WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION FORM 990 TAX YEAR 2022





1155 Avenue of the Americas, Suite 1200 | New York, NY 10036-2711 | 212.867.4000

Lilach Ochad Women's International Zionist Organization 950 Third Avenue New York, NY 10022

Dear Ms. Ochad:

Enclosed are the following income tax returns prepared on behalf of Women's International Zionist Organization for the year ended December 31, 2022.

2022 990 - Return of Organization Exempt from Income Tax

2022 8879-TE - IRS E-file Signature Authorization Form

2022 California Exempt Organization Annual Information Return

2022 CA e-file Return Authorization for Exempt Organizations

2022 California Annual Registration Renewal Fee Report

2022 New York State Annual Filing for Charitable Organizations

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Aaron Shapiro, CPA Director FORVIS, LLP

Enclosures





1155 Avenue of the Americas, Suite 1200 | New York, NY 10036-2711 | 212.867.4000

Women's International Zionist Organization
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended December 31, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP 1155 Avenue of the Americas #1200 New York NY 10036

or Fax to: 212.867.9810 Attn: eFile Administration

or Email to: efileNewYorkCity@forvis.com

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 01/01/2022 and ending 12/31/2022

OMB No.	1545-0047
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Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION Name and title of officer or person subject to tax	13-3041381
LILLIAN TABACINIC, FINANCE CHAIR Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0-applicable line below. Do not complete more than one line in Part I.	check the box on line 1a, 2a, 3a, 4a, s blank, then leave line 1b, 2b, 3b, 4b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12	0 125 442
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line !	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	, line 22) , 10b
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject	t to tay with respect to (name
of entity), (EIN) and that I hav	
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate ar (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financ processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, electronic funds withdrawal.	n electronic funds withdrawal e federal taxes owed on this b. Treasury Financial Agent at ial institutions involved in the lid resolve issues related to
PIN: check one box only	
X authorize FORVIS, LLP to enter my PIN ERO firm name	2 6 6 2 8 as my signature Enter five numbers, but do not enter all zeros
on the tax year 2022 electronically filed return. If I have indicated within this return that a copy o agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforement return's disclosure consent screen.	f the return is being filed with a state
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signatu filed return. If I have indicated within this return that a copy of the return is being filed with a state of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	agency(ies) regulating charities as part
Signature of officer or person subject to tax Date 11/1	2/2023
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 2 6 5 1 1 9 4 4 0 Do not enter all zeros	116
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed roam submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Providers for Business Returns.	Information for Authorized IRS e-file
ERO's signature Date	13/2023

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

A F	or the	e 2022 cale	endar year, or tax year beginning			and end	aing			D Em	nlovor	identification i	numbor
B Ch	eck if a	applicable:	C Name of organization	T TTONIT	'm ODGANITGAMI	ONT				ט בווו	ipioyei	identification i	lumber
	Addros	ss change	WOMEN'S INTERNATIONAL	L ZIONIS	ORGANIZATI	OIN				1 2	204	1 2 0 1	
\vdash		ŭ	Doing business as WIZO Number and street (or P.O. box if m	ail is not delive	red to etreet address)			Room/su	ito			1381 e number	
$\overline{}$		change	,	all is not active	rea to street address)								
\rightarrow	Initial r	return eturn/terminated	950 THIRD AVENUE City or town, state or province, cour	otn/ and ZID a	r foreign postal code			2803			⊥∠) oss rec	751-6461	
\vdash		led return		iliy, and ZiF 0	Tioreign postal code					G GIO	oss rec	•	200
\perp		ation pending	NEW YORK, NY 10022 F Name and address of principal office						H(a) Is this	0 010110	roturo foi	21,739,3	
		y	· ·		AN TABACINIC				subord	linates?		H	
			950 THIRD AVENUE, NE						H(b) Are all				
		empt status:	1 (-)(-)) (in:	sert no.) 4947(a))(1) or	52	27	1	-		st. See instruction:	S.
	Vebsi	***	W.WIZOUSA.ORG				1.		H(c) Group	_			
		of organization		Association	Other		L Year	of format	tion: 198() M	State of	of legal domicile	: NY
Pa		Summ											
	1		scribe the organization's mission o	_							ICAL	MOVEMEN	IT
Governance			TED TO THE ADVANCEMEN						FOR A	LL			
la L			S OF ISRAELI SOCIETY,										
o ve	2	Check this									1 1	et assets.	
Ğ	3		f voting members of the governing								3		19_
Activities &	4		f independent voting members of t								4		18_
Ě	5	Total num	ber of individuals employed in cale								5		11_
į	6		ber of volunteers (estimate if neces								6		20
٩			elated business revenue from Part V								7a		
	b	Net unrela	ated business taxable income from	Form 990-T,	Part I, line 11						7b		
									Prior Ye			Current '	
ē	8		ons and grants (Part VIII, line 1h)						4,672	2,39	96.	7,799	9,457.
en	9		service revenue (Part VIII, line 2g)								ONE		NONE
Revenue	10		nt income (Part VIII, column (A), line							5,99		219	9,260.
	11		enue (Part VIII, column (A), lines 5,							5,5		116	6,725.
	12		nue - add lines 8 through 11 (must						4,873	3,97	74.	8,135	5,442.
	13		d similar amounts paid (Part IX, colu						4,500	,40)3.	3,744	<u>4,769.</u>
	14	Benefits p	aid to or for members (Part IX, colu	mn (A), line	4)					N	ONE		NONE
es	15		other compensation, employee bene						606	5,39	90.	768	8,971.
Expenses	16 a	Profession	nal fundraising fees (Part IX, column	n (A), line 11e	e)					N	ONE		NONE
ă X	b	Total fund	Iraising expenses (Part IX, column (D), line 25)	1,732,99	98.							
	17	Other exp	enses (Part IX, column (A), lines 11	a-11d, 11f-2	4e)				964	1,21	15.	1,628	8,669.
	18		enses. Add lines 13-17 (must equal						6,071	L,00	08.		2,409.
_	19	Revenue I	ess expenses. Subtract line 18 fron	n line 12					-1,197	7,03	34.	1,993	3,033.
s or								Begin	ning of Cur	rent \	Year	End of Ye	ear
set	20	Total asse	ts (Part X, line 16)						14,089	,19	97.	15,207	7,881.
Net Assets or Fund Balances	21	Total liabil	lities (Part X, line 26)						166	5,42	22.	208	8,598.
S _P	22	Net assets	s or fund balances. Subtract line 21	from line 20	<u>) </u>				13,922	2,77	75.	14,999	€,283.
Par	t II	Signat	ture Block										
Unde	er pei	nalties of per	rjury, I declare that I have examined th plete. Declaration of preparer (other than	is return, inclu	uding accompanying sc	hedules	and state	ements, a	and to the b	est of	f my k	nowledge and b	pelief, it is
True,	COITE	eci, and com	piete. Declaration of preparer (other than	Tollicel) is bas	sed on all illionnation of	willen	лерагег п	ias arry K	ilowieuge.				
0:													
Sign		Signature of	of officer						Date)			
Her	е												
		Type or prir	nt name and title										
		Print/Type	preparer's name	Preparer's si	gnature		Date		Check	(if P	TIN	
Paid		AARON	SHAPIRO	AARON	SHAPIRO		11/13	3/202	self-e	mploy	ed I	201333816	5
Prep		Firm's nam							Firm's EIN			-0160260	
Use	Unly	Firm's add	·	AMERICAS #1	200 NEW YORK, NY 1	.0036			Phone no.			2-867-40	
May	the		iss this return with the prepare									X Yes	No
			uction Act Notice, see the separat				-		·				0 (2022)

