EXTENDED TO MAY 15, 2019

Internal Revenue Service

Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ 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

<u>A F</u>	or the	2017 calendar year, or tax year beginning $$ JUL $1,$ 2017 $$ and ending	g <u>J</u> UN 30,	2018											
	heck if pplicable	C Name of organization	D Employer	identific	cation number										
X	Addres	NATIONAL COUNCIL OF JEWISH WOMEN, INC.													
	Name change	no tu		13-1	641076										
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)													
	□Final return/	2055 L STREET NW 650		202-	296-2588										
	termin- ated		G Gross receipts	G Gross receipts \$ 7,370,801.											
	Amend return	WASHINGTON, DC 20030	H(a) Is this a	group re											
	Application pendin		for subo		—										
		SAME AS C ABOVE			cluded? Yes No										
		empt status: X 501(c)(3)			list. (see instructions)										
		e: WWW.NCJW.ORG	H(c) Group e												
K F	orm of	organization: X Corporation	Year of formation: 1	949 N	1 State of legal domicile: NY										
	_	Briefly describe the organization's mission or most significant activities: NCJW IS	A GRASSRO	איים (DRG OF										
Se		VOLUNTEERS AND ADVOCATES WHO TURN PROGRESSIV													
ш		Check this box if the organization discontinued its operations or disposed of													
Activities & Governance	ı	Number of voting members of the governing body (Part VI, line 1a)													
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			20 20										
<u>დ</u>		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		··· ⊢	36										
itie		Total number of volunteers (estimate if necessary)			50										
cţi		Total unrelated business revenue from Part VIII, column (C), line 12			4,985.										
		Net unrelated business taxable income from Form 990-T, line 34		- 1 1	0.										
			Prior Year	_	Current Year										
Φ	8 (Contributions and grants (Part VIII, line 1h)	4,016,		4,291,621.										
eun	l .	Program service revenue (Part VIII, line 2g)	351,		0.										
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			3,063,247.										
_	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- 161	859.	15,933.										
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			7,370,801.										
	l .	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	118,386.										
		Benefits paid to or for members (Part IX, column (A), line 4)	2,393,	1	2,338,345.										
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		300.	52,100.										
Expenses	l loa i	Total fundraising expenses (Part IX, column (D), line 25) 491,681.	34,	500.	32,100.										
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,384,	300.	1,859,734.										
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,011,		4,368,565.										
	19	Revenue less expenses. Subtract line 18 from line 12	153,		3,002,236.										
or		•	Beginning of Curre		End of Year										
sets	20	Total assets (Part X, line 16)	17,964,	377.	19,109,103.										
Net Assets or	21	Total liabilities (Part X, line 26)	797,		628,268.										
<u>E</u>	22	Net assets or fund balances. Subtract line 21 from line 20	17,166,	930.	18,480,835.										
	art II	Signature Block													
		lties of perjury, I declare that I have examined this return, including accomplishing accomplishing accomplishing			knowledge and belief, it is										
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowled	lge.											
۵.		Signature of officer Certified Public Accountants	I Date												
Sigi	- 1	NANCY K. KAUFMAN, CEO Citton, NJ 07013-2483	Date												
Her	e	Type or print name and title													
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN										
Paid		MARQUS WHITE MARQUS WHITE	05/13/19												
	1	Firm's name SAX LLP		SEIN >	81-2950760										
-	Only	Firm's address 855 VALLEY ROAD		, E111											
	,	CLIFTON, NJ 07013	Phone	e no.97	3-472-6250										
May	the IF	S discuss this return with the preparer shown above? (see instructions)	1		X Yes No										

Part	Ш	Sta	tement	of Pro	gram S	ervice	Accomp	lishme	ents

I a	Tim Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	INSPIRED BY JEWISH VALUES, THE NATIONAL COUNCIL OF JEWISH WOMEN IS A
	GRASSROOTS ORGANIZATION OF VOLUNTEERS AND ADVOCATES WHO STRIVE FOR
	SOCIAL JUSTICE BY IMPROVING THE QUALITY OF LIFE FOR WOMEN, CHILDREN
	AND FAMILIES, AND BY SAFEGUARDING INDIVIDUAL RIGHTS AND FREEDOMS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$1, 381, 809 •including grants of \$) (Revenue \$)
··u	SERVICE TO SECTIONS AND MEMBERS
	NCJW PROVIDES EXTENSIVE RESOURCES, TRAINING, AND TECHNICAL ASSISTANCE
	TO ITS SECTIONS (CHAPTERS) AND MEMBERS, SUPPORTING ADVOCACY, EDUCATION,
	AND SERVICE PROJECTS THAT ADDRESS THE NEEDS OF WOMEN, CHILDREN AND
	FAMILIES IN THEIR COMMUNITIES.
	NCJW'S STATE POLICY ADVOCACY (SPA) NETWORK OF VOLUNTEER LEADERS
	REPRESENTS NCJW IN 20 STATE CAPITALS. SPA SPEAK OUT ON ISSUES, SIT ON
	COALITIONS, AND EDUCATE AND MO
	4 005 604
4b	(Code:) (Expenses \$1, 205, 601. including grants of \$24,000.) (Revenue \$)
	DOMESTIC PROGRAMS
	NOTH MAKES ASMION ON A WIDE WADIEMS OF LOCAL SMAME AND REDEDAL
	NCJW TAKES ACTION ON A WIDE VARIETY OF LOCAL, STATE, AND FEDERAL ISSUES. WE TRAIN WOMEN TO ADVOCATE AND ORGANIZE THEIR COLLECTIVE POWERS
	TO BE HEARD ON THE ISSUES THAT AFFECT THEM AND THEIR FAMILIES.
	NCJW'S CURRENT PRIORITIES INCLUDE REPRODUCTIVE JUSTICE; AND EXODUS:
	NCJW'S ANTI-SEX TRAFFICKING INITIATIVE; AND BENCHMARK: NCJW'S JUDICIAL
	NOMINATIONS PROJECT. NCJW CONTINUES TO SUPPORT OTHER INITIATIVES ON
	IMMIGRATION REFORM, AFFORDABLE HEALTHCARE, VOTING RIGHTS, LGBTQ
	EQUALITY, WORK FAIRNESS, GUN VIOLENCE PREVENTION, AND VIOLENCE AGAINST
	WOMEN, AMONG OTHERS.
4c	(Code:) (Expenses \$
	INTERNATIONAL PROGRAMS
	NCJW HAS BEEN A LEADER IN ITS SUPPORT OF ISRAEL FOR OVER 60 YEARS,
	ADDRESSING CHALLENGES THAT INCLUDE CIVIL MARRIAGE, GENDER AND LGBTQ
	EQUALITY AND SEX TRAFFICKING AMONG OTHERS. EFFORTS INCLUDE ADVOCACY,
	COALITION BUILDING AND PROGRAMS, SUCH AS THE NCJW RESEARCH INSTITUTE
	FOR INNOVATION IN EDUCATION (RIFIE), AT HEBREW UNIVERSITY AND THE NCJW
	WOMEN AND GENDER STUDIES PROGRAM AT TEL AVIV UNIVERSITY. NCJW'S ISRAEL
	GRANTING PROGRAM AND EMERGENCY FUNDS SUPPORT WOMEN EMPOWERMENT AND SOCIAL AND ECONOMIC WELL-BEING FOR ALL WOMEN, CHILDREN AND FAMILIES.
	SOCIAL VAN ECONOMIC METH-DETING LOW WITH MOMEN' CUITINGEN WAN LAWITIES.
	Other program services (Describe in Schedule O.)
4u	(Expenses \$ including grants of \$) (Revenue \$)
<u></u>	Total program service expenses ► 3,015,385.
	Form 990 (2017)

			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?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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 Revenue Procedure 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		I	
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		\ 	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	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,"			37
	complete Schedule G. Part III	19	000	X

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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?			,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) NATIONAL COUNCIL OF JEWISH WOMEN, INC. 13-1641076 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
			,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?			1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2.0			
	filed for the calendar year ending with or within the year covered by this return	2a	36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		_X_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		_	77	
				3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	4		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	:)?	4a		
D	If "Yes," enter the name of the foreign country:	2001101				
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		` ′ ′	Eo.		X
b b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			<u>5a</u> 5b		X
				5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
-	any contributions that were not tax deductible as charitable contributions?	-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	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 ser	vices pr	ovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ired			
	to file Form 8282?			7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		_ <u>X</u> _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	1	_		
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			00		
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	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	401-				
_	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand 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 in Schedule			14b		
	, provide an explanation in Schedule	<i>,</i> <u> </u>			990	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 22
7a		7-		Х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b		_		х
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N
40-	Did the constitution have been been been been as of the constitution.	40-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406	х	
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12b		
С		400	Х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4=	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	<u> </u>	T.T.	TAT
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, CO, DC, FL			TIN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	allable	•	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MARANDA JONES-ANDERSON - 202-296-2588			
	2055 L STREET NW, NO. 650, WASHINGTON, DC 20036			

