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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC. Doing Business As. Number and street (or P O box if mail is not delivered to street address): 50 WEST 58TH STREET. Room/suite. City or town, state or country, and ZIP + 4: NEW YORK, NY 10019

D Employer identification number: 13-1656651. E Telephone number: (212) 355-7900. G Gross receipts \$ 46,456,585

F Name and address of principal officer: LARRY BLUM COO, 50 WEST 58TH STREET, NEW YORK, NY 10019

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

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527

J Website: WWW.HADASSAH.ORG

K Form of organization: Corporation Trust Association Other. L Year of formation: 1922. M State of legal domicile: NY

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement. 2-7. Governance and activities. 8-12. Revenue. 13-19. Expenses. 20-22. Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: ELLYN LYONS NATIONAL TREASURER. Date: 2010-11-09.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, 345 Park Avenue, New York, NY 101540102. EIN, Phone no: (212) 758-9700.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,832,373 including grants of \$ 1,801) (Revenue \$)
MEMBERSHIP SERVICES - OFFERS SUPPORT AND ADVISORY SERVICES FOR NEARLY 300,000 MEMBERS/VOLUNTEERS THROUGHOUT 1,052 UNITS AROUND THE WORLD TO FURTHER THEIR CHARITABLE PROGRAMMING IN THE UNITED STATES, HADASSAH MEMBERS ARE ENGAGED IN A VARIETY OF EDUCATIONAL, ADVOCACY, AND COMMUNITY SERVICE INITIATIVES

4b (Code) (Expenses \$ 1,895,894 including grants of \$ 7,675) (Revenue \$)
EDUCATION/PUBLIC POLICY-DEVELOPMENT OF PROGRAMS FOR USE BY CHAPTERS INCLUDING EDUCATION ON JEWISH, ZIONIST, AMERICAN AND INTERNATIONAL AFFAIRS, AND WOMEN'S HEALTH EDUCATION EDUCATION SERVICES INCLUDE WOMEN'S HEALTH SEMINARS, PROGRAMS FOR FAMILIES TO LEARN JEWISH TRADITION AND RITUALS, AND HEBREW LANGUAGE CLASSES HADASSAH MEMBERS ALSO HELP TO SHAPE PUBLIC POLICY THROUGH ADVOCACY WORK ON ISSUES, INCLUDING US-ISRAEL RELATIONS, WOMEN'S HEALTH, SEPARATION OF CHURCH AND STATE, DISCRIMINATION ISSUES, AND PRIVACY IN COMMUNITIES NATIONWIDE, HADASSAH MEMBERS LEAD VOLUNTEER PROGRAMS, INCLUDING LITERACY TUTORING, HOLIDAY VISITS TO THE FRAIL AND ELDERLY, AND DOMESTIC VIOLENCE EDUCATION

4c (Code) (Expenses \$ 2,668,834 including grants of \$) (Revenue \$ 137,989)
MARKETING AND COMMUNICATION-PROVIDE SUPPORT SERVICES FOR NATIONAL OFFICE INITIATIVES THROUGH CREATIVE SERVICES, PUBLIC RELATIONS, VIDEO AND MARKETING

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 15,974,949 including grants of \$ 7,572,661) (Revenue \$ 10,182,425)

4e Total program service expenses \$ 27,372,050

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 123		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 371		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
4a			
b	If "Yes," enter the name of the foreign country CJ, IS, UK See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .		
1b	Enter the number of voting members that are independent . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
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? . . .		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line a or b, 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 taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MI, MN, MS, NH, NJ, NM, OH, OK, OR, PA, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization JODI WECHTER LEVY HADASSAH 50 WEST 58TH STREET NEW YORK, NY 10019 (212) 355-7900

1b Total	1,227,468	1,186,097	342,529
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**36

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP 345 PARK AVENUE NEW YORK, NY 10154	AUDITING/TAX	431,539
FULBRIGHT AND JAWORSKI LLP 666 Fifth Avenue NEW YORK, NY 10103	LEGAL	818,194
MCKINSEY COMPANY INC PO BOX 7247-7255 PHILADELPHIA, PA 191707255	CONSULTANT	850,000
NATIONAL PUBLIC SAFETY STRATEGY GRP 4 ORCHARD DRIVE CREAM RIDGE, NJ 08514	SECURITY	413,103
SKADDEN ARPS SLATE MEAGHER FLO FOUR TIMES SQUARE NEW YORK, NY 100366522	LEGAL	241,086