Page 2 Form 990 (2022)

H		ent of Program Service if Schedule O contains a		Part III	х
1		the organization's mission			
	SEE SCHEDUL	E O			
2	prior Form 990	or 990-EZ?		e year which were not listed on the	Yes X No
2		these new services on S		in how it conducts, any program	
3	services?				Yes X No
4	Describe the or expenses. Section	ganization's program se on 501(c)(3) and 501(c)	ervice accomplishments for each	of its three largest program service report the amount of grants and a	
4a	(Code:SEE SCHEDUL		744,769. including grants of \$	3,744,769) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s	services (Describe on Sch	edule O.)		
. u	(Expenses \$	including gr		venue \$	
4e	Total program s	ervice expenses	3 744 769		

JSA 2E1020 1.000

Form 990 (2022) Page **3**

Part	Checklist of Required Schedules		•	ago e
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			3.7
•	complete Schedule D, Part III	8		X
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			· v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	or in 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,	10		Λ
• • •	VII, VIII, IX, or X, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	III	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	1		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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
12 a	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
14 a	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	X	
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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022)

Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
	Did the constitution of the OF 000 of construction of the original to the description of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 Schedule J	23		X
24 a	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 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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
J 4	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		21
	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	005		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		- 21
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	-		
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	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 NONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
,	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 11			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	- 55		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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			
	Enter the amount of reserves on hand	4.4-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

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Form 990 (2	2022)
Part VI	Go

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

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	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					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	persor	1?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5	X	
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 e	ect o	r appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		_X
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	ertake	en during			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	es?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of	ling th	e form? .	11a	X	
b	, ,, ,			40.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give	12b	Х	
_	rise to conflicts?	oliov?	If "Voo."	120	71	
С	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		_			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ingement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			4.C.b.		
Socti	on C. Disclosure			16b		
17	List the states with which a copy of this Form 990 is required to be filed CA, FL, NY,					
1 <i>1</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable).	gan	and QQ∩₋T	(9201	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		and 330-1	(360)	1011 5	01(0)
	Own website Another's website X Upon request Other (explain on So		e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of		,	f inter	est p	olicy.
	and financial statements available to the public during the tax year.	.,			•	,
20	State the name, address, and telephone number of the person who possesses the organization's	oooks	and record	s		
	LILACH OHAD 950 3RD AVENUE, SUITE 2803 NEW YORK, NY 10022					

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	e than construction is both construction. Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		O O	tee			sated				
(1) LILACH OHAD EXECUTIVE DIRECTOR (2) SUZANNE HARPER	40.00 NONE 5.00			Х				135,435.	NONE	9,975.
REGIONAL EXECUTIVE DIRECTOR	NONE	Х						91,300.	NONE	NONE
(3) SUSAN HENKIN	40.00									
EXEC DIRECTOR (THROUGH 6/22)	NONE			Х				76,860.	NONE	5,404.
(4) RACHEL GINGOLD	20.00									
DIRECTOR	NONE			Х				50,885.	NONE	NONE
(5) RUTHY BENOLIEL	20.00									
CO-PRESIDENT	NONE	X		Χ				NONE	NONE	NONE
(6) MIREILLE MANOCHERIAN	20.00									
CO-PRESIDENT	NONE	X		X				NONE	NONE	NONE
(7) JANA FALIC	5.00									
HONORARY LIFE PRESIDENT	NONE	X		Χ				NONE	NONE	NONE
(8) GAIL PERL	5.00									
HONORARY LIFE PRESIDENT	NONE	X		Χ				NONE	NONE	NONE
(9) MERCEDES IVCHER	5.00									
FOUNDING PRESIDENT	NONE	X		Χ				NONE	NONE	NONE
(10) EVELYN SOMMER	5.00									
FOUNDING PRESIDENT	NONE	X		Χ				NONE	NONE	NONE
(11) MICHELE L. FINE	5.00									
TREASURER	NONE	X		Χ				NONE	NONE	NONE
(12) YVETTE WOLDENBERG	1.00									
VICE PRESIDENT	NONE	Х		X				NONE	NONE	NONE
(13) BRENDA ABUAF	5.00									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(14) STEPHANIE ESQUANAZI	5.00									
VICE PRESIDENT	NONE	X		Χ				NONE	NONE	NONE

Form **990** (2022)

Form 990 (2022)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe	erson	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	am com	stimated nount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anization d related anization	ł
15) LISA OHEBSHALOM	5.00											
VICE PRESIDENT	NONE	X		Х				NONE	NONE]	NONE
16) ROSITA RETELNY	5.00											
VICE PRESIDENT	NONE	X		Х				NONE	NONE		I	NONE
17) MIRA SOFER	5.00											
VICE PRESIDENT	NONE	X		Х				NONE	NONE]	NONE
18) MARCI WATERMAN	5.00	-										
VICE PRESIDENT	NONE	X		Х				NONE	NONE]	NONE
19) JUDIT GROISMAN	5.00	-										
PAST CO-PRESIDENT, ADVISOR	NONE	X		Х				NONE	NONE]	NONE
20) LILLIAN TABACINIC	5.00	 ⊦									_	
VP, FINANCIAL COMMITTEE CHAIR	NONE	X		Х				NONE	NONE		J	NONE
21) GOLDA RETCHKIMAN	15.00	٠						17017	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
WIZO CHAIRPERSON (FL)	NONE	X		Х				NONE	NONE			NONE
22) REGINA RAPHAEL	15.00	3,		3.7				NONE	NONE		,	NT ONTE
WIZO CHAIRPERSON (CA)	NONE	X		Х				NONE	NONE			NONE
23) TALI DAMAGHI WIZO CHAIRPERSON (NY)	1.00 NONE	1		Х				NONE	NONTE		,	NONE
24) RINAT NEWMAN	1.00			Λ				NONE	NONE			NOINE
CA REPRESENTATIVE (NON-VOTING)	NONE	-		Х				NONE	none		1	NONE
1b Sub-total							_	354,480.	NONE		15,3	 379.
c Total from continuation sheets to Part VII,	Section A		• •		• •		•	NONE				NONE
d Total (add lines 1b and 1c)							•	354,480.	<u> </u>		15,3	
2 Total number of individuals (including but no reportable compensation from the organization)	t limited to t						o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	P It	"Yes	5,"	complete Schedu	sation from the ule J for such	4		X
									on or individual	4		
for services rendered to the organization? If "										5		X
· · · · · · · · · · · · · · · · · · ·	mnoncotod!	ndan	2 D d -		00.5	trocto	rc t	hat received me	than \$100 000 ==	<u> </u>		
Section B. Independent Contractors 1 Complete this table for your five highest contractors												_