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

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

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

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

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

California Cal	Check this box if neither the organization	on nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
Name and fitte	(A)	(B)							(D)	(E)	(F)
Note Procession Note Procession Note Procession Note Not	Name and Title	Average	(do					nne	Reportable	Reportable	Estimated
Very serious for related organizations below line) Fig. Fig		hours per	box	, unles	ss per	son i	s both	an	compensation	· ·	amount of
10 Debbie Hoffmann				Jer an	ia a ai	a director/truste		iee)			
10 Debbie Hoffmann		1 ' '	irecto								!
10 Debbie Hoffmann			eord	tee			sated			(88-2/1099-181130)	
10 Debbie Hoffmann			truste	al trus		yee	m per		(** 2/ 1000 1/1100)		"
10 Debbie Hoffmann		"	idual	ution	ie i	oldma	est co oyee	er			
MMEDIATE PAST PRESIDENT		line)	Indiv	Instit	Offic	Key e	High empl	Form			
RESIDENT	(1) DEBBIE HOFFMANN	40.00									
PRESIDENT	IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
TREASURER	(2) BEATRICE KAHN	5.00									
TREASURER	PRESIDENT		Х						0.	0.	0.
(4) SHARON LIPTON	(3) SUE TILIS	5.00									
VICE PRESIDENT	TREASURER		Х						0.	0.	0.
SECRETARY		5.00								_	_
SECRETARY			Х						0.	0.	0.
(6) RABBI LORI KOFFMAN		5.00									
VICE PRESIDENT			X						0.	0.	0.
The president		5.00									
VICE PRESIDENT		1	Х						0.	0.	0.
S	, , ,	15.00									
BOARD MEMBER			X						0.	0.	0.
SOURCE S		5.00									
BOARD MEMBER		 	Х						0.	0.	0.
CLAIRE LIPSCHULTZ		5.00									
BOARD MEMBER			Х						0.	0.	0.
Column C		5.00									
BOARD MEMBER		F 00	X						0.	0.	0.
Source S		5.00	3,7							_	_
BOARD MEMBER		F 00	X						0.	0.	<u> </u>
ASSISTANT TREASURER		5.00	v							_	_
ASSISTANT TREASURER (14) CHERYL LORRAINE BERENSON BOARD MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. 0.		F 00	Λ						0.	0.	· ·
Color Colo		3.00	v						_	0	_
BOARD MEMBER X 0. 0. 0. (15) LISA CRAWFORD 5.00 0. <		5 00	Λ						0.	0.	· ·
(15) LISA CRAWFORD		3.00	v						<u> </u>	0	<u> </u>
BOARD MEMBER X 0. 0. 0. (16) DANA S. GERSHON 5.00 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. (17) LAUREN RIESE GARFUNKEL 5.00 0. 0. 0. 0.		5 00							0.	0.	-
(16) DANA S. GERSHON BOARD MEMBER X 0. 0. 0.		3.00	x						0.	0.	0.
BOARD MEMBER X 0. 0. 0. (17) LAUREN RIESE GARFUNKEL 5.00		5.00								.	<u>`</u>
(17) LAUREN RIESE GARFUNKEL 5.00			х						0.	0.	0.
		5.00									
			Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do		Posi		<mark>າ</mark> than d	one	Reportable	Reportable		Es	stimate	∍d
	hours per	box	. unle:	ss per	rson i	s both	n an	compensation	compensatio	n	an	nount	of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	- 1		other	
	(list any hours for	recto						the	organizations			pensa	
	related	or di	ee.			sated		organization	(W-2/1099-MIS	() (rom th	
	organizations	rustee	trust		ee ee	n pen		(W-2/1099-MISC)				janizat d relat	
	below	dual t	rtiona	_	nploy	st cor	-					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.9.		00
(18) LYNNE JACOBS	5.00												
BOARD MEMBER		Х						0.		0.			0.
(19) JULIE MATLOF KENNEDY	5.00												
BOARD MEMBER		Х						0.		0.			0.
(20) STEPHANIE RODGERS	5.00												
BOARD MEMBER		Х						0.		0.			0.
(21) ROSEAN K. SCHMIDT	5.00												
BOARD MEMBER		Х						0.		0.			0.
(22) SUSAN SPIERS	5.00												•
BOARD MEMBER	40.00	Х						0.		0.			0.
(23) NANCY KAUFMAN	40.00							0.50 54 =			_		
CEO	40.00			Х				262,617.		0.	1	3,7	94.
(24) ANGELO FEDERICO	40.00							4.5 0.44			_	- 0	
FORMER CFO	40.00			Х				145,044.		0.	3	7,0	76.
(25) JODY RABHAN	40.00					l		110 004			_		4.0
DIR., WASHINGTON OPS.	40.00					Х		119,004.		0.	1	2,8	<u> 13.</u>
(26) SAMANTHA POHL	40.00							100 655				4 2	2.0
ACTING DIRECTOR OF DEVEL.						X		103,657.		0.		1,3	
1b Sub-total								630,322.		0.	/	5,0	
c Total from continuation sheets to Part VI								113,754.		0.	-		<u>60.</u>
d Total (add lines 1b and 1c)								744,076.		0.	/	5,2	<u>/3.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable)			5
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tru	ictor	a ka	v om	anla		or h	nighest compensated er	mplovee on	1		103	110
line 1a? If "Yes," complete Schedule J for si	•			•	•	•		•			3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•							•	•		4	х	
5 Did any person listed on line 1a receive or a													
									5		х		
Section B. Independent Contractors				 , .									
Complete this table for your five highest contains	mpensated inc	lepe	nder	nt cc	ontra	actor	rs th	at received more than \$	3100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	<u>ndi</u> r	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(Δ)							T	(B)			10	<u>.,</u>	

(A) Name and business address	(B) Description of services	(C) Compensation
FANI MAGNUS MONSON 216 CLARKEN DR, WEST ORANGE, NJ 07052	CONSULTING	155,500.

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 NATIONAL	COUNCIL	, C)F	JE	WI	SH	. W	OMEN,	INC.	13-164	1076
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, a	nd F	ligh	est (Compensat	ed Employ	ees (continued)	
(A)	(B)				C)				D)	(E)	(F)
Name and title	Average				ition	1		1	rtable	Reportable	Estimated
	hours	(cl	heck	all '	that	арр	ly)		nsation	compensation	amount of
	per							fro	om	from related	other
	week	١.				yee			ne	organizations	compensation
	(list any	ecto				Jd we			ization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/109	99-MISC)		organization
	related	Individual trustee or director	Institutional trustee		9 0	Highest compensated employee					and related
	organizations below	ual tr	tional		Key employee	tcom	_				organizations
	line)	divid	stitu	Officer	ey en	ighes	Former				
(07) MANDA LANG	40.00		=	0	~	Ξ.	Œ				
(27) AMANDA LANG	40.00					٦,		1 11	2 7 5 4		260
DIRECTOR OF MARKETING & COMMUNICATIO						X		11.	3,754.	0.	260
		ł									
		<u> </u>	<u> </u>								
			\vdash								
		1									
		-	\vdash								
		1									
		-	\vdash			-					
			<u> </u>	_		_					
			_	_		_					
Total to Part VII, Section A, line 1c			<u>.</u>		<u>.</u>			11	3,754.		260

