



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>		<b>D Employer identification number</b> 13-1656651	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC		<b>E Telephone number</b> (212) 355-7900
	Doing Business As		<b>G</b> Gross receipts \$ 47,053,172
	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		
	<b>F Name and address of principal officer</b> JANICE WEINMAN EXECUTIVE DIR 50 WEST 58TH STREET NEW YORK, NY 10019		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> WWW.HADASSAH.ORG		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	
<b>L</b> Year of formation 1922		<b>M</b> State of legal domicile NY	

Part I		Summary		
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities IN ISRAEL, WE SUPPORT HEALTHCARE, EDUCATION, YOUTH PROGRAMS AND LAND DEVELOPMENT IN THE US, WE ENHANCE THE QUALITY OF AMERICAN AND JEWISH LIFE			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	167	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	166	
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	214	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	287,456	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .		<b>7a</b>	468,681	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .		<b>7b</b>	0	
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	39,928,779	35,122,652
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	8,295,616	7,604,792
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	111,048	1,038,388
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,246,021	2,405,332
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	50,581,464	46,171,164
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	7,106,946	15,752,600
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,863,284	8,339,927
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	32,310	10,037
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>638,104</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	14,068,613	9,254,620
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,071,153	33,357,184
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	20,510,311	12,813,980
	Net Assets or Fund Balances			<b>Beginning of Current Year</b>
<b>20</b>		Total assets (Part X, line 16) . . . . .	130,960,868	146,237,124
<b>21</b>		Total liabilities (Part X, line 26) . . . . .	7,383,589	9,890,746
<b>22</b>		Net assets or fund balances Subtract line 21 from line 20 . . . . .	123,577,279	136,346,378

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.				
Sign Here	<div>*****</div> <div>Signature of officer</div>		<div>2012-11-08</div> <div>Date</div>	
	<div>ELLYN LYONS TREASURER</div> <div>Type or print name and title</div>			
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>KPMG LLP</div>	<div>Date</div>	<div>Check if self-employed</div> <div><input type="checkbox"/></div>	<div>Preparer's taxpayer identification number (see instructions)</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>KPMG LLP</div> <div>345 Park Avenue</div> <div>New York, NY 101540102</div>		<div>EIN</div> <div></div>	<div>Phone no</div> <div>(212) 758-9700</div>
	<div>May the IRS discuss this return with the preparer shown above? (see instructions)</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>			

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 7,008,310 including grants of \$ 4,813,812 ) (Revenue \$ )
MEMBERSHIP SERVICES - OFFERS SUPPORT AND ADVISORY SERVICES FOR NEARLY 300,000 MEMBERS/VOLUNTEERS THROUGHOUT 1,057 UNITS 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 \$ 14,009,178 including grants of \$ 9,978,813 ) (Revenue \$ 7,515,671 )
YOUNG JUDAEA'S MISSION IS TO BUILD LEADERSHIP, JEWISH IDENTITY, AND ZIONIST COMMITMENT IN AS MANY YOUNG PEOPLE AS POSSIBLE, TO ENSURE THAT THE JEWISH COMMUNITY WILL GROW AND BE VIBRANT INTO THE NEXT GENERATIONS YOUNG JUDAEA IS GEARED TO CHILDREN AND YOUNG ADULTS AGED EIGHT THROUGH THIRTY FIVE	

4c	(Code ) (Expenses \$ 2,865,117 including grants of \$ 904,904 ) (Revenue \$ )
MARKETING AND COMMUNICATION - PROVIDE SUPPORT SERVICES FOR NATIONAL OFFICE INITIATIVES THROUGH CREATIVE SERVICES, PUBLIC RELATIONS, VIDEO AND MARKETING	

	(Code ) (Expenses \$ 859,419 including grants of \$ 1,250 ) (Revenue \$ 386,187 )
EDUCATION/PUBLIC POLICY	

	(Code ) (Expenses \$ including grants of \$ 53,821 ) (Revenue \$ )
GRANTS	

	(Code ) (Expenses \$ 1,880,594 including grants of \$ ) (Revenue \$ 190,139 )
MAGAZINE	

4d	Other program services (Describe in Schedule O )
	(Expenses \$ 2,740,013 including grants of \$ 55,071 ) (Revenue \$ 576,326 )

4e	Total program service expenses \$ 26,622,618
----	--

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	124
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	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.	<b>2a</b>	214
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	Yes
<b>4a</b>	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 or securities account)?	<b>4a</b>	Yes
<b>b</b>	If "Yes," enter the name of the foreign country: <u>IS</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

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.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a167		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b166		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	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? . . . . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		No
6	Did the organization have members or stockholders? . . . . .	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	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 . . . . .	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Did the organization have a written document retention and destruction policy? . . . . .	14	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? . . . . .			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) . . . . .			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