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

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Form	990 (2	2022)	7	WOMEN'S	INI	CERNATIONAL	ZIONIST ORGA	NIZATION	13-30413	81 Page 9
Par	t VIII	Statement of R	Rever	nue						
		Check if Schedule	e O co	ontains a i	espor	se or note to ar	ny line in this Part V	/		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S, S	1a	Federated campaigns			1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	38,322.				
ع ق	c	Fundraising events			1c	3,485,730.				
fts, r A	d	Related organizations			1d					
≘≅	e	Government grants (c			1e					
ns, Sir	f	All other contributions,		, i						
tio er	-	and similar amounts not	•	.	1f	4,275,405.				
	g	Noncash contributions	s inclu	ded in						
di	J	lines 1a-1f			1g S	\$				
တ္တ မွ	h	Total. Add lines 1a-1f					7,799,457.			
						Business Code				
<u>8</u>	2a									
e Zi	b									
on S	С									
Program Service Revenue	d									
og R	е									
<u> </u>	f	All other program serv	rice rev	enue						
	g	Total. Add lines 2a-2f					NONE			
	3	Investment income	(includ	ding divid	ends,	interest, and				
		other similar amounts)					238,062.			238,062.
	4	Income from investme	ent of	tax-exemp	t bond	proceeds .	NONE			
	5	Royalties					NONE			
				(i) Re	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с		NONE	NONE				
	d	Net rental income or (le	oss) .				NONE			
	7a	Gross amount from		(i) Secu	rities	(ii) Other				
		sales of assets								
		other than inventory	7a	13,28	2,744.					
ne	b	Less: cost or other basis								
ven		and sales expenses			1,546.					
Re	_	Gain or (loss)			8,802.					
er	d	Net gain or (loss)					-18,802.			-18,802.
Other Rever	8a	Gross income fro		undraising						
		events (not including \$	ν ——	,485,730.						
		of contributions rep				410 045				
		1c). See Part IV, line 1				419,045. 302,320.				
	b	Less: direct expenses Net income or (loss) fi					116,725.			116,725.
	С	, ,		-			110,723.			110,723.
	9a	Gross income activities. See Part IV, I	from	gaming		NONE				
		•				NONE				
	b C	Less: direct expenses Net income or (loss) f					NONE			
		• •		-			1,0141			
	10a	Gross sales of returns and allowances	invente s	•		NONE				
	h					NONE				
		Less: cost of goods sol Net income or (loss) fr					NONE			
v		(3)				Business Code				
Miscellaneous Revenue	11a									
ane	11a b									
elk 3ve	C									
isc Re	d	All other revenue								
Σ	e	Total. Add lines 11a-1					NONE			
	12	Total revenue. See ins					8,135,442.			335,985.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (Grants and other assistance to domestic organizations				
á	and domestic governments. See Part IV, line 21	NONE			
2 (Grants and other assistance to domestic				
i	individuals. See Part IV, line 22	NONE			
3 (Grants and other assistance to foreign				
(organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	3,744,769.	3,744,769.		
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,				
t	trustees, and key employees	369,859.		115,272.	254,587.
6 (Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	266,862.		82,727.	184,135.
	Pension plan accruals and contributions (include	NONE			
\$	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	42,291.		14,801.	27,490.
10 I	Payroll taxes	89,959.		31,486.	58,473
	Fees for services (nonemployees):				
	Management	NONE		0.554	
	Legal	2,754.		2,754.	
	Accounting	202,418.		202,418.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	22 406		23,496.	
	(A), amount, list line 11g expenses on Schedule O.)	23,496.		23,490.	43,440
	Advertising and promotion	45,217.		22,068.	23,149
	Office expenses	81,434.		81,434.	23,149
	Information technology	NONE		01,434.	
	Royalties	103,390.		44,458.	58,932
	Occupancy	2,396.		11,130.	2,396
	TravelPayments of travel or entertainment expenses	2,350.			2,300
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	961,412.			961,412.
	Interest	NONE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	20,925.		20,925.	
	Insurance	42,386.		14,835.	27,551
	Other expenses. Itemize expenses not covered	,		,	,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
((A), amount, list line 24e expenses on Schedule O.)				
а	CREDIT CARD FEES	83,464.			83,464.
-	MISCELLANEOUS	15,937.		7,968.	7,969
С					
d					
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	6,142,409.	3,744,769.	664,642.	1,732,998.
26 c f f	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				
f	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,034,288.	1	2,532,295.
	2	Savings and temporary cash investments	568,726.	2	4,070,069.
	3	Pledges and grants receivable, net	932,211.	3	1,560,763.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ä	9	Prepaid expenses and deferred charges	23,748.	9	23,415.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 394,474.			
	h	Less: accumulated depreciation	249,944.	100	229,019.
	11	Investments - publicly traded securities	5,265,280.	11	6,777,320.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	15,000.	15	15,000.
	16		14,089,197.		
_	17	Total assets. Add lines 1 through 15 (must equal line 33)	59,988.	16 17	15,207,881. 123,603.
		Accounts payable and accrued expenses	NONE		NONE
	18 19	Grants payable	106,434.		84,995.
	20	Deferred revenue	NONE		NONE
	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
	22	Loans and other payables to any current or former officer, director,	NONE	21	NOINE
tie	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NONE
Lia	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	23 24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	2 4 25	Other liabilities (including federal income tax, payables to related third	NONE	24	NONE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	166,422.		208,598.
	20	Organizations that follow FASB ASC 958, check here	100,422.	20	200,390.
auc	27	and complete lines 27, 28, 32, and 33.	0 500 550		10 041 500
Bal	27	Net assets without donor restrictions	8,539,779.	27	10,041,723.
<u>Б</u>	28	Net assets with donor restrictions.	5,382,996.	28	4,957,560.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	13,922,775.	32	14,999,283.
Z	33	Total liabilities and net assets/fund balances	14,089,197.	33	15,207,881.
					Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,1	35,	<u>442</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,1	42,	<u>409</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		1,9	93,	<u>033</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	3,9	22,	<u>775</u> .
5	Net unrealized gains (losses) on investments	5		-8	54,	<u>981</u> .
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 on Schedule O)	9		_	<u>61,</u>	<u>544</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	4,9	<u>99,</u>	<u> 283</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a			
	separate 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 over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
_	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for			,		v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audit or audits explain why on Schedule Q and describe any steps taken to undergo such audits.	•		3b		
	Teomieo anon di anons, explain why on achequie o and describe any siens takento underdo such at	nuis -		וטט		

SCHEDULE A (Form 990)