		Check if Schedule O cont	aine a reenonee	or note to any line	in this Dart VIII			
		Check ii Scheddie O cont	airis a response	or note to any line	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenué excluded
						exempt function	business	from tax under sections
						revenue	revenue	512 - 514
nts tts		Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	293,965.				
	С	Fundraising events	1c					
	d	Related organizations	1d					
s, C	е	Government grants (contributi	ions) 1e					
io Si	f	All other contributions, gifts, gran	ts, and					
bel		similar amounts not included above		3,997,656.				
ള	а	Noncash contributions included in lines						
Sor	_	Total. Add lines 1a-1f			4,291,621.			
		101011710101110011111111111111111111111		Business Code	, ,			
•	2 a			Buomedo Gode				
je								
er, ne	b							
n S	C	-						
gra Re	d							
Program Service Revenue	e							
ъ.		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			422 072			422 072
		other similar amounts)			432,973.			432,973.
	4	Income from investment of tax		Г				
	5	Royalties			10,647.			10,647.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,630,274.					
	b	Less: cost or other basis						
		and sales expenses	0.					
	c	Gain or (loss)						
		Net gain or (loss)			2,630,274.			2,630,274.
		Gross income from fundraising			, ,			, ,
ıne	o u	including \$	`					
Other Revenu		contributions reported on line						
Re		Part IV, line 18						
her	h	Less: direct expenses						
ŏ		: Net income or (loss) from fund						
		Gross income from gaming ac						
	эa							
	1-	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		·····				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		$\overline{}$				
	С	Net income or (loss) from sale						
		Miscellaneous Revenue	e	Business Code	E 000	201	4 005	
		MISCELLANEOUS REVENUE		900099	5,286.	301.	4,985.	
	b			<u> </u>				
	С							
		All other revenue						
		Total. Add lines 11a-11d		▶	5,286.			
	12	Total revenue See instructions		N	7 370 801.	301.	4 985.	3 073 894.

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX						
Do	Constituted amounts reported as lines Ch. (A) (B) (C) (D)						
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations	0.4.000	0.4.000				
	and domestic governments. See Part IV, line 21	24,000.	24,000.				
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign	94,386.	94,386.				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	74,500.	J4,500•				
5	Compensation of current officers, directors,						
J	trustees, and key employees	427,164.	253,309.	88,422.	85,433.		
6	Compensation not included above, to disqualified	,	,	,			
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	1,595,776.	1,262,896.	119,001.	213,879.		
8	Pension plan accruals and contributions (include	_					
	section 401(k) and 403(b) employer contributions)	20,328.	14,806.	978. 13,420.	4,544. 34,439.		
9	Other employee benefits	157,918.	110,059.	13,420.	34,439.		
10	Payroll taxes	137,159.	104,980.	16,381.	15,798.		
11	Fees for services (non-employees):						
a	Management						
b	Legal						
	Accounting						
	Lobbying Professional fundraising services. See Part IV, line 17	52,100.			52,100.		
f	Investment management fees	88,913.		88,913.	32,2331		
g		•		,			
	column (A) amount, list line 11g expenses on Sch O.)	567,712. 121,392.	286,564.	261,317.	19,831. 16,463.		
12	Advertising and promotion	121,392.	103,564.	1,365.	16,463.		
13	Office expenses						
14	Information technology						
15	Royalties	251 652	265 706	66 624	10 212		
16	Occupancy	351,652. 146,796.	265,706. 112,572.	66,634. 32,052.	19,312. 2,172.		
17 18	Travel Payments of travel or entertainment expenses	140,790.	112,312•	32,032•	2,112.		
10	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	18,072.	18,072.				
23	Insurance	35,947.	3,750.	32,197.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)						
а	LIFE MEMBERSHIP REIMBUR	169,296.	169,296.				
b	MISCELLANEOUS	97,702.	95,254.	2,365.	83.		
c	POSTAGE	69,926.	42,983.	25,817.	1,126.		
d	TELEPHONE	47,098.	15,529.	31,569.	0.		
е	All other expenses	145,228.	37,659.	81,068.	26,501.		
25	Total functional expenses. Add lines 1 through 24e	4,368,565.	3,015,385.	861,499.	491,681.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (0047)		

Pai	LA	balance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			11,752.	1	5,400.
	2	Savings and temporary cash investments	1,059,087.	2	1,350,152.		
	3	Pledges and grants receivable, net	100,319.	3	105,622.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L		-		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		· 1			
S		employees' beneficiary organizations (see instr).		* * * * * * * * * * * * * * * * * * * *		6	
Assets	7	Notes and loans receivable, net		Г		7	
As	8	Inventories for sale or use				8	
	9	B			180,147.	9	293,964.
	10a	Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D	10a	565,968.			
	b	Less: accumulated depreciation	10b	553,981.	18,642.	10c	11,987.
	11	Investments - publicly traded securities		·	15,052,945.	11	13,358,309.
	12	Investments - other securities. See Part IV, line			1,092,213.	12	3,521,239.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		449,272.	15	462,430.	
	16	Total assets. Add lines 1 through 15 (must equ		17,964,377.	16	19,109,103.	
	17	Accounts payable and accrued expenses			680,573.	17	543,504.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
iţie		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D			116,874.	25	84,764. 628,268.
	26	Total liabilities. Add lines 17 through 25			797,447.	26	628,268.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
S		complete lines 27 through 29, and lines 33 and	ıd 34.				
ű	27	Unrestricted net assets	5,909,384.	27	6,987,174.		
ala	28	Temporarily restricted net assets		5,737,870.	28	5,954,827.	
Θ E	29	Permanently restricted net assets		<u></u> .	5,519,676.	29	5,538,834.
필		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲			
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\SS(31	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
et /	32	Retained earnings, endowment, accumulated in			1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	32	10 10 00 00
Ž	33	Total net assets or fund balances			17,166,930.	33	18,480,835.
	34	Total liabilities and net assets/fund balances .			17,964,377.	34	19,109,103.

19,109,103. Form **990** (2017)

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2017)

За

X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Nam	e of t	the organization						Employer	r identification number
		NATI	ONAL COUNC	IL OF JEWISH	WOME	N, INC	C.		3-1641076
Pai	τl	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions	3.	
The o	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of ch	urches, or association	on of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-	ntial part of its support for	rom a gove	ernmental	unit or from th	ne general _l	public described in
		section 170(b)(1)(A)(vi). (C	•						
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
40		university:							
10		An organization that norma							
		activities related to its exen	•						-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	rea by the org	janization a	arter June 30, 1975.
11		See section 509(a)(2). (Con An organization organized a	•	ivaly to toot for public as	foty Coo	cootion E(20(0)(4)		
12		An organization organized a	•	•	•			rny out the	nurnoses of one or
12		more publicly supported or	•	•	-			-	
		lines 12a through 12d that	~						SHOOK THE BOX III
а		Type I. A supporting orga	* *			-		-	aivina
u		the supported organization	•	·	•	_			
		organization. You must o							
b		Type II. A supporting org			tion with it	s supporte	ed organizatio	n(s), by hav	/ina
		control or management o	· ·				-		-
		organization(s). You mus			•				
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppor	rted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
<u>g</u>		vide the following information i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f manatan;	(vi) Amount of other
	,	organization	(II) EIN	(described on lines 1-10	in your govern	ing document?	support (see in	•	support (see instructions)
		019411241011		above (see instructions))	Yes	No	Capport (CCC II	1011 401101107	
					-	-			
					 	 			
_							 		

Schedule A (Form 990 or 990-EZ) 2017 NATIONAL COUNCIL OF JEWISH WOMEN, INC. 13-1641076 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (a) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3611965. 4016446. 4294621.19165354. include any "unusual grants.") 3580583. 3661739. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4294621.19165354. 3580583. 3661739. 3611965. 4016446. 4 Total. Add lines 1 through 3 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) 830,199. 18335155. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(e)** 2017 Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (f) Total 3611965 4016446. 4294621.19165354. 3580583. 3661739. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 536,697. 431,901. 443,620. 419,824. 642,987. 2475029. and income from similar sources 9 Net income from unrelated business activities, whether or not the 2,170. 4,532. 5,183. 4,985. 16,870. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 5,420. 343. 310. assets (Explain in Part VI.) 6,073. 21663326. 11 Total support. Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 1,157,238. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 84.64 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 84.87 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨 📗	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
					+	
4 Tax revenues levied for the organization's bonefit and either paid to						
ization's benefit and either paid to						
or expended on its behalf					+	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in) 🕨 📙	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization's	s first, second, thir	d. fourth. or fifth ta	x vear as a section	n 501(c)(3) organiza	ation.
check this box and stop here	· ·			•		· . —
Section C. Computation of Public						,
15 Public support percentage for 2017 (lin	e 8, column (f) di	vided by line 13, c	olumn (f))		15	
16 Public support percentage from 2016 S	schedule A, Part	III, line 15			16	
Section D. Computation of Invest						
17 Investment income percentage for 201			ne 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2017. If the o					33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2016. If the o						
line 18 is not more than 33 1/3%, check						
20 Private foundation. If the organization						
	OI IOON a	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~, J. 100, OHOOK H	22/ 4/14 000 111		· · · · · · · · · · · · · · · · · · ·