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**94

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b	2,549,963				
	c	Fundraising events 1c					
	d	Related organizations 1d	19,010,942				
	e	Government grants (contributions) 1e	1,957				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	4,818,975				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶		26,381,837			
Program Service Revenue	2a	REVENUE FROM YOUTH MOVEMENT/OTHER PROG	611,710	10,182,425	10,182,425		
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		10,182,425			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		2,963		2,963	
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		208,204		208,204	
	6a	Gross Rents	(i) Real	48,596			
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)	48,596			
	d	Net rental income or (loss) ▶		48,596		48,596	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	189,274			
			(ii) Other	8,650,000			
			Less cost or other basis and sales expenses	255,612			
			Gain or (loss)	-66,338			
	d	Net gain or (loss) ▶		7,014,212		7,014,212	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
			b	Less direct expenses b			
c			Net income or (loss) from fundraising events ▶		0		
9a	Gross income from gaming activities See Part IV, line 19 a						
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities ▶		0		
10a	Gross sales of inventory, less returns and allowances a						
		b	Less cost of goods sold b				
		c	Net income or (loss) from sales of inventory ▶		0		
Miscellaneous Revenue		Business Code					
11a	CATALOG SALES	453,220	137,989	137,989			
b	MAGAZINE ADVERTISING INCOME	511,120	655,275		655,275		
c	INVESTMENT TAX REFUND	523,000	22		22		
d	All other revenue						
e	Total. Add lines 11a-11d ▶		793,286				
12	Total revenue. See Instructions ▶		44,631,523	10,320,414	655,275	7,273,997	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	401,339	401,339		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	7,180,798	7,180,798		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,075,157	652,019	355,198	67,940
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	9,726,188	6,396,924	3,025,461	303,803
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	713,207	394,885	299,019	19,303
9	Other employee benefits	1,640,250	896,099	689,681	54,470
10	Payroll taxes	729,905	397,127	307,175	25,603
11	Fees for services (non-employees)				
a	Management	827,092	435,367	357,518	34,207
b	Legal	755,973	31,183	713,155	11,635
c	Accounting	142,799		142,799	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,919		1,919	
g	Other	145,150	108,853	36,297	
12	Advertising and promotion	212,420	181,106	26,122	5,192
13	Office expenses	2,913,292	1,964,938	882,999	65,355
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,110,180	329,565	771,021	9,594
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,164,632	821,163	321,327	22,142
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	436,211		436,211	
23	Insurance	497,785	80,327	417,458	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEMBERSHIP SERVICES	4,116,597	4,116,213		384
b	PROGRAM & DEVELOPMENT	2,558,660	2,508,111	50,549	
c	PUBLIC RELATIONS	346,581	295,490	42,621	8,470
d	OTHER EXPS & OVERHEAD ALLOC	-17,823	180,543	-217,415	19,049
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	36,678,312	27,372,050	8,659,115	647,147
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	7,447,184	2	11,092,318
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,354,929	4	5,918,284
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,382,649	9	707,695
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	34,937,089		
	b Less accumulated depreciation	23,069,513	10c	11,867,576
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	11,074,800	12	1,088,142
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	61,595,976	15	75,352,212
16 Total assets. Add lines 1 through 15 (must equal line 34)	98,266,525	16	106,026,227	
Liabilities	17 Accounts payable and accrued expenses	6,944,134	17	5,319,941
	18 Grants payable		18	
	19 Deferred revenue	3,293,691	19	2,409,696
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	21,289	25	11,085,163
	26 Total liabilities. Add lines 17 through 25	10,259,114	26	18,814,800
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	87,304,957	27	86,447,249
	28 Temporarily restricted net assets	687,454	28	749,178
	29 Permanently restricted net assets	15,000	29	15,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	88,007,411	33	87,211,427	
34 Total liabilities and net assets/fund balances	98,266,525	34	106,026,227	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
HADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC

Employer identification number

13-1656651

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	45,903,400	42,207,567	13,104,670	19,814,552	26,381,837	147,412,026
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	45,903,400	42,207,567	13,104,670	19,814,552	26,381,837	147,412,026
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						147,412,026

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	45,903,400	2,198,740	13,104,670	19,814,552	26,381,837	147,412,026
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,725,327	2,198,740	1,540,188	227,372	259,763	5,951,390
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,246,918	1,277,987	990,554	1,164,691	137,989	4,818,139
11 Total support (Add lines 7 through 10)						158,181,555
12 Gross receipts from related activities, etc (See instructions)					12	46,449,598

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	93 192 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	89 870 %

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the 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—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC

Employer identification number 13-1656651

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	33,921	33,921												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	41,430	101,430												
c Total lobbying expenditures (add lines 1a and 1b)	75,351	135,351												
d Other exempt purpose expenditures	36,602,961	111,694,307												
e Total exempt purpose expenditures (add lines 1c and 1d)	36,678,312	111,829,658												
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	2,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	500,000												
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	83,875	86,075	35,750	75,351	281,051
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	19,601	27,752	26,075	33,921	107,349

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)).