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

MOI	ΊEΝ	'S INTERNATIONAL ZIO	ONIST ORGANIZ	ZATION			13-3	041381
Pa	rt I	Reason for Public Cha			comple	ete this p	part.) See instruction	ns.
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	\Box	A church, convention of chu		·	_	-	•	
2		A school described in section					(// // //	
3		A hospital or a cooperative		·			(1)(A)(iii).	
4		A medical research organiz	•	=				(iii). Enter the
•		hospital's name, city, and st	-	oonjunouon mara not	opital ao		1000110111110(10)(11)(11)	(m) Lines the
5		An organization operated f		a college or universit	v owne	d or one	erated by a governme	antal unit described in
•		section 170(b)(1)(A)(iv). (C		a conege of aniversit	y Owne.	a or ope	rated by a governme	intal anni accombca n
6		A federal, state, or local go		rnmantal unit dagariba	d in agat	ion 170/	h)/4\/A\/ ₄ \	
6	7.7		_			-		om the general nublic
7	X	An organization that norma	-	•	рроп п	oni a go	verninental unit of in	oni the general public
_		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·	D 11.\			
8	_	A community trust describe	-		-		l in	land mant callana
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	t the college or
		university:						
0		An organization that norma receipts from activities rela	lly receives (1) mo	ore than 331/3 % of its	support	from coi	ntributions, membersh	nip fees, and gross
		support from gross investm	nent income and u	nrelated business tax	able inco	ome (les:	s section 511 tax) from	businesses
		acquired by the organizatio						
1	Щ	An organization organized a	•	•	-			
2		An organization organized a	-	-	-			
		one or more publicly suppo	-			-		
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization. \	ou must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	nage the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functiona	lly integrated with,
		its supported organization						
d		Type III non-functionally						ted organization(s)
		that is not functionally inte			-			
		requirement (see instructi	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	•	•				II, Type III
		functionally integrated, or					•••	
f	En	ter the number of supported	• •			•		
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see ilistructions))	Yes	No	instructions)	matructions)
A)								
B)								
رد.								
C)								
D)								
						-		
E)								
Γota	al							
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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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,836,716.	5,180,890.	4,216,843.	4,672,396.	7,799,457.	32,706,302.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	10,836,716.	5,180,890.	4,216,843.	4,672,396.	7,799,457.	32,706,302.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						6,113,973.
6	Public support. Subtract line 5 from line 4						26,592,329.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4	10,836,716. 378,007.	5,180,890. 469,020.	4,216,843.	4,672,396. 199,575.	7,799,457.	32,706,302. 1,577,018.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				5,585.	116,725.	122,310.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						34,405,630.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li		•			14	77.29 %
15	Public support percentage from 2021					15	72.22 %
тоа	331/3% support test - 2022. If the or box and stop here. The organization q						
h	331/3% support test - 2021. If the organization q	•		•			
b	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 2			_			
	10% or more, and if the organization	_					
	Part VI how the organization meets					-	
	organization			_			
b	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the organization	_	=				
	in Part VI how the organization meets					-	
	organization						
18	Private foundation. If the organization						
	instructions						

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

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

Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (f) Total (f) Total office prices performed, or technically solid or services performed or technically solid or services performed or technically solid or services performed, or technically solid or services performed or technically solid solid solid solid services performed or technically solid solid solid services performed or technically solid solid solid services performed or technically solid solid services performed or technically solid services performed or technically solid services performed or technically solid services performed or technically solid services performed or technically solid services performed or technically solid services performed or technically solid services performed or technically solid services performed or technically solid services services services services services or services or services or services services or services or services or services services services or services or services or services services or services or services	500	tion A. Public Support			· ·	•	,	
Gross receipts from administration, and membroships from membroships from administrations, mental and included on the control of the control			(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
received. (De not include any "unusual grains".) Gross receipts library and includes any "unusual grains".) Gross receipts library and include grains and any unusual grains and any any and any any and any any any any any any any any any any	_	, , , , , , ,	(a) 2010	(6) 2013	(6) 2020	(u) 2021	(6) 2022	(i) rotai
2 Gross receipts from admissions, merchanolises and or services performed, or facilities for installed in any activity mail a related to the organization's tisk-exempt purpose. 3 Gross receipts from admissions that are not an unrelated trade or business under section \$1.0. 4 Tax revenues leveled for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities for received from the services of a services or facilities for received from disqualified persons. 6 Total, Add lines 1 through \$5	'	,						
sold or services performed, of scallies furnished in any activity that is resisted to the organization's becempt purpose. 3 Gross receipts from activities that are not an uncelled trace because survey section 51 and activities and	2							
trunished in any activity that a related to the organization's tax exempts purpose	_	'						
organization to become purpose Gross receipts from achildes that are not an unrelated trade or business under section \$13 . 4 Tax revenues looked for the organization is 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 . 7 a Amounts included on lines 2 and 3 received from disqualified persons . 8 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the amount on line 13 for the year charge and the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the second the greater of \$5,000 or 1% of the greater of \$5,000 or 1% of the second the greater of \$		·						
3 Gross receipts from architect bath are not an unrelated trade or business under section 513 . 4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7 a Amounts included on lines 1, 2, and 3 received from other than disqualified persons . 8 Amounts included on lines 1, 2, and 3 received from other than disqualified persons . 9 Amounts included on lines 1, 2 and 3 received from other than disqualified persons . 9 Public support. (Subtract line 7c from line 6) . 9 Public support. (Subtract line 7c from line 6) . 10 Add lines 7a and 7b . 10 Add lines 7a and 7b . 11 Add lines 7 and 7b . 12 Other income from infects, dividends, payments received on securities loans, rents, cryolise, and income from similar sources . 12 Other income. Do not include gain or loss section 511 taxes) from businesses acquired after June 30, 1975 . 13 Total support. (Add lines 9, 10c, 11, and 12) . 14 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)/3 organization, check this box and stop here. The organization qualifies as a publicly support percentage from 2021 Schedule A. Part III, line 17 . 15 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . 15 Years of the company of the company of the proparation of the company of the proparation of the public support percentage from 2021 Schedule A. Part III, line 17 . 16 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . 17 Not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . 10 by 31/3% support tests - 2021. If the organization did not check a box on line 14, and line 18 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organiza								
treatment trade or business under section 513. 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 1 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 1 The value of services or facilities furnished by a governmental unit to the organization without charge. 1 Total. Add lines 1 through 5. 2 Anounts included on lines 1, 2, and 3 received from disqualified persons. 3 Anounts 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 of the amount or line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of	2	· · · ·						
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organization without charge	J							
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received from disqualified persons		· · · · · · · · · · · · · · · · · · ·						
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or 1% of the amount on line 13 for the year c Add lines 7a and 7b								
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6	c	, r						
Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 6								
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6								
9 Amounts from line 6	Sec	tion B. Total Support						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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	9	Amounts from line 6						
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acquired after June 30, 1975	b	,						
c Add lines 10a and 10b		,						
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) Public support percentage from 2021 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part III, line 17. Investment income percentage from 2021 Schedule A, Part II		' ' <u>'</u>						
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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.)	11							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		·						
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(Explain in Part VI.)	12							
Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))		·						
and 12.)	12							
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	13							
organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	11	,	the organizati	on's first socon	d third fourth	or fifth tax vo	or as a soction	501(a)(3)
Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	14		ŭ	· ·		•		` ` ` ` _
Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 % Public support percentage from 2021 Schedule A, Part III, line 15	Sec							
Public support percentage from 2021 Schedule A, Part III, line 15				•	mn (f))		15	%
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))								
Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))							10	/0
18 Investment income percentage from 2021 Schedule A, Part III, line 17		•			13. column (f))		17	%
19a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
17 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly supported organization b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly supported organization								
b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	·Ja		-					
line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	h			_				
	D							
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part	Supporting Organizations (continued)			- 5 -
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
3001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	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.			
Sooti	on C. Type II Supporting Organizations	2		
ec ii	on C. Type ii Supporting Organizations		Vas	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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		
Secti	on D. All Type III Supporting Organizations			
	Did the constitution was ide to each of its commented array to the least day of the fifth wearth of the		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		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
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 governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b 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		
J.	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		i .

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
Se	ection 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		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization
	(see instructions).	=	• • • •	

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				

Schedule A (Form 990) 2022

5

Remainder. Subtract lines 4a and 4b from line 4.