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	14		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
•	10b 90 or 99	0 EZ	2017
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	dule A (Form 990 or 990-EZ) 2017 NATIONAL COUNCIL OF JEWISH WOMEN, INC. 13-16	<u>41076</u>	Pa	age 5
Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Щ.
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		—
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	I		_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	I		·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructione)		
2	Activities Test. Answer (a) and (b) below.	uctions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If IIVos II describe in Part VI the vale placed by the expenientian in this record	3h		

Schedule A (Form 990 or 990-EZ) 2017 NATIONAL COUNCIL OF JEWISH WOMEN, INC. 13-1641076 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

		orm 990 or 990-EZ) 2017 NATIONAL COUNC			3-1641076	Page 7
Pai	t V T	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	T	
Sect	ion D - D	istributions			Current Yea	ar
1	Amount	s paid to supported organizations to accomplish exer	mpt purposes			
2	Amount					
	organiza	ations, in excess of income from activity				
3	Adminis	trative expenses paid to accomplish exempt purpose	s of supported organizations	8		
4	Amount	s paid to acquire exempt-use assets				
5	Qualified	d set-aside amounts (prior IRS approval required)				
6	Other di	stributions (describe in Part VI). See instructions.				
7	Total ar	nual distributions. Add lines 1 through 6.				
8	Distribut	tions to attentive supported organizations to which th	e organization is responsive			
	(provide	details in Part VI). See instructions.				
9	Distribut	table amount for 2017 from Section C, line 6				
10	Line 8 a	mount divided by line 9 amount				
Sect	ion E - D	istribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributab Amount for 2	
1	Distribut	table amount for 2017 from Section C, line 6				
2	Underdi	stributions, if any, for years prior to 2017 (reason-				
	able cau	se required- explain in Part VI). See instructions.				
3	Excess	distributions carryover, if any, to 2017				
а						
b	From 20	13				
С	From 20	14				
d	From 20	15				
е	From 20	16				
f	Total of	lines 3a through e				
g	Applied	to underdistributions of prior years				
h	Applied	to 2017 distributable amount				
i	Carryov	er from 2012 not applied (see instructions)				
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distribut	tions for 2017 from Section D,				
	line 7:	\$				
а	Applied	to underdistributions of prior years				
b	Applied	to 2017 distributable amount				
С	Remaind	der. Subtract lines 4a and 4b from 4.				
5	Remaini	ng underdistributions for years prior to 2017, if				
	any. Sub	otract lines 3g and 4a from line 2. For result greater				
	than zer	o, explain in Part VI. See instructions.				
6	Remaini	ng underdistributions for 2017. Subtract lines 3h				
	and 4b f	rom line 1. For result greater than zero, explain in				
	Part VI.	See instructions.				
7	Excess	distributions carryover to 2018. Add lines 3j				
	and 4c.					
8	Breakdo	wn of line 7:				
а	Excess 1	from 2013				
b	Excess 1	from 2014				
С	Excess 1	from 2015				
٨	Evene	from 2016				

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990)-EZ) 2017	NATI	ONAL	COUNCII	OF	JEWISH	WOMEN,	INC.	13-1641076	Page 8
Part VI	Supplement	al Inforr	nation.	Provide	the explanation	ns requ	ired by Part II	, line 10; Part	II, line 17a or	17b; Part III, line 12;	
	Part IV. Section	A. lines 1.	2. 3b. 3c.	. 4b. 4c.	5a. 6. 9a. 9b. 9	9c. 11a.	11b. and 11c	: Part IV. Sect	ion B. lines 1	and 2; Part IV, Section /, Section B, line 1e; Pa	n C, art V
	Section D, lines	5, 6, and 8	3; and Par	t V, Sec	tion E, lines 2,	5, and 6	3. Also comple	ete this part fo	r any additio	nal information.	art v,
	(See instructions	s.)									
-											

Schedule B (Form 990, 990-EZ.

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

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

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

INC.

NATIONAL COUNCIL OF JEWISH WOMEN

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

13-1641076

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

NATIONAL COUNCIL OF JEWISH WOMEN, INC.

13-1641076

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OPEN SOCIETY FOUNDATION 400 WEST 59TH STREET FLOOR 4 NEW YORK, NY 10019-8023	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEBORAH J. SIMON 950 LAURELWOOD CARMEL, IN 46032	\$300,000.	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
3	ESTATE OF HANNAH KRUMHOLZ 10300 SW 72ND STREET, SUITE 160 MIAMI, FL 33173	\$ <u>260,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 ESTATE OF ROSE L. SHURE 233 SOUTH WACKER DRIVE SUITE 800 CHICAGO, IL 60606	\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MANDEL FOUNDATION 1063 NORTH OCEAN BOULEVARD PALM BEACH, FL 33480	\$125,000 .	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NATIONAL COUNCIL OF JEWISH WOMEN, INC.

13-1641076

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

	NAL COUNCIL OF JEWISH WO	MEN, INC.	13-1641076		
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations r less for the year. (Enter this info. once.)		
	Use duplicate copies of Part III if additiona	al space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			_		
		(e) Transfer of gif	l ft		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) N a					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	er of gift		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ft		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ft		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

	(see separate instructions), then				
	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.		E	nployer identification number
IVAII	•	L COUNCIL OF JEWI	си момем т		13-1641076
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c)	or is a section 527	
	e in the org	amzation is exempt and		01 10 4 00001011 021	organization.
	5			D	
	Provide a description of the organiz	·			
	Political campaign activity expendit				* \$
3	Volunteer hours for political campai	gn activities			
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise tax	•		•	> \$
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt unde	r section 501(c),	except section 50	I(c)(3).
1	Enter the amount directly expended	by the filing organization for sect	tion 527 exempt funct	ion activities	> \$
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ection 527	
	exempt function activities)	> \$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,		
	line 17b)	> \$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and em	nployer identification number (EIN) of all section 527 po	litical organizations to wh	nich the filing organization
	made payments. For each organization	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also enter	the amount of political
	contributions received that were pro			•	rate segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	de information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	contributions received and

Schedule C (Form 990 or 990-EZ) 2017	NATTONAL CO	UNCIL OF JEV	WISH WOMEN.	TNC. 13-1	641076 Page 2
Part II-A Complete if the org section 501(h)).					
A Check ► X if the filing organizar	tion belongs to an affil	liated group (and list in	Part IV each affiliated	group member's name	address FIN
	e of excess lobbying		Tare iv each annaced	group member s name	, address, Env,
. — ' '	, ,	nd "limited control" pro	visions apply.		
Limit	ts on Lobbying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (d	grass roots lobbying)		20,000.	15,780.
b Total lobbying expenditures to influ		, ,		40,000.	243,681.
c Total lobbying expenditures (add lin	•			60,000.	259,461.
d Other exempt purpose expenditure					16,237,863.
e Total exempt purpose expenditures					16,497,324.
f Lobbying nontaxable amount. Ente	•	·		368,428.	974,866.
If the amount on line 1e, column (a) of		bying nontaxable amo			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000),000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			92,107.	243,717.
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	0.
i Subtract line 1f from line 1c. If zero	,			0.	0.
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
(Some organizations th	nat made a section 50 See the separa	ate instructions for lin	nave to complete all c les 2a through 2f.)	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	819,924.	988,484.	846,150.	974,866.	3,629,424.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,444,136.
c Total lobbying expenditures	175,092.	258,607.	17,136.	259,461.	710,296.
d Grassroots nontaxable amount	204,981.	247,121.	211,538.	243,717.	907,357.

208,213.

2,656.

Schedule C (Form 990 or 990-EZ) 2017

15,780.

1,361,036.

383,935.

e Grassroots ceiling amount

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

f Grassroots lobbying expenditures

157,286.