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC

Employer identification number 13-1656651

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	15,000	17,843			
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs		2,843			
f Administrative expenses					
g End of year balance	15,000	15,000			

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment 0.025 %
- b** Permanent endowment 87.001 %
- c** Term endowment 13.025 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,001,479		2,001,479
b Buildings		16,117,626	7,168,902	8,948,724
c Leasehold improvements				
d Equipment		13,373,824	12,614,963	758,861
e Other		3,444,160	3,285,648	158,512
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				11,867,576

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V	HADASSAH'S ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED NET ASSETS SUBJECT TO DONOR-IMPOSED RESTRICTIONS, WHICH STIPULATE THAT THE PRINCIPAL BE MAINTAINED PERMANENTLY BUT PERMIT HADASSAH TO EXPEND PART OR ALL OF THE INCOME AND GAINS DERIVED THEREFROM THESE FUNDS WILL BE USED TO ENHANCE HADASSAH'S MISSION, WHICH IS TO SUPPORT HEALTHCARE, EDUCATION, YOUTH PROGRAMS AND THE QUALITY OF AMERICAN AND JEWISH LIFE IN THE UNITED STATES AND ISRAEL
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X, LINE 2	IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ASC NO 740-10 (FORMERLY REFERRED TO AS FIN 48), ACCOUNTING FOR UNCERTAINTY INCOME TAXES (ASC 740-10), WHICH ADDRESSED ACCOUNTING FOR, AND DISCLOSURE OF, UNCERTAIN TAX POSITIONS ASC 740-10 PRESCRIBES A MODEL FOR HOW AN ENTITY SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ENTITY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN UNDER ASC 740-10, THE FINANCIAL STATEMENTS WILL REFLECT EXPECTED FUTURE TAX CONSEQUENCES OF SUCH POSITIONS, PRESUMING THE TAX AUTHORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS ASC 740-10 WILL REQUIRE AN ENTITY TO RECOGNIZE THE BENEFIT OF TAX POSITIONS WHEN IT IS "MORE LIKELY THAN NOT" THAT THE PROVISION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION HADASSAH ADOPTED ASC 740-10 IN 2009 THE ADOPTION OF ASC 740-10 DID NOT HAVE A MATERIAL IMPACT ON HADASSAH'S CONSOLIDATED FINANCIAL STATEMENTS

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC

Employer identification number 13-1656651

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region, (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region. Includes entry for Middle East and North Africa with 7,180,798 in total expenditures.

Schedule I (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2009 Open to Public Inspection

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC

Employer identification number 13-1656651

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include organizations like CAMP JUDAEA, CAMP YOUNG JUDAEA, YOUNG JUDAEA SPROUT, etc.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

HADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC

Employer identification number

13-1656651

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a Yes

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

5a No

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

5b No

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

6a No

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

6b No

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

8 No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICK ANNIS	(i)	196,401	0	899	12,863	5,175	215,338	0
	(ii)	196,401	0	898	12,862	5,175	215,336	0
SHERYL ZELIGSON	(i)	158,042	0	295	12,863	5,175	176,375	0
	(ii)	158,042	0	294	12,862	5,175	176,373	0
MORLIE LEVIN	(i)	80,791	0	108,593	8,255	5,175	202,814	0
	(ii)	80,791	0	108,592	8,254	5,175	202,812	0
LARRY BLUM	(i)	178,850	0	1,346	12,863	5,175	198,234	0
	(ii)	178,850	0	1,346	12,862	5,175	198,233	0
CATHERINE REED	(i)	17,757	0	53	1,869	2,296	21,975	0
	(ii)	204,208	0	607	21,495	26,409	252,719	0
AVRAM ARIAN	(i)	194,068	0	1,639	21,102	18,681	235,490	0
	(ii)	0	0	0	0	0	0	0
ALAN TIGAY	(i)	179,395	0	1,089	21,479	18,647	220,610	0
	(ii)	0	0	0	0	0	0	0
STEVEN GOLDBERG	(i)	94,008	0	165	9,684	4,983	108,840	0
	(ii)	94,007	0	165	9,683	4,982	108,837	0
CRAIG PURINTON	(i)	14,069	0	8	1,404	2,286	17,767	0
	(ii)	161,798	0	98	16,152	26,293	204,341	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
ADDITIONAL DISCLOSURES	SCHEDULE J	PART II COLUMN C CONSISTS ONLY OF CONTRIBUTIONS TO COMPANY RETIREMENT PLANS. PART II COLUMN D INCLUDES NOT ONLY EMPLOYER PROVIDED BENEFITS, BUT ALSO EMPLOYEE CONTRIBUTIONS FOR HEALTH INSURANCE, MEDICAL AND/OR CHILDCARE FLEXIBLE SPENDING ACCOUNTS, AND QUALIFIED TRANSPORTATION FRINGE BENEFITS.
ESTIMATED AMOUNT OF OTHER COMPENSATION	SCHEDULE J-2, COLUMN F	THIS COLUMN INCLUDES NOT ONLY EMPLOYER PROVIDED BENEFITS, BUT ALSO EMPLOYEE CONTRIBUTIONS FOR HEALTH INSURANCE, MEDICAL AND/OR CHILDCARE FLEXIBLE SPENDING ACCOUNTS, QUALIFIED TRANSPORTATION FRINGE BENEFITS, AND RETIREMENT FUNDS.
SEVERANCE PAYMENT	SCHEDULE J, PART I, LINE 4A	MORLIE LEVIN - \$216,000 SEVERANCE PAY
COMPENSATION	SCHEDULE J	OFFICERS AND KEY EMPLOYEES' SALARIES AND RELATED BENEFITS ARE ALSO ALLOCATED TO HADASSAH MEDICAL RELIEF ASSOCIATION [HMRA, EIN 13-6110872]. THE HWZOA'S CURRENT ACCOUNTING PROCEDURES DO NOT SEPARATELY TRACK SUCH EXPENDITURES FOR EACH ORGANIZATION. FOR PURPOSES OF PART VII AND SCHEDULE J, SALARIES ARE ALLOCATED BETWEEN HWZOA AND HMRA IN A MANNER CONSISTENT WITH THE ALLOCATION OF THE EXPENSES BETWEEN THE TWO ORGANIZATIONS. HMRA RELIES ON HWZOA FOR ESTABLISHING COMPENSATION OF THE TOP MANAGEMENT OFFICIAL THROUGH THE USE OF AN INDEPENDENT COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC

Employer identification number

13-1656651

Identifier	Return Reference	Explanation
GENERAL EXPLANATION ATTACHMENT		SEE RELATED ENTITY'S FORM 990 - HADASSAH MEDICAL RELIEF ASSOCIATION ("HMRA") HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC ("HWZOA") IS THE CENTRAL ORGANIZATION FOR A GROUP EXEMPTION FOR LOCAL HADASSAH CHAPTERS AROUND THE COUNTRY, AND FILES ITS OWN RETURN A SEPARATE FORM 990 IS FILED FOR ITS SUBORDINATE ORGANIZATIONS, UNDER EIN 13-6227614, GROUP EXEMPTION NUMBER 0636 THE PRIOR YEAR RETURN WAS FOR A SHORT PERIOD OF 06/01/2008-12/31/2008 ONLY, DUE TO A CHANGE OF ACCOUNTING PERIOD
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	HWZOA IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT UNDER 501(C)(3) OF THE US INTERNAL REVENUE CODE IN ISRAEL, HADASSAH INITIATES AND SUPPORTS PACE-SETTING HEALTH CARE, EDUCATION AND YOUTH INSTITUTIONS, AND LAND DEVELOPMENT TO MEET THE COUNTRY'S CHANGING NEEDS IN THE UNITED STATES, HADASSAH ENHANCES THE QUALITY OF AMERICAN AND JEWISH LIFE THROUGH ITS EDUCATION AND ZIONIST YOUTH PROGRAMS, PROMOTES HEALTH AWARENESS, AND PROVIDES PERSONAL ENRICHMENT AND GROWTH FOR ITS MEMBERS
RELATIONSHIP SCHEDULE	FORM 990, PART VI, LINE 2	OFFICER/DIRECTOR RELATED PERSON RELATIONSHIP NANCY FALCHUK SHERRI ADES FALCHUK FAMILY RELATIONSHIP DEBORAH B KAPLAN MIRIAM ARON FAMILY RELATIONSHIP RUTH HENDELMAN CAROL ROSENTHAL FAMILY RELATIONSHIP JILL HERSHBEIN EDDY SSE KESSLER FAMILY RELATIONSHIP TRISHA MARGULIES DEBORAH SHENDELMAN FAMILY RELATIONSHIP JEAN WEITZ LAURIE WEITZ FAMILY RELATIONSHIP BARBARA SPACK BETH SPACK FAMILY RELATIONSHIP LOIS KOFF BARBARA PAILET FAMILY RELATIONSHIP BETH AARONSON ROBIN TEIG FAMILY RELATIONSHIP
MEMBERS	FORM 990, PART VI, LINES 6, 7A AND 7B	HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, IS A VOLUNTEER AND A MEMBERSHIP WOMEN'S ORGANIZATION, WHOSE MEMBERS ARE MOTIVATED AND INSPIRED TO STRENGTHEN THEIR PARTNERSHIP WITH ISRAEL, ENSURE JEWISH CONTINUITY, AND REALIZE THEIR POTENTIAL AS A DYNAMIC FORCE IN AMERICAN SOCIETY HADASSAH'S MEMBERS ELECT ITS NATIONAL BOARD ANNUALLY AT THEIR NATIONAL MEETING AT THE NATIONAL MEETING, THE MEMBERS ALSO APPROVE THE ANNUAL BUDGET PREPARED BY THE NATIONAL BOARD, AND DETERMINE GENERAL POLICIES AND TRANSACT OTHER BUSINESS
REVIEW PROCESS OF FORM 990	FORM 990, PART VI, LINE 11A	THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE COMPANY AND IN CONSULTATION WITH THE COMPANY'S STAFF THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN CAREFULLY REVIEWED BY THE COMPANY THE NATIONAL PRESIDENT AND THE NATIONAL TREASURER, ON BEHALF OF THE BOARD OF DIRECTORS, LED A COMMITTEE, WHICH INCLUDES BOARD MEMBERS, THAT REVIEWED AND APPROVED THE FORM 990 THE FINAL VERSION IS MADE AVAILABLE IN ACCORDANCE WITH IRS REGULATIONS