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2023. Add lines 3j

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number Name of the organization WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 13-3041381 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

Employer identification number 13-3041381

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	SUSAN ALLENDER		Person X Payroll
	0AKWOOD, NJ 07438	\$330,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOAN KAHN 812 PARK AVENUE, APT 3B	\$\$28,750.	Person X Payroll Noncash
	NEW YORK, NY 10021		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MERCEDES IVCHER 19667 TURNBERRY WAY, APT. 25-GR AVENTURA, FL 33180	\$186,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN HAGEE 239 N LOOP 1604 W SAN ANTONIO, TX 78232	\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4(a) No.	239 N LOOP 1604 W	\$	Payroll Noncash (Complete Part II for
(a)	239 N LOOP 1604 W SAN ANTONIO, TX 78232 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	239 N LOOP 1604 W SAN ANTONIO, TX 78232 (b) Name, address, and ZIP + 4 LILLIAN TABACINIC 262 BAL BAY DRIVE	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

Employer identification number 13-3041381

art II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if additiona	I 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
		\$	

Page 4 Schedule B (Form 990) (2022)

Name of organization WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 13-3041381 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 13-3041381 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items:

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year. f Ending balance 1a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. C Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs. g End of year balance. p Fartive the explanation (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % c Term endowment % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the			IEN'S INTERNA						3041381	Page Z
collection items (check all that apply): a		<u> </u>						<u>'</u>		
a Public exhibition d Coher Other Ot	3			other reco	rds, checl	k any of th	e following	g that make sigr	nificant us	e of its
b Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pa XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes N Part IV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance c Beginning balance d Additions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 1 Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses. 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % 5 Permanent endowment % 1 Permanent endowment % 1 Permanent endowment % 1 Permanent endowment % 1 Permanent endowment % 1 Permanent endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Uncreated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. 2 Provide the estimated percentage of the current year end balance (l			oly):		_					
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assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		XIII.								
Part IV Escrow and Custodial Arrangements.	5	During the year, did the organization	on solicit or receive	donations of	of art, hist	orical treas	ures, or oth	er similar		
Part IV Escrow and Custodial Arrangements.		assets to be sold to raise funds rath	ner than to be mair	ntained as pa	art of the	organizatior	n's collectio	n?	Yes	No
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1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?					,	,	, ,			
included on Form 990, Part X?,	1a		tee, custodian or	other intern	nediary fo	or contribut	tions or otl	her assets not		
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Beginning of year balance		Complete if the organiza						n =-		
b Contributions			(a) Current year	(b) Prid	or year	(c) Two year	ars back (c	d) Three years back	(e) Four ye	ears back
c Net investment earnings, gains, and losses	1a	Beginning of year balance								
and losses	b	Contributions								
d Grants or scholarships	С	Net investment earnings, gains,								
e Other expenditures for facilities and programs		and losses								
e Other expenditures for facilities and programs	d	Grants or scholarships								
and programs	е	•								
g End of year balance		-								
g End of year balance	f	· -								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
a Board designated or quasi-endowment	_			r end halanc	e (line 1a	column (a)) held as:			
b Permanent endowment	– a				· · · · · · · · · · · · · · · · · · ·	, 00:0:::: (0)) 1101d do.			
Term endowment	b	Permanent endowment	%	-						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings. 122,134. 101,835. 20,299 c Leasehold improvements.			<u> </u>							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations listed as required on Schedule R?. (iv) Unrelated organizations. (iv) Related organizations. (iv) Schedule R?. (iv) Schedu			and 2c should equa	l 100%.						
organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) Tyes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings 122,134. 101,835. 20,299 c Leasehold improvements.	3a		-		ation that	are held ar	nd administ	ered for the		
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(ii) Related organizations		•							3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) (other) (other) (other) 1a Land (investment) (122,134. 101,835. 20,299) b Buildings (132,134. 101,835. 20,299)	h	• •								
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 a Land	_		J	•						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	_			-anon a BINC	vviiiGill IUI	iiuo.				
1a Land (investment) (other) depreciation b Buildings 122,134 101,835 20,299 c Leasehold improvements 122,134 101,835 20,299	Га	Complete if the organiz	ation answered "	Yes" on Fo	rm 990,	Part IV, line	e 11a. Se	e Form 990, Pa	rt X, line	10.
1a Land			(a) Cost	or other basis	(b) Cost	or other basis	(c) Accum	ulated (d		
b Buildings 122,134. 101,835. 20,299 c Leasehold improvements	4	Land	,	estment)	(0	otner)	deprecia	ation		
c Leasehold improvements	_				-	100 104	7.0-	0.25		
					1 -	⊥∠∠,⊥34.	101	,835.	20	,299.
d Equipment 272,340. 63,620. 208,720							-			
- : `		_ : :			1 2	272,340.	63	,620.	208	<u>,720.</u>
e Other						/= \ ··				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 229, 019	Tota	II. Add lines 1a through 1e. (Column	n (d) must equal Fo	rm 990, Part	X, colum	n (B), line 1	0c.)		229	,019.

Schedule D (Form 990) 2022

13-3041381

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11b. See Form 990	. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (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.
		scription	,	(b) Book value
(1)	.,	•		, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
		tion of liability		(b) Pook value
1. (1) Feder	al income taxes	non or nability		(b) Book value
	ai ilicome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) () () () () () () () () ()			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements tl	hat reports the

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-		
a	Net unrealized gains (losses) on investments			
a b	Donated services and use of facilities			
	Benated solviess and dee of identities [1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,			
C C	Recoveries of prior year grants			
d		2e		
е 3	Add lines 2a through 2d	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
+ a	Investment expenses not included on Form 990, Part VIII, line 7b4a			
a b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Part				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b	4c		
5 Port	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part \/	line 1: Part X line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation		
ODD.	GUIDDI EMENUAT. DAGE			
SEE	SUPPLEMENTAL PAGE			

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** 13-3041381 WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, of offices in expenditures for region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) MIDDLE EAST AND NORTH AFRICA GRANTMAKING 3,744,769. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15) (16)(17)Subtotal За 3,744,769. Total from continuation sheets to Part I

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

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2022

3,744,769.

1	Part IV, line 15, for any (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			MIDDLE EAST AND NORTH AF	SOCIAL WELFA	3,744,769.	WIRE TRNSFER			
(2)									
(3)									
(4)									
(5)									
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(15)									
(16)									
2 Ent	ter total number of recipient o empt 501(c)(3) organization by ter total number of other organ	the IRS, or for which	the grantee or counsel has	provided a sec	tion 501(c)(3) equi	valency letter	▶		1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

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) 2022

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).

SCHEDULE F, PART I, LINE 2

ALL FUNDING FOR WIZO PROJECTS IN ISRAEL IS REVIEWED AND APPROVED BY
THE FINANCIAL COMMITTEE AND THE BOARD OF DIRECTORS. PROJECT FUNDING
IS EARMARKED BASED ON DETAILED APPLICATIONS AND PROPOSALS. FUNDING IS
CAREFULLY TRACKED AND MONITORED BY PROJECT TO ENSURE EARMARKED FUNDS
ARE USED AS DESIGNATED.