Schedule C (Form 990 or 990-EZ) 2017 NATIONAL COUNCIL OF JEWISH WOMEN, INC. 13-1641076 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

 For e	h "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04()(F)		<u></u>		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5)	, or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2			
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."			III-A, line	9 3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	di				
_			20			
	Current year					
	Carryover from last year					
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		١ .			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	and all the second second		4			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5			
Par			. 5			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict): Dort II A	linos 1 a	nd 2 (soo		
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	1100), 1 411 1171,	111100 1 4	11d Z (000		
1113111	iotions), and rait ind, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL COUNCIL OF JEWISH WOMEN, INC. **Employer identification number** 13-1641076

Part	t I Organizations Mai	ntaining Donor Advised I	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "	Yes" on Form 990, Part IV, line 6		
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contribution			
	Aggregate value of grants from			
	Aggregate value at end of year			
	_		ting that the assets held in donor adv	
			clusive legal control?	
			sors in writing that grant funds can b	
	···		onor advisor, or for any other purpose	
Part			ization answered "Yes" on Form 990	
				r, Part IV, line 7.
1	<u> </u>	ements held by the organization ublic use (e.g., recreation or edu	`	interioelly important land area
	Protection of natural hab	· ·		istorically important land area ertified historic structure
	Preservation of open spa		Preservation of a ce	ertined historic structure
2			conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	the organization held a qualified	Conservation Contribution in the for	Held at the End of the Tax Year
	, ,	asamants		
	Total acreage restricted by con			0.
	,		ure included in (a)	
			r 7/25/06, and not on a historic struc	
		` ' '		
			sed, extinguished, or terminated by the	
	year >	onto modinod, transferred, releat	sea, extinguished, or terminated by the	to organization during the tax
	· —	ty subject to conservation easen	nent is located	
	·	•	lic monitoring, inspection, handling o	_ f
	· ·	the conservation easements it ho		
				nservation easements during the year
	>	G/ 1 G/	, ,	5 ,
7	Amount of expenses incurred in	n monitoring, inspecting, handlin	g of violations, and enforcing conserv	vation easements during the year
	▶ \$			Ç
8	Does each conservation easem	— ent reported on line 2(d) above s	atisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9				se statement, and balance sheet, and
i	include, if applicable, the text of	f the footnote to the organizatior	s financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Mai	ntaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organiza	tion answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other sir	nilar assets held for public exhibi	tion, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its fir	nancial statements that describes	s these items.	
b	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar asset	s held for public exhibition, educ	ation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form	990, Part VIII, line 1		
	(ii) Assets included in Form 99			> \$
2	If the organization received or h	eld works of art, historical treasu	ires, or other similar assets for financ	ial gain, provide
		•	(ASC 958) relating to these items:	
а	Revenue included on Form 990	, Part VIII, line 1		> \$
b .	Assets included in Form 990, P	art X		

		COUNCIL C					1641076 Page 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other S	imilar Ass	sets _(continued)
3	Using the organization's acquisition, accession	n, and other records	, check any of the fo	ollowing that	are a signif	ficant use of	its collection items
	(check all that apply):						
а	Public exhibition	d	Loan or exch	nange prograi	ms		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's col	lections and explain	how they further th	e organizatior	n's exempt	purpose in I	Part XIII.
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	ures, or other	r similar as	sets	
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "`	Yes" on Fo	orm 990, Part	t IV, line 9, or
	reported an amount on Form 990, Part	: X, line 21.					
1a	Is the organization an agent, trustee, custodia						
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing table:				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on Fo				•	?	Yes No
	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete if						
	-	(a) Current year	(b) Prior year	(c) Two years			oack (e) Four years back
	Beginning of year balance	5,538,762.	5,497,437.	5,540	,532.	5,549,5	
b	Contributions	6,000.				10,7	
С	Net investment earnings, gains, and losses	202,400.	216,499.	222	,379.	364,6	73. 331,496.
d	Grants or scholarships						
е	Other expenditures for facilities	160 101	4== 4=4	0.5			
	and programs	160,484.	175,174.	265	,474.	384,4	48. 280,207.
f	Administrative expenses	5 506 650			40-		5 5 40 5 50
g	End of year balance	5,586,678.	5,538,762.	-	,437.	5,540,5	32. 5,549,572.
2	Provide the estimated percentage of the curre	ent year end balance) held as:			
	Board designated or quasi-endowment		_%				
	Permanent endowment	%					
С	Temporarily restricted endowment	%					
_	The percentages on lines 2a, 2b, and 2c should be a sh						
За	Are there endowment funds not in the posses	sion of the organizat	tion that are held an	d administere	ed for the o	organization	[v] v
	by:						Yes No
	(i) unrelated organizations						·····
	(ii) related organizations						
	If "Yes" on line 3a(ii), are the related organizat						3b
4 Par	Describe in Part XIII the intended uses of the to the Land, Buildings, and Equipment		vinent tunas.				
ı uı	Complete if the organization answered		Dort IV line 11e C	00 Form 000	Dort V line	o 10	
	Description of property		ĺ	T T		umulated	(d) Pook volue
	Description of property	(a) Cost or ot basis (investm	` '			umulated eciation	(d) Book value
10	Land	· · · · · · · · · · · · · · · · · · ·	54313 ((5.1.101)	асріс		
	Land						
	Buildings Leasehold improvements		22	6,540.	2 2	6,540.	0.
			33	0,5400		0,540.	J •
	Equipment Other		22	9.428.	2.1	7.441.	11.987.

11,987.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	JNCIL OF JEWIS	SH WOMEN, INC. 1	L3-1641076 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	· · · · · · · · · · · · · · · · · · ·		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENT IN INVESTMENT			
(B) FUNDS	3,521,239.	END-OF-YEAR MARKE	T VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,521,239.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Tetel (0.1 (1) 1.5 (200 D 1) (1 (D)); 45)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	CHARITABLE GIFT ANNUITY		
(3)	OBLIGATIONS	84,764.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	84,764.	

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

	edule D (Form 990) 2017 NATIONAL COUNCIL OF JEWISH rt XI Reconciliation of Revenue per Audited Financial Stateme		-		1641076	Page 4	
rai	<u> </u>		ii nevellue pei ne	turri.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	5,686,	080	
1				1	5,000,	000.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	1 602 022				
а	5 (,		-1,683,823. 88,015.				
b	Donated services and use of facilities		00,013.				
С		1 1					
d	, , , , , , , , , , , , , , , , , , , ,	. 2d			1 505	000	
	Add lines 2a through 2d			2e	<u>-1,595,</u>		
3	Subtract line 2e from line 1			3	7,281,	888.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	00 010				
а	, , , , , , , , , , , , , , , , , , , ,		88,913.				
b	,	. 4b			0.0	010	
С	Add lines 4a and 4b			4c		<u>913.</u>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,370,	801.	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem		tn Expenses per F	(eturi	n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total expenses and losses per audited financial statements			1	4,372,	<u> 175.</u>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	. 2a	88,015.				
b	Prior year adjustments	. 2b					
С	Other losses	. 2c					
d	Other (Describe in Part XIII.)	. 2d	4,508.				
е	Add lines 2a through 2d			2e	92,	523.	
3	Subtract line 2e from line 1			3	4,279,	652.	
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	4a	88,913.				
b	Other (Describe in Part XIII.)	. 4b					
С	Add lines 4a and 4b			4c	88,	913.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,368,	565.	
Pai	rt XIII Supplemental Information.						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	•	· · ·	; Part)	K, line 2; Part XI	,	
PAF	RT V, LINE 4:						
	<u>. , , </u>						
THE	E ORGANIZATION RECEIVES INVESTMENT INCOME	FOR U	SE IN ITS PR	OGR	AMS FOR		
CH]	ILDREN, EDUCATION AND EXEMPT PROGRAMS IN I	SRAEL	•				
	,	-					
PAF	RT X, LINE 2:						
MAN	NAGEMENT EVALUATED THE TAX POSITIONS FOR NO	CJW,	IN ACCORDANC	E W	ITH THE		
ACC	COUNTING STANDARD ON ACCOUNTING FOR UNCERTA	AINTY	IN INCOME T	AXE	S, WHICH		
ADI	DRESSES THE DETERMINATION OF WHETHER OR NO	T TAX	BENEFITS CL	AIM	ED OR		
						7 T	
ĽХI	PECTED TO BE CLAIMED ON A TAX RETURN SHOULD	D RE]	KECORDED IN	THE	FINANCI	AЬ	
STATEMENTS, AND CONCLUDED THAT NCJW HAD TAKEN NO UNCERTAIN TAX POSITIONS							

THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE

PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, NCJW IS NO LONGER

Schedule D (Form 990) 2017 NATIONAL COUNCIL OF JEWISH WOMEN, INC. 13-1641 Part XIII Supplemental Information (continued)	076 Page	e 5
SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LO	CAL	
TAX AUTHORITIES FOR YEARS BEFORE 2012, WHICH IS THE STANDARD STATUTE		
LIMITATIONS LOOK BACK PERIOD.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN VALUE SPILT-INTEREST	4,508	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL COUNCI	L OF JEW	ISH WOMEN	N, INC.	13-164107	6
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "\	es" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outs	ide the
United States.	ha fallaiaa Dad	. I line O teble se			
	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		(f) Total
(a) Region	offices	`employees,	(by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
		u.e region			
			EXPENDITURES TO SUPPORT	EXPENDITURES TO SUPPORT	
IIDDLE EAST AND			PROGRAMS LOCATED IN THE	PROGRAMS LOCATED IN THE	
ORTH AFRICA -	1	0	REGION.	REGION.	62,734.
	1				
	1				
3 a Sub-total	1	0			62,734.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					60.50:
and 3h)	1	I 0			62 734.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NCJW RESEARCH					
			INSTITUTE FOR					
		MIDDLE EAST AND	INNOVATION IN					
		NORTH AFRICA -	EDUCATION (RIFIE)	12,751.	СНЕСК	0.		
		MIDDLE EAST AND	TEL AVIV UNIVERSITY					
		NORTH AFRICA -	THE NCJW WOMEN &					
		ALGERIA, BAHRAIN,	GENDER STUDIES FORUM					
		DJIBOUTI, EGYPT,	THIS GRANT SUPPORTS	13,300.	СНЕСК	0.		
			WOMEN WAGE PEACE					
			SUPPORTS THE PROJECT					
		MIDDLE EAST AND	"ISRAELI					
		NORTH AFRICA -	SALAD-INCLUSIVE	20,000.	СНЕСК	0.		
			THE CURRENT GRANT IS					
			FOR ADVOCACY FOR					
		MIDDLE EAST AND	CHANGE IN LABOR					
		NORTH AFRICA -	RIGHTS AND CONDITIONS	5,000.		0.		
			FOR WORK ON UN					
			PROPOSAL 1325					
		MIDDLE EAST AND	INCLUDING A					
		NORTH AFRICA -	CONFERENCE THAT WE	7,000.		0.		
			THIS IS A GENERAL					
			GRANT FOR SECONDARY					
		MIDDLE EAST AND	SCHOOL OF HEBREW					
		NORTH AFRICA -	UNIVERSITY, TO	2,183.		0.		
2 Enter total number of			recognized as charities by the f					

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

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)
	MIDDLE EAST AND						
SCHOLARSHIP	NORTH AFRICA -	0	2,500.	снеск	0.		

Part IV	Foreign	Forms
---------	---------	-------

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Supplemental Information Part V

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

NCJW ALLOCATED GRANT FUNDS OUTSIDE THE UNITED STATES IN TWO WAYS -STUDENT SCHOLARSHIPS AT SPECIFIC EDUCATIONAL INSTITUTIONS AND GRANTS TO ORGANIZATIONS THAT OPERATE PIONEERING PROJECTS THAT TEACH, SUPPORT AND EMPOWER WOMEN, CHILDREN, AND FAMILIES THROUGHOUT ISRAEL.

1. SCHOLARSHIPS

ISRAELI HIGH SCHOOLS AND UNIVERSITIES ARE ORGANIZATIONS, WHICH ENABLE NCJW TO CARRY OUT ITS MISSION TO STRIVE FOR SOCIAL JUSTICE BY IMPROVING THE QUALITY OF LIFE FOR WOMEN, CHILDREN AND FAMILIES AND BY SAFEGAURDING INDIVIDUAL RIGHTS AND FREEDOMS. NCJW AWARDED SCHOLARSHIP MONIES TO HIGH SCHOOL AND UNIVERSITY STUDENTS. AT THE HIGH SCHOOL, THE FACULTY MAKES THE NEED-BASED DETERMINATION AS TO WHICH INDIVIDUALS WILL ACTUALLY RECEIVE THE SCHOLARSHIPS. AT THE UNIVERSITY, SCHOLARSHIPS ARE AWARDED BY A COMMITTEE OF NCJW LEADERS.

2. GRANTS TO ORGANIZATIONS

GRANTS ARE ALLOCATED TO ORGANIZATIONS THAT SUPPORT IMPORTANT SOCIAL CHANGE EFFORTS IN ISRAEL, STRENGTHEN COMMUNITIES, HELP ENSURE THE WELL-BEING OF ISRAEL'S PEOPLE, AND CARRY ON NCJW'S LEGACY OF EDUCATION AND EMPOWERMENT WORK ABROAD. NCJW MONITORS THE USE OF GRANT FUNDS THROUGH REVIEW OF THE GRANTEE LETTER OF AGREEMENT, ANNUAL SITE VISITS, AND REVIEW OF GRANTEE REPORTS ON AN ANNUAL BASIS.

PART II, COLUMN (D):

REGION: MIDDLE EAST AND NORTH AFRICA -

(D) PURPOSE OF GRANT: NCJW RESEARCH INSTITUTE FOR INNOVATION

Schedule F (Form 990) 2017 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.

EDUCATION (RIFIE)

THIS GRANT WILL HELP FUND THE YUVAL SCHOOL, WHICH PROVIDES AN EDUCATIONAL FRAMEWORK AND VOCATIONAL TRAINING TO 100 HIGH SCHOOL DROPOUTS FROM SEVERELY ECONOMICALLY, SOCIALLY AND EMOTIONALLY DISADVANTAGED BACKGROUNDS.

(A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(D) PURPOSE OF GRANT: TEL AVIV UNIVERSITY THE NCJW WOMEN & GENDER

STUDIES FORUM

THIS GRANT SUPPORTS ACADEMIC PROGRAM, WHICH COMBINES STUDIES FROM THE FACULTIES OF HUMANITIES, LAW, SOCIAL SCIENCES, AND ARTS AND OFFERS A COMPREHENSIVE MULTIDISCIPLINARY STUDY OF WOMEN'S HISTORY, GEOGRAPHICAL ENVIRONMENT AND PLANNING, REPRESENTATION IN THE ARTS AND IN CULTURE AT LARGE, WOMEN'S POSITION VIS--VIS CULTURAL AND POLITICAL INSTITUTIONS, AS WELL AS OTHER ASPECTS OF WOMEN'S LIVES AND EXPERIENCES. THE PROGRAM ALSO SPECIALIZES IN CLASSICAL AND CONTEMPORARY FEMINIST THEORIES.

REGION: MIDDLE EAST AND NORTH AFRICA -

(D) PURPOSE OF GRANT: WOMEN WAGE PEACE

SUPPORTS THE PROJECT "ISRAELI SALAD-INCLUSIVE DIALOGUE AMONG WOMEN FROM DIFFERENT COMMUNITIES".

REGION: MIDDLE EAST AND NORTH AFRICA -

(D) PURPOSE OF GRANT: THE CURRENT GRANT IS FOR ADVOCACY FOR CHANGE IN LABOR RIGHTS AND CONDITIONS IN THE CONTRACT EMPLOYEE SERVICE SECTOR,

WHICH IS MADE UP MOSTLY OF WOMEN. THE FOCUS OF THIS COLLABORATIVE GRANT

732075 10-06-17

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

NATIONAL COUNCIL OF JEWISH WOMEN. INC.

Employer identification number 13-1641076

	- Complete if the organization answit.			•	ine 17. Form 990-EZ	
Indicate whether the organization rais	e Solicita f Solicita g Specia or oral agreement with any individual cart VII) or entity in connection with position or entities (fundraisers) pursu	ation of ation of I fundra I (includ professi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
JOHN MINI CONSULTING INC 707 SAVANNAH ROAD, LEWES, DE	NON-DONOR/ACQUISITION CAMPAIGNS & HOUSE MAIL	Yes	No X	486,847.	52,100.	434,747.
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	 ► utions	486,847. or has been notified	52,100.	434,747. gistration
or licensing. AL,AK,AZ,AR,CA,CT,CO, NH,NJ,NM,NY,PA,RI,WI,		KY,M	ſΕ,Μ	ID,MA,MI,MN	,MS,MO,NC,	OK,OH,OR

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017 NATIONAL COUNCIL OF JEWISH WOMEN, INC.