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	A COPY OF THE CONFLICT OF INTEREST POLICY IS GIVEN TO THE NATIONAL BOARD MEMBERS AND ALL NATIONAL STAFF ONCE EACH YEAR, AND IS ALSO AVAILABLE YEAR-ROUND ON OUR INTRANET AND IN THE PERSONNEL POLICY MANUAL A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS OBTAINED ANNUALLY FROM ALL NATIONAL BOARD MEMBERS AND ALL NATIONAL STAFF WHO ARE CURRENTLY SERVING THE ORGANIZATION WHEN A CONFLICT ARISES FOR ANY NATIONAL BOARD MEMBER, THAT NATIONAL BOARD MEMBER SHALL REPORT IT IN WRITING TO THE CHAIR OF THE ETHICS COMMITTEE WHEN A CONFLICT OF INTEREST ARISES FOR ANY NATIONAL STAFF MEMBER, THAT STAFF MEMBER SHALL REPORT IT IN WRITING TO THEIR DIRECT SUPERVISOR AND TO THE DIRECTOR OF HUMAN RESOURCES THE POTENTIAL CONFLICT IS THEN BROUGHT TO THE CHAIR OF THE ETHICS COMMITTEE THE ETHICS COMMITTEE REVIEWS EACH DISCLOSURE AT A MEETING CONVENED FOR THAT PURPOSE
COMPENSATION REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 15A AND 15B	WHEN AN OFFICER OR KEY EMPLOYEE IS HIRED, THE ORGANIZATION CONDUCTS A REVIEW OF VARIOUS COMPARABILITY DATA FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, WITH THE ASSISTANCE OF OUTSIDE COUNSEL AND THE SEARCH FIRM THE ORGANIZATION SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE THE COMPENSATION AMOUNT IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD NO INDIVIDUAL HAVING A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE REVIEW OR DECISION IN SUBSEQUENT YEARS, AN INDIVIDUAL MAY RECEIVE A SALARY INCREASE AS APPROVED BY THE COMPENSATION COMMITTEE BONUSES ARE GENERALLY NOT AWARDED FOR PURPOSES OF PART VII AND SCHEDULE J, SALARIES ARE ALLOCATED BETWEEN HWZOA AND HMRA IN A MANNER CONSISTENT WITH THE ALLOCATION OF THE EXPENSES BETWEEN THE TWO ORGANIZATIONS
AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, LINE 4	THE ORGANIZATION'S BYLAWS WERE AMEDNDED DURING THE YEAR, MAKING THE FOLLOWING SIGNIFICANT CHANGES 1) TO CHANGE THE FISCAL YEAR FROM A MAY 31 YEAR END TO A CALENDAR YEAR 2) TO PERMIT ADDITIONAL BOARD MEETINGS TO BE HELD BY CONFERENCE CALL 3) TO IMPOSE A TERM LIMIT ON THE CHAIR OF THE NOMINATING COMMITTEE (A ONE YEAR TERM, WITH A MAXIMUM CONSECUTIVE TERM OF SERVICE OF 3 ONE-YEAR TERMS) 4) TO AMEND THE NOMINATIONS PROCESS FOR NATIONAL OFFICERS, AND 5) TO PERMIT CERTAIN NOTICES TO BE PROVIDED TO THE BOARD AND LOCAL UNITS BY E-MAIL

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
HADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC

Employer identification number
13-1656651

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FABULOUS FINDS LLC 50 West 58th Street New York, NY 10019 20-3603057	SELL GIFTS	DE	0	5,726 NA	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
---	-------------------------	--	----------------------------	---	----------------------------------