SCHEDULE G (Form 990)

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.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number 13-3041381 WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	rt II	Fundraising Events. Complete than \$15,000 of fundraising events.	if the organization arent contributions and o		990, Part IV, line	
0	gross receipts greater than \$5,000		0. (a) Event #1 GALA (event type)	(b) Event #2 SPONSOR A CHILD (event type)	(c) Other events 8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	2,015,291.	1,255,240.	634,244.	3,904,775.
ď	2	Less: Contributions Gross income (line 1 minus	1,965,631.	1,079,850.	440,249.	3,485,730.
		Cook prime	49,660.	175,390.	193,995.	419,045.
		Cash prizes				
nses		Rent/facility costs	15,319.	67,473.		82,792
Direct Expenses	7	Food and beverages	39,595.	23,800.	11,944.	75,339
Direc	8	Entertainment	24,000.	37,900.		61,900
		Other direct expenses				
	10 11 rt		ine 10 from line 3, col anization answered "	umn (d)		116,725.
Revenue		\$10,000 OH1 OH11 330 EZ, IIII	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Exper		Noncash prizes				
Direct		Rent/facility costs				
		Other direct expenses Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a b	l	Enter the state(s) in which the orgsthe the organization licensed to conform f "No," explain:	duct gaming activities	ming activities: in each of these state		Yes No

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2022

No

10a

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2022 WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 13-3041381 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming? Yes No
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 13-3041381

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

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

A DRAFT FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE AND THE WIZO USA BOARD OF DIRECTORS. THE FORM 990 IS REVIEWED PRIOR TO ITS SUBMISSION TO THE IRS. QUESTIONS REGARDING INFORMATION IN THE FORM ARE ADDRESSED BY MANAGEMENT AND FORVIS.

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

THE 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 A

CONFLICT EXISTS.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED WITH A 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 DONE IN OCTOBER 2020.

FORM 990, PART VI, SECTION C, LINE 19

WIZO USA MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THEIR FINANCIAL STATEMENTS ARE AVAILABLE ON CHARITY NAVIGATOR OR UPON REQUEST.

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: -\$ 16

CHANGE IN BEGINNING NET ASSETS: -\$61,528

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 13-3041381

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

-\$61,544

TOTAL CHANGE IN NET ASSETS:

Name of the organization

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

13-3041381

FORM 990, PART III, LINE 1 - ORGANIZATION'S 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.

Name of the organization

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

13-3041381

Employer identification number

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

WIZO USA FUNDS WELFARE INSTITUTIONS IN ISRAEL INCLUDING: A. TWELVE DAY CARE CENTERS THAT SERVE CHILDREN WHOSE PARENTS MUST WORK LONG HOURS. WIZO DAY CARE CENTERS PROVIDE A SAFE HAVEN WHERE EVERY CHILD'S EMOTIONAL AND DEVELOPMENTAL NEEDS ARE MET. B. TWO SCHOOLS AND YOUTH VILLAGES, INCLUDING SEVEN DORMITORIES TO HOUSE AT-RISK YOUTH. FUNDS FOR THE YOUTH VILLAGES AND DORMITORIES ENABLE ALL CHILDREN ACCESS TO ACADEMIC AND VOCATIONAL PROGRAMMING. WIZO YOUTH VILLAGES ENSURE EVERY STUDENT HAS TOOLS TO EXCEL AND COMPETE IN A COMPLEX GLOBAL ENVIRONMENT. THE VILLAGES HELP STUDENTS REALIZE THEIR ACADEMIC AND SOCIAL POTENTIAL AND PROVIDE OPPORTUNITIES THAT WOULD OTHERWISE BE UNAVAILABLE. C. TWO SHELTERS FOR WOMEN AND THEIR CHILDREN THAT PROVIDE A SECRET AND SAFE RESIDENCE FOR FAMILIES ESCAPING DOMESTIC VIOLENCE. WOMEN LIVING IN WIZO SHELTERS ARE OFFERED VOCATIONAL TRAINING, THERAPIES, AND SKILL BUILDING WORKSHOPS TO PREPARE THEM FOR INDEPENDENT LIVING. D. A CENTER FOR THE PREVENTION OF VIOLENCE IN THE FAMILY. THE CENTER SERVES TO PREVENT THE CYCLE OF VIOLENCE IN THE FAMILY THROUGH INTERVENTION AND ONGOING THERAPEUTIC SUPPORT. THE CENTER PROVIDES THE ONLY MEN'S HOTLINE IN ISRAEL, ESTABLISHED TO PREVENT VIOLENT INCIDENCES. E. TWO COMMUNITY CENTERS PROVIDING MUCH NEEDED AFTER SCHOOL ACTIVITIES FOR NEIGHBORHOOD CHILDREN INCLUDING SPORTS, ACADEMIC TUTORING AND THERAPEUTIC PROGRAMMING SHELTER OPEN DURING COVID QUARANTINE FOR WOMEN AND THEIR CHILDREN FLEEING DANGEROUS PARTNERS. ACTIVITIES FOR NEIGHBORHOOD CHILDREN INCLUDING SPORTS, ACADEMIC TUTORING AND THERAPEUTIC PROGRAMMING. F. FOSTER HOMES -MISHPACHTON FAMILY UNIT: FOR STUDENTS THAT REQUIRE SPECIAL ASSISTANCE TO PROGRESS IN THEIR STUDIES AND PERSONAL ISSUES, PROVIDES A FOSTER HOME WHERE STUDENTS LIVE AS A COHESIVE FAMILY THROUGH THEIR HIGH SCHOOL. THE "PARENTS" OF THIS FAMILY ARE ACTUALLY TRAINED SOCIAL WORKERS WHO PROVIDE THE STRUCTURE, SUPERVISION, AND NURTURING.

Name of the organization

WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION

13-3041381

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

GRASSI AND CO. CPAS 50 JERICHO QUADRANGLE

JERICHO, NY 11753 ACCOUNTING 104,790.





1155 Avenue of the Americas, Suite 1200 | New York, NY 10036-2711 | 212.867.4000

Women's International Zionist Organization
Instructions for Filing
Form 8453-EO
CA e-file Return Authorization for Exempt Organizations
For the Year Ended December 31, 2022

The original Form 8453-EO should be signed (use full name) and dated by an authorized officer of the organization.

Please return the signed form on or before November 15, 2023 to:

FORVIS, LLP 1155 Avenue of the Americas #1200 New York NY 10036

> Or fax to: 212.867.9810 Attn: eFile Administration

Or email to: efileNewYorkCity@forvis.com

Your return will be filed electronically. You do not need to file any forms with the state of California.

There is no tax due with the filing of this return.

DO NOT separately file Form 199 with the state of California. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The state will notify us when your return is accepted. Your return is not considered filed until the state confirms their acceptance, which may occur after the due date of your return.





1155 Avenue of the Americas, Suite 1200 | New York, NY 10036-2711 | 212.867.4000

Women's International Zionist Organization
Instructions for Filing
Form RRF-1
California Annual Registration Renewal Fee Report
For the year ended December 31, 2022

The original return should be signed (use full name) and dated on page 1 by an authorized officer of the organization.