13-1641076 Page 2

Sch	edule G (Form 990 or 990-EZ) 2017 NATIONAL COUNCIL OF JEWISH WOMEN, INC. 13-1	L6410	76 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es 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?	Y	es No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
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 Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Y	es No
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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9. 9b	. 10b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,
SC:	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	 3:	
	, , , , , , , , , , , , , , , , , , , ,		
— (I) NAME OF FUNDRAISER: JOHN MINI CONSULTING INC.		
<u>\ </u>) NAME OF FUNDATISER. DOIN MINI CONSULTING INC.		
<u>(I</u>) ADDRESS OF FUNDRAISER: 707 SAVANNAH ROAD, LEWES, DE 19958		
<u>(I</u>	I) ACTIVITY: NON-DONOR/ACQUISITION CAMPAIGNS & HOUSE MAIL FILIN	IGS_	
			_

Schedule G	G (Form 990 or 990-EZ)	NATIONAL	COUNCIL	OF	JEWISH	WOMEN,	INC.	13-1641076	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _{(continue}	ed)						
								_	
								_	

SCHEDULE I (Form 990)

Department of the Treasury

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

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

► Attach to Form 990.

2017 Open to Public

Inspection

OMB No. 1545-0047

NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Employer identification number 13-1641076

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis							Yes X No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is neede	ed.			•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							SUPPORTS THE
NEBRASKA APPLESEED							ADMINISTRATIVE SUPPORT
941 O STREET, SUITE 920							THAT NEBRASKA APPLESEED
LINCOLN, NE 68508			5,000.	0.			PROVIDES FOR THE NEBRASKA
							SUPPORTS THE
NCJW CHICAGO (IL) SECTION							ADMINISTRATIVE SUPPORT
1107 CENTRAL AVENUE							THAT NCJW CHICAGO
WILMETTE, IL 60091			5,000.	0.			SECTIONS PROVIDES FOR THE
							BENCHMARK MINI GRANT
NCJW MINNEAPOLIS SECTION							AWARDEE FOR EVENT, "YOU
13100 WAYZATA BOULEVARD, SUITE 160							BE THE JUDGE - COURTS
HOPKINS, MN 55305			0.	0.			MATTER"
							SUPPORTS THE
MAINE WOMEN'S POLICY CENTER							ADMINSTRATIVE SUPPORT
124 STEWALL STREET							THAT MAIN WOMEN'S POLICY
AUGUSTA, ME 04330			5,000.	0.			CENTER PROVIDES
NCJW PHILADELPHIA (PA)							THE ADMINISTRATIVE
C/O PEARL TRAGASH, TREARURER, 4331							SUPPORT THAT NCJW
MERIDIAN BLVD - WARRINGTON, PA							PHILADELPHIA (PA) SECTION
18976			0.	0.			PROVIDES - GRANT FOR YOU
							SUPPORTS THE
NCJW NEW ORLEANS (GR) SECTION							ADMINISTRATIVE SUPPORT
6221 S. CLAIRBORNE AVE SUITE 208							THAT NCJW NEW ORLEANS
NEW ORLEANS, LA 70125			0.	0.			(GR) SECTION PROVIDES FOR
 Enter total number of section 501(c)(3) and Enter total number of other organizations 	•		e line 1 table				

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCJW NEW ORLEANS (GR) SECTION 6221 S. CLAIRBORNE AVE SUITE 208 NEW ORLEANS, LA 70125			0.	0.			SUPPORTS THE ADMINISTRATIVE SUPPORT THAT NCJW NEW ORLEANS (GR) SECTION PROVIDES BY
NCJW NEW ORLEANS (GR) SECTION 6221 S. CLAIRBORNE AVE SUITE 208 NEW ORLEANS, LA 70125			0.	0.			SUPPORTS THE COALITION SUPPORT AND EDUCATION EVENTS THAT NCJW NEW ORLEANS (GR) SECTION
NCJW ST. LOUIS MO SECTION 295 N. LINDBERGH BLVD ST. LOUIS, MO 63141			0.	0.			SUPPORTS THE ADMINISTRATIVE SUPPORT THAT NCJW ST.LOUIS(MO) SECTION PROVIDES FOR
NCJW DETROIT MI SECTION NCJW GDS SUITE 306 SOUTHFIELD, MI 48033			5,000.	0.			SUPPORTS THE ADMINISTRATIVE SUPPORT THAT NCJW DETROIT(MI) SECTION PROVIDES FOR
NCJW PALM BEACH (FL) SECTION PO BOX 540414 GREENACRES, FL 33454			500.	0.			THE ADMINISTRATIVE SUPPORT THAT NCJW PALM BEACH (FL) SECTION PROVIDES BY THE BENCHMARK
NCJW PALM BEACH (FL) SECTION 115 VIA MARIPOSA PALM BEACH GARDENS, FL 33418			0.	0.			THE JUDICAL NOMINATIONS CAMPAIGN SUPPORT THAT NCJW PALM BEACH (FL) SECTION PROVIDES
NCJW ROCHESTER NY SECTION 281 GROSVENOR RD ROCHESTER, NY 14610			0.	0.			SUPPORTS THE ADMINISTRATIVE SUPPORT THAT NCJW ROCHESTER SECTION PROVIDES BY THE
NCJW-DALLAS (TX) SECTION 6025 ROYAL LN # 219-9 DALLAS, TX 75230			1,500.	0.			SUPPORTS THE COALITION SUPPORT AND EDUCATION EVENTS THAT NCJW NEW ORLEANS (GR) SECTION
NCJW MINNESOTA (MN) SECTION 13100 WAYZATA BOULEVARD, SUITE 160 MINNETONKA, MN 55305			500.	0.			SUPPORTS THE COALITION SUPPORT AND EDUCATION EVENTS THAT NCJW NEW ORLEANS (GR) SECTION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NCJW-GR MIAMI (FL) 4144 CHASE AVENUE MIAMI BEACH, FL 33140			1,500.	0.			SUPPORTS THE COALITION SUPPORT AND EDUCATION EVENTS THAT NCJW NEW ORLEANS (GR) SECTION		

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part L lin	e 2: Part III. column	(b): and any other ac	dditional information.	
PART II, LINE 1, COLUMN (H):			. (2),		
NAME OF ORGANIZATION OR GOVERNMENT	: NEBRASK	A APPLESE	ΞD		
(H) PURPOSE OF GRANT OR ASSISTANCE				SUPPORT	
THAT NEBRASKA APPLESEED PROVIDES F					
COALITION.	011 1111 1111	Didipidi 600	<u> </u>		
CORDITION.					
NAME OF ORGANIZATION OR GOVERNMENT	: NCJW CH	IICAGO (IL)) SECTION		
(H) PURPOSE OF GRANT OR ASSISTANCE				SUPPORT	
THAT NCJW CHICAGO SECTIONS PROVIDE					

COALITION.

NAME OF ORGANIZATION OR GOVERNMENT: NCJW PHILADELPHIA (PA)

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ADMINISTRATIVE SUPPORT THAT NCJW PHILADELPHIA (PA) SECTION PROVIDES - GRANT FOR YOU BE THE JUDGE PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: NCJW NEW ORLEANS (GR) SECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS THE ADMINISTRATIVE SUPPORT

THAT NCJW NEW ORLEANS (GR) SECTION PROVIDES FOR LOUISIANA COURTS MATTER

COALITION.

NAME OF ORGANIZATION OR GOVERNMENT: NCJW NEW ORLEANS (GR) SECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS THE ADMINISTRATIVE SUPPORT

THAT NCJW NEW ORLEANS (GR) SECTION PROVIDES BY THE OSF-BENCHMARK MINI

GRANT

NAME OF ORGANIZATION OR GOVERNMENT: NCJW NEW ORLEANS (GR) SECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS THE COALITION SUPPORT AND

EDUCATION EVENTS THAT NCJW NEW ORLEANS (GR) SECTION PROVIDES

NAME OF ORGANIZATION OR GOVERNMENT: NCJW ST. LOUIS MO SECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS THE ADMINISTRATIVE SUPPORT

THAT NCJW ST.LOUIS(MO) SECTION PROVIDES FOR COURTS MATTER COALITION.

NAME OF ORGANIZATION OR GOVERNMENT: NCJW DETROIT MI SECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTS THE ADMINISTRATIVE SUPPORT

THAT NCJW DETROIT(MI) SECTION PROVIDES FOR OSF-COURTS MATTER OUTREACH

COORDINATOR POSITION.

SCHEDULE J (Form 990)

Compensation Information

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

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

201 Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

NATIONAL COUNCIL OF JEWISH WOMEN, INC.