See Additional Data Table

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MASSUAH FOR HOTELKEEPING AND REST LTD C/O 50 WEST 58TH STREET NEW YORK, NY10019	YOUTH HOSTEL	IS	NA		0	0	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	HADASSAH MEDICAL RELIEF ORGANIZATION	K	16,098,341
(2)	HADASSAH MEDICAL RELIEF ORGANIZATION	C	13,986,744
(3)	YOUNG JUDAEA INC DBA CAMP TEL YEHUDA	P	371,651
(4)	YOUNG JUDAEA SPROUT LAKE CAMP	P	146,332
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:
Software Version:
EIN: 13-1656651
Name: HADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
HADASSAH MEDICAL RELIEF ASSOCIATION INC 50 WEST 58TH STREET NEW YORK, NY10019 13-6110872	CHARITABLE	NY	501(C)(3)	7	NA
THE HADASSAH FOUNDATION INC 50 WEST 58TH STREET NEW YORK, NY10019 13-4022483	CHARITABLE	NY	501(C)(3)	11, I	NA
HADASSAH OFFICE IN ISRAEL C/O 50 WEST 58TH STREET NEW YORK, NY10019	CHARITABLE	IS			N/A
HADASSAH INTL MEDICAL RELIEF ASSOCIATION C/O 50 WEST 58TH STREET NEW YORK, NY10019	CHARITABLE	BD			N/A
YOUNG JUDAEA INC DBA CAMP TEL YEHUDA 50 WEST 58TH STREET NEW YORK, NY10019 13-5654375	CAMP	NY	501(C)(3)	9	NA
YOUNG JUDAEA SPROUT LAKE CAMP 50 WEST 58TH STREET NEW YORK, NY10019 13-2830437	CAMP	NY	501(C)(3)	9	NA
YOUNG JUDAEA CAMPS INC 50 WEST 58TH STREET NEW YORK, NY10019 93-1272665	CAMP	DE	501(C)(3)	9	NA
HADASSAH MEXICO AC HACIENDA EL CIERVO 7A-JR2 HUIXQUILUCAN 52763 MX	CHARITABLE	MX			HIMRA
HADASSAH BELGIQUE ASBL (BELGIUM)	CHARITABLE	BE			HIMRA
HADASSAH MEDICAL ORGANIZATION KIRYAT HADASSAH PO BOX 12000 JERUSALEM 91120 IS	MEDICAL	IS			NA
HADASSAH YOUTH SERVICES AMUTA C/O 50 WEST 58TH STREET NEW YORK, NY10019	CHARITABLE	IS			NA
HADASSAH WUJS ARAD LTD C/O 50 WEST 58TH STREET NEW YORK, NY10019	CHARITABLE	IS			NA
AMUTAT CHILDREN'S VILLAGE MEIER SHFEYAH C/O 50 WEST 58TH STREET NEW YORK, NY10019	CHARITABLE	IS			NA

TY 2009 Affiliated Group Schedule

Name: HADASSAH THE WOMEN'S ZIONIST ORG
 OF AMERICA INC
EIN: 13-1656651

Affiliated Group Business Name:	HADASSAH THE WOMEN'S ZIONIS
Address. Either US or Foreign Type:	50 WEST 58TH STREET NEW YORK, NY 10019
EIN:	13-1656651
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	33,921
Total Direct Lobbying:	41,430
Total Lobbying Expenditures:	75,351
Other Exempt Purpose Expenditures:	36,602,961
Total Exempt Purpose Expenditures:	36,678,312
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	HADASSAH MEDICAL RELIEF ASSO
Address. Either US or Foreign Type:	50 WEST 58TH STREET NEW YORK, NY 10019
EIN:	13-6110872
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	60,000
Total Lobbying Expenditures:	60,000
Other Exempt Purpose Expenditures:	75,091,346
Total Exempt Purpose Expenditures:	75,151,346
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	THE HADASSAH FOUNDATION INC
Address. Either US or Foreign Type:	50 WEST 58TH STREET NEW YORK, NY 10019
EIN:	13-4022483
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

TY 2009 Other Deductions Schedule

Name: HADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC

EIN: 13-1656651

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER EXPENSES		
IMPAIRMENT OF FIXED ASSETS		