File the signed return by November 15, 2023 with:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

A check or money order payable to "Department of Justice" in the amount of \$400 should be attached to the return. Be sure to include the federal EIN and "2022 Form RRF-1" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

STATE OF CALIFORNIA

DEPARTMENT OF JUSTICE RRF-1 PAGE 1 of 5

(Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS:

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

www.bag.ca.gov/chanties						
WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION Check if:						_
Name of Organization	Change of address					
WIZO List all DBAs and names the organization uses or has	Amended report					
950 THIRD AVENUE Address (Number and Street)		State Charity Regis	tration Number069			_
NEW YORK NY 10022 City or Town, State and ZIP Code						-
(212)751-6461		Corporate or Org	anization No. 113	56 / 40		-
Telephone Number	E-mail Address	Federal Employer	ID No13-30	141381		_
ANNUAL REGISTRATIO	ON RENEWAL FEE SCHEDULE (11 Make Check Payable to De	•	•	1, and 312)		
Total Revenue Fee	Total Revenue	<u>Fee</u>	Total Revenue		<u>Fee</u>	_
Less than \$50,000 \$25 Between \$50,000 and \$100,000 \$50 Between \$100,001 and \$250,000 \$75	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 millio		Between \$20,000,00 Between \$100,000,0 Greater than \$500 mi	01 and \$500 million	\$800 \$1,000 \$1,200	
PART A - ACTIVITIES					, , , , , , , , , , , , , , , , , , , 	_
For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list: Total Revenue \$ (including noncash contributions) 8,135,442. Noncash Contributions \$ Total Assets \$ 15,207,881. Program Expenses \$ 3,744,769. Total Expenses \$ 6,142,409.						
PART B - STATEMENTS REGARDING ORGA	ANIZATION DURING THE PERIOD C	OF THIS REPORT				
Note: All questions must be answered. I providing an explanation and deta						_
During this reporting period, were there any of the state of the	· · ·			. У	res No	_
officer, director or trustee thereof, either direct	ctly or with an entity in which any such of	officer, director or truste	ee had any financial intere	est?	X	
2. During this reporting period, was there any the			aritable property or funds	;?	X	_
During this reporting period, were any organiz					X	_
During this reporting period, were the service coventurer used?	es of a commercial fundraiser, fundraising	g counsel for charitable	e purposes, or commercia	lk	Х	
5. During this reporting period, did the organizat	ion receive any governmental funding?				X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?						
7. Does the organization conduct a vehicle donation program?						
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?					ζ	
At the end of this reporting period, did the organization.	ganization hold restricted net assets, whil	e reporting negative ur	restricted net assets?		X	
I declare under penalty of perjury that I have		accompanying do	cuments, and to the b	est of my knowledç		_
belief, the content is true, correct and comp				 		
	LILLIAN TABACIN		ANCE CHAIR	11/15/2 	023	_
Signature of Authorized Agent	Printed Nam	ie	Title	Date		

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

2022	2 Annual Information Return			199
	r 2022 or fiscal year beginning (mm/dd/yyyy) 01/01/202	2 , and ending (mm/d		12/31/2022
·	organization name	m		poration number
	N'S INTERNATIONAL ZIONIST ORGANIZA ormation. See instructions.	71.TON	113674	1 U
			13-304	11381
Street address	s (suite or room)		10 00	PMB no.
	THIRD AVENUE	2803		
City			State	Zip code
NEW Foreign count		tota/aquaty	NY	10022 Foreign postal code
roreign count	y name Foleign province/si	tate/county		Foreign postal code
B Amended C IRC Sect D Final info Enter dat E Check ac F Federal re (4) X G Is this a g H Is this or	return Yes X	No J If exempt under R&TC Se engaged in political activitie K Is the organization exempt If "Yes," enter the gross re L Is the organization a limite M Did the organization file F taxable income? N Is the organization under an audited in a prior year?	ee instructions. ction 23701d, h es? See instruct under R&TC Sc ceipts from none d liability compa orm 100 or For udit by the IRS of	Yes X No as the organization tions. Yes X No ection 23701g? Yes X No member sources Any? Yes X No m 109 to report Yes X No or has the IRS Yes X No
Receipts	 mplete Part I unless not required to file this form. See Gen Gross sales or receipts from other sources. From Side 2, Part II, lii Gross dues and assessments from members and affiliates Gross contributions, gifts, grants, and similar amounts received. Total gross receipts for filing requirement test. Add line 1 throug 	ne 8		13,637,531.00 00 7,799,457.00
and Revenues	This line must be completed. If the result is less than \$50,000, 5 Cost of goods sold	NONE 0 13,301,546.0	0 7	21,436,988.00
	8 Total gross income. Subtract line 7 from line 4		8	8,135,442.00 6,142,409.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18.10 Excess of receipts over expenses and disbursements. Subtract line		9 10	1,993,033.00
	11 Total payments		11	00
	12 Use tax. See General Information K		12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 1	12 from line 11	● 13	00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11	from line 12	14	00
	15 Penalties and interest. See General Information J		15	00
Sign Here	16 Balance due. Add line 12 and line 15. Then subtract line 11 from Under penalties of perjury, I declare that I have examined this return, including true, correct, and complete. Declaration of preparer (other than taxpayer) is builties. Signature of officer	ng accompanying schedules and statem	ents, and to the er has any know	best of my knowledge and belief, it is
	Preparer's signature ► AARON SHAPIRO	Check if self- employed	► ☐ E	PTIN P01333816
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) FORVIS, LLP 1155 AVENUE OF THE AME	RICAS #1200	<u>∠</u> • 1	Firm's FEIN 14-0160260 Felephone
	NEW YORK, NY 10036		•	212-867-4000
	May the FTB discuss this return with the preparer shown above? See	instructions		• X Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations

raitii	regardless of amount of gross receipts -	complete Part II or furnish s	substitute information.	_		
	1 Gross sales or receipts from all busines	s activities. See instructions		• 1	NONE 00	
	2 Interest			• 2	00	
Receipts	3 Dividends			• 3	00	
from	4 Gross rents			• 4	00	
Other	5 Gross royalties			• 5	00	
Sources	6 Gross amount received from sale of ass	ets (See Instructions)		• 6	13,282,744.00	
	7 Other income. Attach schedule			• 7	354,787.00	
	8 Total gross sales or receipts from othe	r sources. Add line 1 through	h line 7.			
	Enter here and on Side 1, Part I, line 1				13,637,531.00	
	9 Contributions, gifts, grants, and similar				3,744,769.00	
	10 Disbursements to or for members				NONE 00	
	11 Compensation of officers, directors, an				369,859.00	
	12 Other salaries and wages				266,862.00	
Expenses	13 Interest				NONE 0 0	
and Disburse-	14 Taxes				89,959.00	
ments	15 Rents				103,390.00	
monto	16 Depreciation and depletion (See instruc				20,925.00	
	17 Other expenses and disbursements. At				1,546,645.00	
0.1	18 Total expenses and disbursements. Ac			<u> </u>	6,142,409.00	
Schedul	e L Balance Sheet	Beginning of	,		exable year	
Assets		(a)	(b) 7,603,014.	(c)	(d) • 6,602,364.	
	ccounts receivable		7,803,014. NONE		• 0,602,364. • NONE	
	otes receivable		932,211.		• 1,560,763.	
	tories		NONE		• 1,300,703. • NONE	
	ral and state government obligations		INOINE		• INOINE	
	tments in other bonds					
	tments in stock		5,265,280.		• 6,777,320.	
	gage loans		3,203,200.		• 0,777,520.	
	investments. Attach schedule					
	preciable assets	394,474.		394,474.		
	ss accumulated depreciation	144,530.	249,944.	165,455.		
					•	
	assets. Attach schedule	STMT 5	38,748.		• 38,415.	
13 Total	assets		14,089,197.		15,207,881.	
Liabilitie	s and net worth					
14 Acco	unts payable		59,988.		123,603.	
15 Contr	ibutions, gifts, or grants payable		NONE		• NONE	
16 Bond	s and notes payable		NONE		• NONE	
17 Morto	ages payable		NONE		• NONE	
18 Other	liabilities. Attach schedule	STMT 6	106,434.		84,995.	
19 Capit	al stock or principal fund				•	
20 Paid-	in or capital surplus. Attach reconciliation .				•	
	ned earnings or income fund		13,922,775.		• 14,999,283.	
	liabilities and net worth		14,089,197.		15,207,881.	
Schedul	e M-1 Reconciliation of income per bool					
	Do not complete this schedule if the			nan \$50,000		
	come per books			rded on books this year		
	al income tax			in this return. Attach schedule		
	3 Excess of capital losses over capital gains					
	Income not recorded on books this year. Attach schedule					
	schedule	• • • • •			•	
	ses recorded on books this year not			ine 7 and line 8		
	ted in this return. Attach schedule	-	10 Net income	•	1 002 022	
<u>o</u> 10tal.	Add line 1 through line 5	1,993	, USS. Subtract lin	e 9 from line 6	1,993,033.	