 $Employer\ identification\ number \\ 13-1641076$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۵	l	1

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) NANCY KAUFMAN	(i)	262,617.	0.	0.	0.	13,794.	276,411.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ANGELO FEDERICO	(i)	142,044.	3,000.	0.	0.	37,076.		0.	
FORMER CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL COUNCIL OF JEWISH WOMEN, INC. **Employer identification number** 13-1641076

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

THE FINANCE DEPARTMENT PREPARES WORKSHEETS FOR THE COMPLETION OF THE ANNUAL

IRS FORM 990 AND SUBMITS THE INFORMATION TO THE AUDITOR.

THE IRS FORM 990 IS THEN COMPLETED BY THE AUDITOR AND RETURNED TO THE CHEIF

FINANCIAL OFFICER (CEO) FOR REVIEW AND APPROVAL.

THE COO IN CONJUNCTION WITH THE DIRECTOR OF FINANCE REVIEWS AND APPROVES

COMPLETED IRS FORM 990.

THE DIRECTOR OF FINANCE FORWARDS AN ELECTRONIC VERSION OF IRS FORM 990 TO

THE AUDIT COMMITTEE. THE AUDIT COMMITTEE MEETS WITH AUDITOR TO REVIEW AND

APPROVE.

UPON APPROVAL FROM THE AUDIT COMMITTEE, THE CEO SIGNS THE COMPLETED IRS

FORM 990 AND PREPARES IT FOR BOARD PRESENTATION.

IRS FORM 990 IS THEN FORWARDED TO BOARD OF DIRECTORS.

IRS FORM 990 IS FILED WITH THE APPROPRIATE FEDERAL AND STATE GOVERNMENT

AGENCIES.

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

THE COO HAS A CHECKLIST OF PEOPLE THAT WILL NEED TO SIGN THE CONFLICT OF

INTEREST POLICY.

THE COO IS RESPONSIBLE FOR THE ANNUAL DISTRIBUTION OF THE CONFLICT OF

INTEREST POLICY FORMS TO BOARD BEMBERS, KEY COMMITTEE MEMBERS AND SENIOR

STAFF PERSONS EACH FALL.

ONCE THE CONFLICT OF INTEREST POLICY FORMS ARE SIGNED BY EACH PERSON,

FORMS WILL BE RETURNED TO THE DOF BY JUNE 30TH OF EACH YEAR.

THE DOF WILL SUBMIT SIGNED CONFLICT OF INTEREST POLICY FORMS TO AUDIT

COMMITTEE FOR REVIEW AT THE AUDIT COMMITTEE MEETING HELD FOR THE ANNUAL

Employer identification number Name of the organization NATIONAL COUNCIL OF JEWISH WOMEN, INC. 13-1641076 AUDIT REVIEW. AUDIT COMMITTEE WILL REVIEW SIGNED FORMS, TAKE ANY NECESSARY ACTIONS REGARDING DISCLOSED POTENTIAL CONFLICTS AND APPROVE. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW POLICY THE COMPENSATION REVIEW COMMITTEE IS CONVENED BY THE PRESIDENT OF THE BOARD AND INCLUDES ALL MEMBERS OF THE EXECUTIVE COMMITTEE. COMPENSATION REVIEW OF CHIEF EXECUTIVE OFFICER (CEO) THE CEO IS A CONTRACTED EMPLOYEE. CURRENT CONTRACT IS FOR TWO YEARS AND THE YEAR BEGINS JANUARY 13TH, 2014 AND WAS RECENTLY EXTENDED THROUGH JANUARY 2019. THE PRESIDENT IS BE RESPONSIBLE FOR PREPARING THE CEO'S EMPLOYMENT CONTRACT AND CONTRACT RENEWALS. DURING ANY EXISTING CONTRACT PERIOD, BUT NOT LESS THAN ANNUALLY THE COMPENSATION REVIEW COMMITTEE WILL BE NOTIFIED OF THE CONTRACTUAL ANNUAL INCREASE. IN A NEW CONTRACT YEAR, AFTER DISCUSSION WITH COMPENSATION REVIEW COMMITTEE, THE PRESIDENT WILL BEGIN TO NEGOTIATE SALARY INCREASE WITH THE CEO. ONCE THE SALARY AND TERMS ARE AGREED UPON BETWEEN THE PRESIDENT AND CEO, THE NEW CONTRACT IS THEN SIGNED AND SUBMITTED TO THE CHIEF OPERATING OFFICER (COO) FOR PROCESSING. AUDIT COMMITTEE IS NOTIFIED OF STATUS. COMPENSATION REVIEW OF COO (COO) THE CEO IS RESPONSIBLE FOR DETERMINATION OF THE COMPENSATION OF ALL SENIOR

TEAM MEMBERS INCLUDING THE COO.

Name of the organization NATIONAL COUNCIL OF JEWISH WOMEN, INC.	Employer identification number 13-1641076
THE CEO CONSULTS WITH THE BOARD PRESIDENT ON ALL COMPENSAT	ION MATTERS.
AUDIT COMMITTEE IS NOTIFIED OF STATUS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AZ, AR, CA, CT, CO, DC, FL, GA, IL, IN, KS, KY, ME, MD, MA, MI, MN, M	S,MO,NC,OK,OH,OR
NH, NJ, NM, NY, PA, RI, WI, UT, TN, SC, WA, VA, WV	
FORM 990, PART VI, SECTION C, LINE 19:	
NCJW DOES MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PU	BLIC IN THE
FOLLOWING WAYS:	
>THE IRS FORM 990 AND FINANCIAL STATEMENTS MAY BE FOUND ON	
<pre>WWW.GUIDESTAR.ORG. >THE ANNUAL REPORT MAY BE FOUND ON WWW.NCJW.ORG.</pre>	
>THE CONFLICT OF INTEREST POLICY, AS WELL AS OTHER GOVERNI	NG DOCUMENTS ARE
AVAILABLE UPON REQUEST IN THE OFFICE LOCATED AT 475 RIVERS	
1901, NY, NY 10115.	<u> </u>
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	286,564.
MANAGEMENT AND GENERAL EXPENSES	261,317.
FUNDRAISING EXPENSES	19,831.
TOTAL EXPENSES	567,712.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	567,712.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-4,508.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization NATIONAL COUNCIL OF JEWISH WOMEN, INC.	Employer identification number 13-1641076
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NTO CHANGED FROM THE PRIOR YEAR.	

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use l	Form 7004 to request an extension of time to file income	tax retur	ns.				
				Enter file	er's identifying r	number	
Type or	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print					10 1641	0.00	
File by the	NATIONAL COUNCIL OF JEWISH WOMEN, INC.			13-1641076			
due date for filing your return. See	2055 L STREET NW NO. 650			Social se	ecurity number (S	SSN) 	
instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20036	reign addı	ress, see instructions.				
Enter the f	Return Code for the return that this application is for (file	a separat	e application for each return)			01	
Application Return Application					Return		
ls For		Code	Is For			Code	
Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07		
Form 990-BL 02 Form 1041-A			Form 1041-A	08			
Form 4720	orm 4720 (individual) 03 Form 4720 (other than individual)			09			
Form 990-PF 04 Form 5227		Form 5227	10				
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11			
Form 990-T (trust other than above) MARANDA JONES-ANDERSON 66 Form 8870					12		
Telepho	oks are in the care of 2055 L STREET None No. 202-296-2588 rganization does not have an office or place of business of or a Group Return, enter the organization's four digit of the group, check this box	in the Uni Group Exe	Fax No. ▶	f this is fo	r the whole grou		
1 I rec	uest an automatic 6-month extension of time until he organization named above. The extension is for the o	MA?	Y 15, 2019 , to file		npt organization		
calendar year or X tax year beginning JUL 1, 2017 , and ending JUN 30, 2018 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period							
3a If thi	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			_	
<u>no</u> ni	refundable credits. See instructions.			За	\$	0.	
b If thi	is application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
<u>es</u> tir	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c Bala	ance due. Subtract line 3b from line 3a. Include your pay	yment with	n this form, if required,				
by u	sing EFTPS (Electronic Federal Tax Payment System). S	See instruc	otions.	3с	\$	0.	
Caution:	f you are going to make an electronic funds withdrawal (direct dek	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EC	for payment	

instructions.

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

Form 8868 (Rev. 1-2017)

855 Valley Rd. Ciúton: NJ 07013-2483