Additional Data

Software ID:
Software Version:
EIN: 13-1656651
Name: HADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$	13,879,809	including grants of \$	7,572,661) (Revenue \$	10,182,425)
YOUNG JUDAEA				
(Code) (Expenses \$	2,095,140	including grants of \$) (Revenue \$)
MAGAZINE				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY FALCHUK President	34 0	X		X				0	0	0
MARCIE NATAN Treasurer	34 0	X		X				0	0	0
ELLEN HERSHKIN Secretary	27 0	X		X				0	0	0
SHEILA DERMAN Vice President	11 0	X		X				0	0	0
KATIE EDELSTEIN Vice President	6 0	X		X				0	0	0
SANDRA GOLDSTEIN Vice President	11 0	X		X				0	0	0
RONNIE ROSEN Vice President	21 0	X		X				0	0	0
BENITA ROSS Vice President	24 0	X		X				0	0	0
ROSALIND ROSEN Vice President	16 0	X		X				0	0	0
JUDY SHERECK Vice President	24 0	X		X				0	0	0
ELLEN STEINBERG Vice President	14 0	X		X				0	0	0
CHARLOTTE JACOBSON Honorary Vice President	7 0	X						0	0	0
CARMELA E KALMANSON Honorary Vice President	7 0	X						0	0	0
DEBORAH B KAPLAN Honorary Vice President	16 0	X						0	0	0
BONNIE LIPTON Honorary Vice President	21 0	X						0	0	0
RUTH W POPKIN Honorary Vice President	7 0	X						0	0	0
MARLENE E POST Honorary Vice President	26 0	X						0	0	0
BERNICE S TANNENBAUM Honorary Vice President	17 0	X						0	0	0
BETH AARONSON National Board Member	9 0	X						0	0	0
RENEE ALBERT National Board Member	19 0	X						0	0	0
DR SANDRA ALFONSI National Board Member	9 0	X						0	0	0
SHERRY ALTURA National Board Member	9 0	X						0	0	0
PHYLLIS BERLAS National Board Member	14 0	X						0	0	0
BETTYE BERLIN National Board Member	14 0	X						0	0	0
ESTHER YELEN BERMAN National Board Member	9 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RHODA BERNSTEIN National Board Member	19 0	X						0	0	0
PENNIE SESSLER BRANDEN National Board Member	9 0	X						0	0	0
SHARON CADOFF National Board Member	9 0	X						0	0	0
RUTH G COLE National Board Member	9 0	X						0	0	0
LISA DAVIDSON National Board Member	9 0	X						0	0	0
ROCHELLE EDELMAN National Board Member	9 0	X						0	0	0
SANDY EINBERG National Board Member	14 0	X						0	0	0
KAREN EISLER National Board Member	9 0	X						0	0	0
BARBARA EXTEIN National Board Member	9 0	X						0	0	0
CAROL FEIN National Board Member	9 0	X						0	0	0
BARBARA FLEISCHER National Board Member	9 0	X						0	0	0
ELIZABETH L FOX National Board Member	14 0	X						0	0	0
DEBBIE FRIEDMAN National Board Member	9 0	X						0	0	0
DOROTHY GANZ National Board Member	9 0	X						0	0	0
DONNA GERSON National Board Member	9 0	X						0	0	0
CLARA GILLMAN National Board Member	9 0	X						0	0	0
NORMA S GINDES National Board Member	9 0	X						0	0	0
LYNN GOLD-BENJAMIN National Board Member	19 0	X						0	0	0
RITA GOTTLIEB National Board Member	9 0	X						0	0	0
HAREN HABER National Board Member	9 0	X						0	0	0
RUTH HENDELMAN National Board Member	9 0	X						0	0	0
KATHY HERSHFELD National Board Member	9 0	X						0	0	0
PAULA JARNICKI National Board Member	9 0	X						0	0	0
DEBORAH JEWETT National Board Member	9 0	X						0	0	0
CAROL GOODMAN KAUFMAN National Board Member	9 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDDYSE KESSLER National Board Member	9 0	X						0	0	0
SANDRA KING National Board Member	14 0	X						0	0	0
GLORIA KRAMER National Board Member	9 0	X						0	0	0
SHARON KRISCHER National Board Member	9 0	X						0	0	0
MARCIA GABRILOVE LADIN National Board Member	9 0	X						0	0	0
RICKIE LEITER National Board Member	9 0	X						0	0	0
BARBARA LEVIN National Board Member	9 0	X						0	0	0
PATRICIA LEVINSON National Board Member	9 0	X						0	0	0
ANITA LEVY National Board Member	9 0	X						0	0	0
ESTIE LIPSIT National Board Member	9 0	X						0	0	0
VALERIE LOWENSTEIN National Board Member	19 0	X						0	0	0
ELLYN LYONS National Board Member	24 0	X						0	0	0
TRISHA S MARGULIES National Board Member	19 0	X						0	0	0
DEBRA MAZON National Board Member	9 0	X						0	0	0
DEBORAH MINKOFF National Board Member	19 0	X						0	0	0
JULIE MORRIS National Board Member	19 0	X						0	0	0
SUSAN MOYE National Board Member	19 0	X						0	0	0
SORAYA NAZARIAN National Board Member	9 0	X						0	0	0
JANE NYCE National Board Member	19 0	X						0	0	0
HELAINÉ OHAYON National Board Member	24 0	X						0	0	0