027 3652224 WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 13-3041381

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT

-----_____ _____

GRANTS PAID

SUITE 2803

NEW YORK, NY 10022

WIZO ISRAEL SOCIAL WELFARE AND EDUCATIONAL PROGRAM FUNDING 3,744,769.

950 THIRD AVENUE

TOTAL CONTRIBUTIONS PAID 3,744,769. ----- COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME TITLE COMPENSATION

RUTHY BENOLIEL CO-PRESIDENT

MIREILLE MANOCHERIAN CO-PRESIDENT

JANA FALIC HONORARY LIFE PRESIDENT

GAIL PERL HONORARY LIFE PRESIDENT

MERCEDES IVCHER FOUNDING PRESIDENT

EVELYN SOMMER FOUNDING PRESIDENT

MICHELE L. FINE TREASURER

YVETTE WOLDENBERG VICE PRESIDENT

BRENDA ABUAF VICE PRESIDENT

STEPHANIE ESQUANAZI VICE PRESIDENT

LISA OHEBSHALOM VICE PRESIDENT

ROSITA RETELNY VICE PRESIDENT

MIRA SOFER VICE PRESIDENT

MARCI WATERMAN VICE PRESIDENT

JUDIT GROISMAN PAST CO-PRESIDENT, ADVISOR

LILLIAN TABACINIC VP, FINANCIAL COMMITTEE CHAIR

2993SI V01B V22-7.7F 1181386 STATEMENT 2

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

GOLDA RETCHKIMAN WIZO CHAIRPERSON (FL) REGINA RAPHAEL WIZO CHAIRPERSON (CA) TALI DAMAGHI WIZO CHAIRPERSON (NY) RINAT NEWMAN CA REPRESENTATIVE (NON-VOTING) SUZANNE HARPER 91,300. REGIONAL EXECUTIVE DIRECTOR RACHEL GINGOLD 50,885. DIRECTOR 82,264. SUSAN HENKIN EXEC DIRECTOR (THROUGH 6/22) 145,410. LILACH OHAD EXECUTIVE DIRECTOR

TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES 369,859.

=========

2993SI V01B V22-7.7F 1181386 STATEMENT 3

PART II - OTHER EXPENSES

CREDIT CARD FEES MISCELLANEOUS EMPLOYEE BENEFITS LEGAL EXPENSES	83,464. 15,937. 42,291. 2,754.
ACCOUNTING EXPENSE	202,418.
OTHER FEES FOR SVCS	23,496.
ADVERTISING	43,440.
OFFICE EXPENSES	45,217.
INFO. TECHNOLOGY	81,434.
TRAVEL EXPENSES	2,396.
CONFERENCES	961,412.
INSURANCE	42,386.
TOTAL OTHER EXPENSE	1,546,645. ==========

SCHEDULE L - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSITS	15,000.	15,000.
TOTAL OTHER ASSETS	15,000.	15,000.

SCHEDULE L - OTHER LIABILITIES

CORPORATE NAME: WOMEN'S INT'L ZIONIST ORGANIZATION EIN OF BUSINESS: 13-3041381

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED REVENUE	106,434.	84,995.
TOTAL CORPORATION OTHER LIABILITIES	106,434.	84,995. =======
TOTAL OTHER LIABILITY	106,434. =========	 84,995. =======

TAXABLE Y		nia e-file Retu : Organizatior	rn Authorizations	on for		8453-EO
	nization name				Identifying nur	mber
WOMEN'	S INTERNATION	NAL ZIONIST OF	RGANIZATION		13-304	1381
		nation (whole dollars on				
1 Total gro	oss receipts (Form 199, line	4)	* * * * * * * * * * * * * * * * * * * *		x xxx 1 :	21,436,988
3 Total exp	penses and disbursements	(Form 199, line 9)			3 3 3	6,142,409.
		ctronically for Taxable				0,210,100
	ctronic funds withdrawal	825		Withdrawal date (r	nm/dd/yyyy)	
Part III	Banking Information (H	ave you verified the exe	mpt organization's bankin	g information?)		
5 Routing	number					
6 Account	number		7 Type of ac	count: Checkir	ng Sav	rings
	eclaration of Officer					
I authorize t the amount	he exempt organization's listed on line 4a.	account to be settled as de	esignated in Part II. If I check	Part II, box 4, I autho	orize an electro	onic funds withdrawal fo
exempt orga exempt orga provider. If t	anization's fee liability, the anization return and acco	exempt organization will mpanying schedules and	and that if the Franchise Tax remain liable for the fee liab statements be transmitted to refund is delayed, I authoroate	ility and all applicable the FTB by the FR	e interest and O, transmitter, use to the ERC	penalties. I authorize the
Part V C	eclaration of Electron	ic Return Originator (EF	RO) and Paid Preparer. See	e instructions.		
knowledge. (however, that transmitting followed all (years from the to the FTB u and accomp	(If I am only an intermedia it form FTB 8453-EO accui this return to the FTB; I had other requirements descril ne due date of the return of pon request. If I am also anying schedules and sta information of which I hav	ate service provider, I unde rately reflects the data on the ave provided the organizat bed in FTB Pub. 1345, 202 or four years from the date the paid preparer, under pot tements, and to the best of the tements.	turn and that the entries on firstand that I am not responsible return.) I have obtained the on officer with a copy of all file. Authorized the exempt organization return the exempt organization return in the exempt of perjury, I declare the file my knowledge and belief, if I Date	ble for reviewing the corganization officer's orms and information e-file Providers. I will I ro is filed, whichever it hat I have examined the core is the core i	exempt organi signature on f that I will file seep form FTB s later, and I w	zation's return. I declare orm FTB 8453-EO before with the FTB, and I have 8453-EO on file for four rill make a copy available mpt organization's return the state of the stat
ERO	ERO's- signature		Ĭi.	also paid preparer	if self- employed	
Must Sign	Firm's name (or yours if self-employed)				Firm's FEIN	N
	and address				L.	ZIP code
Under penalt my knowledg Paid Preparer Must Sign	ies of perjury, I declare the e and belief, they are true, Paid preparer's signature Firm's name (or yours if self-employed) and address	FORVIS, LLP	ove organization's return and ake this declaration based on Date 11/13/20	23 Check if self-employed Firm's FO 44-	Paid prepare P0133 EIN 0160260 ZIP code	rledge. er's PTIN 3816
		TIEN TOTAL		NY	1003	U