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 , MD , MI , MN , MS , NH , NJ , NM , OH , OK , OR , PA , SC , TN , UT , VA , WA , WV
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 made these available. Check all that apply. <input checked="" 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 made 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

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	1,241,539	1,328,675	326,732

**2** Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 of reportable compensation from the organization. ▶ 34

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RR DONNELLEY RECEIVABLES PO BOX 13654 NEWARK, NJ 07188	AUDITING/TAX	397,788
SKADDEN ARPS SLATE MEAGHER FLO FOUR TIMES SQUARE NEW YORK, NY 10036	LEGAL	276,658
KPMG LLP 345 PARK AVENUE NEWYORK, NY 10154	AUDITING/TAX	231,188
NATIONAL PUBLIC SAFETY STRATEGY GRP 4 ORCHARD DRIVE CREAM RIDGE, NJ 08514	SECURITY	186,793
GLOBAL CONCEPTS INC PO BOX 7247-6038 PHILADELPHIA, PA 191706038	CONSULTANT	158,809
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>7</b>		

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	5,759,521			
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	22,324,156			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,038,975			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .		35,122,652			
Program Service Revenue	2a	REVENUE FROM YOUTH MOVEMENT/OTHER PROG	Business Code 611710	7,515,671	7,515,671		
	b	REGISTRATION FEE INCOME		89,121	89,121		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		7,604,792			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		6,149		
4		Income from investment of tax-exempt bond proceeds . .		0			0
5		Royalties . . . . .		218,881			218,881
6a		Gross rents	(i) Real				
			(ii) Personal				
			56,247				
b		Less rental expenses					
c		Rental income or (loss)	56,247				
d		Net rental income or (loss) . . . . .		56,247			56,247
7a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			1,148,279				
			748,258				
b		Less cost or other basis and sales expenses	864,298				
c		Gain or (loss)	283,981	748,258			
d		Net gain or (loss) . . . . .		1,032,239			1,032,239
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	5,550			
b		Less direct expenses . . . . .	b	17,710			
c		Net income or (loss) from fundraising events . . .		-12,160			-12,160
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	453220	118,136	18,524		99,612	
b	MAGAZINE ADVERTISING INCOME	511120	468,681		468,681		
c	OTHER	523000	1,555,547			1,555,547	
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		2,142,364				
12	Total revenue. See Instructions . . . . .		46,171,164	7,623,316	468,681	2,956,515	

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)  
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	5,241,995	5,241,995		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	10,510,605	10,510,605		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	646,367		623,078	23,289
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	5,734,468	3,426,196	1,991,438	316,834
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	457,702	280,962	149,377	27,363
9	Other employee benefits	985,930	570,259	361,636	54,035
10	Payroll taxes	515,460	291,815	195,225	28,420
11	Fees for services (non-employees)				
a	Management	735,438	504,699	221,531	9,208
b	Legal	672,938	16,766	635,366	20,806
c	Accounting	217,146	2,332	214,814	
d	Lobbying	23,822	23,822		
e	Professional fundraising See Part IV, line 17	10,037			10,037
f	Investment management fees	1,612		1,612	
g	Other	125,926	23,228	102,640	58
12	Advertising and promotion	0			
13	Office expenses	2,469,680	1,762,506	652,046	55,128
14	Information technology	0			
15	Royalties	0			
16	Occupancy	831,643	487,417	317,320	26,906
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,009,758	694,933	301,925	12,900
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	445,852	267,644	167,004	11,204
23	Insurance	589,104	380,596	195,399	13,109
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	MEMBERSHIP SERVICES	432		0	432
b	PROGRAM & DEVELOPMENT	1,539,175	1,521,963	17,212	0
c	PUBLIC RELATIONS	488,012	480,063	3,450	4,499
d	OVERHEAD ALLOCATION	-137,199		-137,199	
e					
f	All other expenses	241,281	134,817	82,588	23,876
25	Total functional expenses. Add lines 1 through 24f	33,357,184	26,622,618	6,096,462	638,104
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .				0	1	0
	2	Savings and temporary cash investments . . . . .				649,465	2	3,344,691
	3	Pledges and grants receivable, net . . . . .				0	3	0
	4	Accounts receivable, net . . . . .				2,381,823	4	2,066,041
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				0	5	0
	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 . . . . .				0	6	0
	7	Notes and loans receivable, net . . . . .				0	7	0
	8	Inventories for sale or use . . . . .				0	8	0
	9	Prepaid expenses and deferred charges . . . . .				755,893	9	921,827
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	35,167,068				
	b	Less: accumulated depreciation . . . . .	10b	24,397,610		11,433,143	10c	10,769,458
	11	Investments—publicly traded securities . . . . .				0	11	0
	12	Investments—other securities. See Part IV, line 11 . . . . .				1,101,486	12	293,120
	13	Investments—program-related. See Part IV, line 11 . . . . .				0	13	0
	14	Intangible assets . . . . .				0	14	0
	15	Other assets. See Part IV, line 11 . . . . .				114,639,058	15	128,841,987
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				130,960,868	16	146,237,124
Liabilities	17	Accounts payable and accrued expenses . . . . .				4,302,345	17	7,080,242
	18	Grants payable . . . . .				0	18	0
	19	Deferred revenue . . . . .				3,081,244	19	2,810,504
	20	Tax-exempt bond liabilities . . . . .				0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .				0	25	0
	26	Total liabilities. Add lines 17 through 25 . . . . .				7,383,589	26	9,890,746
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 . . . . .				122,553,798	27	135,525,994
	28	Temporarily restricted net assets . . . . .				1,008,481	28	805,384
	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 . . . . .				123,577,279	33	136,346,378
	34	Total liabilities and net assets/fund balances . . . . .				130,960,868	34	146,237,124