TOBEY ROLKEN ESQ National Board Member	9 0	X						0	0	0
JUDITH L PALKOVITZ National Board Member	19 0	X						0	0	0
JOY E POLLOCK ESQ National Board Member	9 0	X						0	0	0
JILL PROSKY National Board Member	9 0	X						0	0	0
JOYCE RABIN National Board Member	24 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HANNA POLLACK National Board Member	9 0	X						0	0	0
LONYE RASCH National Board Member	19 0	X						0	0	0
FRIEDA ROSENBERG National Board Member	9 0	X						0	0	0
BARBARA SABIN National Board Member	9 0	X						0	0	0
ALECIA B SACHS National Board Member	9 0	X						0	0	0
JUDI SCHRAM National Board Member	9 0	X						0	0	0
MAUREEN SCHULMAN National Board Member	24 0	X						0	0	0
SIMA SCHUSTER National Board Member	19 0	X						0	0	0
RONI SCHWARTZ National Board Member	19 0	X						0	0	0
SHELLEY SHERMAN National Board Member	24 0	X						0	0	0
ANDREA SILAGI National Board Member	24 0	X						0	0	0
NATALIE SILVERMAN National Board Member	9 0	X						0	0	0
BELLE H SIMON National Board Member	9 0	X						0	0	0
ANNETTE SONDOCK National Board Member	24 0	X						0	0	0
BARBARA SPACK National Board Member	19 0	X						0	0	0
JUDITH H SWARTZ National Board Member	14 0	X						0	0	0
ROSELLE UNGAR National Board Member	14 0	X						0	0	0
KAREN G VENEZKY National Board Member	19 0	X						0	0	0
SUSAN WEINBERG National Board Member	9 0	X						0	0	0
ELAINE WEISER National Board Member	19 0	X						0	0	0
JUDITH WEISS National Board Member	9 0	X						0	0	0
JEAN WEITZ National Board Member	9 0	X						0	0	0
LAURIE WEITZ National Board Member	9 0	X						0	0	0
LAURIE WERNER National Board Member	9 0	X						0	0	0
SUSAN WILKOF National Board Member	9 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEONA K COHEN National Board Member	9 0	X						0	0	0
LIZ ALPERT Region President	22 0	X						0	0	0
SUE BELLER Region President	22 0	X						0	0	0
JUDY EDWARDS Region President	22 0	X						0	0	0
ANN EISENBERG Region President	22 0	X						0	0	0
KAREN HERTZ EVERETT Region President	22 0	X						0	0	0
KAREN GOLDMAN Region President	22 0	X						0	0	0
DIANNE GOTTLIEB Region President	22 0	X						0	0	0
ELISSA GREBBER Region President	22 0	X						0	0	0
GAIL HAMMERMAN Region President	22 0	X						0	0	0
REBECCA KRASNEGOR Region President	22 0	X						0	0	0
LINDA LANDER Region President	22 0	X						0	0	0
SHEILA MAGERMAN Region President	22 0	X						0	0	0
DALE MARCUS Region President	22 0	X						0	0	0
ANITA MARMER Region President	22 0	X						0	0	0
ELLEN K MASTERS Region President	22 0	X						0	0	0
SHEREE MIROCHNIK Region President	22 0	X						0	0	0
MELANIE NASBERG Region President	22 0	X						0	0	0
MARILYN ROSENTHAL Region President	22 0	X						0	0	0
DR RACHEL SCHONBERGER Region President	22 0	X						0	0	0
CAROL ANN SCHWARTZ Region President	22 0	X						0	0	0
BARBARA SHURBERG Region President	22 0	X						0	0	0
DIANE SIGEL Region President	22 0	X						0	0	0
RHODA F SMOLOW Region President	22 0	X						0	0	0
KAREN SPIVACK Region President	22 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANE STROM Region President	22 0	X						0	0	0
DANA WAXLER Region President	22 0	X						0	0	0
CAROL WEISS Region President	22 0	X						0	0	0
BEVERLY FINE Big Chapter President	22 0	X						0	0	0
FRANCES GIVERTZ Big Chapter President	22 0	X						0	0	0
JILL B GOLDSTONE Big Chapter President	22 0	X						0	0	0
LYNDA HEYMAN Big Chapter President	22 0	X						0	0	0
AMY SLOANE Big Chapter President	22 0	X						0	0	0
ROBIN SHUMAN Big Chapter President	22 0	X						0	0	0
TEMA STERNBERG Big Chapter President	22 0	X						0	0	0
BARBARA MILLER-FOX ABRAMOFF BIG CHAPTER PRESIDENT	22 0	X						0	0	0
RICK ANNIS CHIEF FINANCIAL OFFICER	20 0			X				197,300	197,299	36,075
MORLIE LEVIN EXECUTIVE DIRECTOR	20 0			X				189,384	189,383	26,859
LARRY BLUM CHIEF OPERATING OFFICER	20 0			X				180,196	180,196	36,075
SHERYL ZELIGSON GENERAL COUNSEL	20 0				X			158,337	158,336	36,075
CATHERINE REED DIVISION DIRECTOR	3 0					X		17,810	204,815	52,069
AVRAM ARIAN DIVISION DIRECTOR	40 0					X		195,707	0	39,783
ALAN TIGAY DIVISION DIRECTOR	40 0					X		180,484	0	40,126
STEVEN GOLDBERG DIRECTOR OF EXECUTIVE DIVISION	20 0					X		94,173	94,172	29,332
CRAIG PURINTON DIRECTOR OF MAJOR GIFTS	20 0					X		14,077	161,896	46,135