 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 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

Employer identification number 13-3041381

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION IS A MOVEMENT DEDICATED TO THE ADVANCEMENT OF THE STATUS OF WOMEN, WELFARE FOR ALL SECTORS OF ISRAELI SOCIETY, AND ENCOURAGEMENT OF JEWISH EDUCATION IN ISRAEL AND IN THE DIASPORA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WIZO USA IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT UNDER 501(C)(3) OF THE US INTERNAL REVENUE CODE. WIZO, THE WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION, IS AN INDEPENDENT MOVEMENT OF WOMEN VOLUNTEERS DEDICATED TO THE ADVANCEMENT OF THE STATUS OF WOMEN, EQUALITY IN EDUCATION, FAMILY WELFARE, AND SUPPORT OF THE WEAKER SECTORS OF ISRAELI SOCIETY.

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

WIZO USA FUNDS WELFARE INSTITUTIONS IN ISRAEL INCLUDING:

- A.- WIZO USA SUPPORTS 11 DAY CARE CENTERS THAT SERVE CHILDREN WHOSE PARENTS MUST WORK LONG HOURS AND DEPEND ON WIZO TO PROVIDE EXCELLENT CARE. WIZO DAY CARE CENTERS PROVIDE A SAFE HAVEN WHERE THE CHILDREN'S EMOTIONAL AND DEVELOPMENTAL NEEDS ARE MET.
- B.- WIZO USA SUPPORTS 2 COMMUNITY CENTERS PROVIDING MUCH NEEDED AFTER SCHOOL ACTIVITIES FOR NEIGHBORHOOD CHILDREN INCLUDING SPORTS AND TUTORING.
- C.- WIZO USA SUPPORTS 2 SCHOOLS AND YOUTH VILLAGES, INCLUDING 7 DORMITORIES TO HOUSE YOUTH-AT-RISK. FUNDS FOR THE YOUTH VILLAGES AND DORMITORIES ENABLE CHILDREN IN DIFFICULT SITUATIONS TO EXCEL AND

COMPETE IN TODAY'S COMPLEX WORLD. THE VILLAGE'S VISION IS TO HELP

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization WOMEN'S INTERNATIONAL ZIONIST **Employer identification number** ORGANIZATION 13-3041381 STUDENTS REALIZE THEIR ACADEMIC AND SOCIAL ABILITIES AND TO PROVIDE A SOLUTION FOR YOUTH THAT IS BETTER THAN WHAT THEY HAVE AT HOME. D.- WIZO USA SUPPORTS 2 SHELTERS FOR BATTERED WOMEN AND THEIR CHILDREN. FUNDS FOR THESE CENTERS PROVIDE A SECRET AND SAFE HAVEN FOR WOMEN AND THEIR CHILDREN TO ESCAPE THE DANGERS OF A VIOLENT HOME WHILE BUILDING SKILLS TO LIVE ON THEIR OWN, INCLUDING VOCATIONAL TRAINING. E.- WIZO USA SUPPORTS THE CENTER FOR THE PREVENTION OF VIOLENCE IN THE FAMILY. THIS CENTER SERVES TO HELP PREVENT FAMILIES FROM REACHING CRISIS SITUATION BY EARLY INTERVENTION IN ANGER AND VIOLENCE MANAGEMENT. AN EXAMPLE IS THE FIRST IN ISRAEL 24 HOUR MEN'S HOTLINE. WIZO USA HAS FUNDED MANY EARMARKED PROJECTS OVER THE YEARS, ALL FOCUSED ON BREAKING THE CYCLE OF POVERTY IN THE FAMILY, PROMOTING ADVANCEMENT OF WOMEN AND FOCUSING ON THE FUTURE SUCCESS OF ALL ISRAELIS IN NEED. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT FORM 990 IS PROVIDED TO THE THE AUDIT COMMITTEE AND BOARD OF DIRECTORS. FORM 990 IS REVIEWED PRIOR TO ITS SUBMISSION TO THE IRS. QUESTIONS REGARDING INFORMATION IN THE FORM ARE ADDRESSED BY LOEB & TROPER. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS AND OFFICERS TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT. ANY CONFLICTS MUST BE REPORTED TO THE BOARD. ANYONE WITH A NOTED CONFLICT SHALL RECUSE HIM OR HERSELF FROM ANY VOTE. THE AUDIT COMMITTEE DECIDES WHETHER CONFLICT EXIST.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED WITH A

Name of the organization WOMEN S INTERNATIONAL ZIONIST ORGANIZATION	Employer identification number 13-3041381
COMPENSATION COMMITTEE. THE COMMITTEE MAKES USE OF 990'S	OF OTHER SIMILAR
ORGANIZATIONS ALONG WITH A WRITTEN EMPLOYMENT CONTRACT TO	DETERMINE IF
COMPENSATION IS ACCEPTABLE. THIS WAS LAST DONE IN 2017.	
FORM 990, PART VI, SECTION C, LINE 19:	
WIZO USA MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF IN	TEREST POLICY
AVAILABLE TO THE PUBLIC UPON REQUEST. THEIR FINANCIAL STA	TEMENTS ARE
AVAILABLE ON THEIR WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	12,956.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	