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	46,171,164
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	33,357,184
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	12,813,980
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	123,577,279
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-44,881
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	136,346,378

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

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 Se**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,104,670	19,814,552	26,381,837	39,928,779	35,122,652	134,352,490
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	13,104,670	19,814,552	26,381,837	39,928,779	35,122,652	134,352,490
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						134,352,490

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	13,104,670	19,814,552	26,381,837	39,928,779	35,122,652	134,352,490
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,540,188	227,372	259,763	300,952	281,277	2,609,552
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	990,554	1,164,691	137,989	1,854,632	2,147,914	6,295,780
11 Total support (Add lines 7 through 10)						143,257,822

12 Gross receipts from related activities, etc (See instructions )

1238,757,245

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 2011 (line 6 column (f) divided by line 11 column (f))	14	93.784 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93.426 %
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

If the organization answered “Yes,” 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 35c (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 on behalf of or in opposition to candidates for public office 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 funtion 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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

- A

Check

☒

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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)															
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000		3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures	35,750	75,351	63,544		174,645
d Grassroots non-taxable amount	250,000	250,000	250,000		750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures	26,075	33,921	55,278		115,274

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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		933
e	Publications, or published or broadcast statements?	Yes		155
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			1,092
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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
PART II-B		HADASSAH ENGAGES THE SERVICES OF A LOBBYIST AND PROVIDES FUNDS FOR THE GOVERNMENT GRANTS CHAIR (VOLUNTEER) TO ATTEND MEETINGS WITH LEGISLATORS AND THEIR STAFF TO LOBBY FOR GRANTS ISSUED THROUGH THE U S AGENCY FOR INTERNATIONAL DEVELOPMENT HADASSAH INDIRECTLY ENGAGES IN LOBBYING BY - CO-SIGNING LETTERS AND/OR JOINING COALITIONS THROUGH THIS, HADASSAH VOICES POSITIONS ON LEGISLATION, WHICH ARE THEN SHARED WITH ELECTED OFFICIALS, THE PRESS AND/OR POSTED ONLINE STAFF TIME IS ALSO SPENT PARTICIPATING IN COALITION CONFERENCE CALLS - DISTRIBUTING EMAIL ACTION ALERTS TO HADASSAH'S MEMBERS, ASSOCIATES AND SUPPORTER - UPDATING THE NATIONAL ACTION CENTER ON THE HADASSAH WEBSITE, WHICH PROVIDES ANY WEBSITE VISITOR WITH POLICY INFORMATION, DRAFT LETTERS, AND THE MECHANISM TO SEND DIRECT EMAIL COMMUNICATIONS TO THEIR ELECTED OFFICIALS - OCCASIONALLY SPONSORING CONGRESSIONAL TESTIMONY

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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	
1d	
1e	
1f	

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	15,000	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	15,000	15,000

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		2,001,479		2,001,479
b Buildings . . . . .		15,987,721	7,773,325	8,214,396
c Leasehold improvements . . . . .				
d Equipment . . . . .		13,733,708	13,262,274	471,434
e Other . . . . .		3,444,160	3,362,011	82,149
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				10,769,458



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, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA'S (HWZOA) ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED NET ASSETS SUBJECT TO DONOR-IMPOSED RESTRICTIONS, WHICH STIPULATE THAT THE PRINCIPAL BE MAINTAINED PERMANENTLY BUT PERMIT HWZOA TO EXPEND PART OR ALL OF THE INCOME AND GAINS DERIVED THEREFROM. THESE FUNDS WILL BE USED TO ENHANCE HWZOA'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	THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX PROVISIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. AS OF DECEMBER 31, 2011, THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED INCOME TAX LIABILITY WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS CONSOLIDATED FINANCIAL STATEMENTS.





Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Middle East/North Africa	GENERAL SUPPORT	32,000				
			Middle East/North Africa	GENERAL SUPPORT	9,573,701				
			Middle East/North Africa	GENERAL SUPPORT	904,904				

2

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

3

3

Enter total number of other organizations or entities . . . . .

## Part III

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

## Part V

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

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

2011

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 . . . . . ▶ ☐

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

52

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
GRANTMAKERS	SCHEDULE I, PART I, LINE 2	ALL GRANTEES ARE REQUIRED TO PROVIDE WRITTEN DOCUMENTATION ON THE USE OF THE FUNDS AND ANNUAL FINANCIAL STATEMENTS THERE IS ONGOING COMMUNICATION BETWEEN ALL GRANTEES AND MANAGEMENT INCLUDING PERIODIC SITE VISITS GRANTS ARE AWARDED AFTER BOARD APPROVAL CRITERIA INCLUDE OVERALL FIT INTO HADASSAH'S MISSION AND AVAILABLE RESOURCES

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP JUDAEA INC2700 NORTHEAST EXPRESSWAYATLANTA ATLANTA,GA 30345	58-6014651	501(C)(3)	57,000				GENERAL SUPPORT
CAMP YOUNG JUDAEA MIDWEST50 WEST 58TH STREET NEW YORK,NY 10019	39-1672846	501(C)(3)	28,400				GENERAL SUPPORT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG JUDAEA (CAMP TEL YEHUDA)4711 GOLF ROAD SUITE 600 SKOKIE,IL 60076	13-2830437	501(c)(3)	91,687				GENERAL SUPPORT
CAMP YOUNG JUDAEA TEXAS50 WEST 58TH STREET NEW YORK,NY 10019	74-1189680	501(c)(3)	61,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG JUDAEA GLOBAL9647 HILCROFT HOUSTON, TX 77096	45-2640858	501(c)(3)	151,000				GENERAL SUPPORT
YOUNG JUDAEA SPROUT LAKE CAMP INC50 WEST 58TH STREET NEW YORK, NY 10019	13-2830437	501(c)(3)	40,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HADASSAH SOUTHERN CALIFORNIA50 WEST 58TH STREET NEW YORK, NY 10019	95-1622480	501(C)(3)	1,462,689				GENERAL SUPPORT
FLORIDA ATLANTIC REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-2057880	501(C)(3)	413,514				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HADASSAH OF GREATER PHILADELPHIA50 WEST 58TH STREET NEW YORK, NY 10019	23-1538399	501(C)(3)	278,329				GENERAL SUPPORT
CHICAGO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	36-2244896	501(C)(3)	258,172				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASSAU REGION 50 WEST 58TH STREET NEW YORK, NY 10019	11-1844603	501(C)(3)	192,908				GENERAL SUPPORT
NORTHERN NEW JERSEY 50 WEST 58TH STREET NEW YORK, NY 10019	22-6017974	501(C)(3)	170,852				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MIAMI 50 WEST 58TH STREET NEW YORK, NY 10019	59-1097043	501(C)(3)	157,815				GENERAL SUPPORT
SOUTHERN NEW JERSEY REGION 50 WEST 58TH STREET NEW YORK, NY 10019	22-3069434	501(C)(3)	150,589				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WASHINGTON AREA CHAPTER50 WEST 58TH STREET NEW YORK, NY 10019	52-0211782	501(C)(3)	120,366				GENERAL SUPPORT
HADASSAH OF GREATER BALTIMORE50 WEST 58TH STREET NEW YORK, NY 10019	52-0591573	501(C)(3)	112,040				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTCHESTER REGION50 WEST 58TH STREET NEW YORK, NY 10019	13-1878047	501(C)(3)	93,055				GENERAL SUPPORT
BOSTON50 WEST 58TH STREET NEW YORK, NY 10019	04-2103748	501(C)(3)	84,068				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREAT PLAINS REGION50 WEST 58TH STREET NEW YORK, NY 10019	35-1805399	501(C)(3)	80,488				GENERAL SUPPORT
FLORIDA BROWARD REGION50 WEST 58TH STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	79,378				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER PITTSBURGH CHAPTER50 WEST 58TH STREET NEW YORK, NY 10019	25-1010299	501(C)(3)	78,936				GENERAL SUPPORT
CONNECTICUT REGION50 WEST 58TH STREET NEW YORK, NY 10019	06-0846161	501(C)(3)	67,709				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHEASTERN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	57-1108518	501(C)(3)	62,985				GENERAL SUPPORT
SOUTHERN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	54-2070226	501(C)(3)	60,575				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN NEW ENGLAND REGION 50 WEST 58TH STREET NEW YORK, NY 10019	22-2538049	501(C)(3)	56,831				GENERAL SUPPORT
UPPER MIDWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	45-0338351	501(C)(3)	52,521				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL STATES REGION50 WEST 58TH STREET NEW YORK, NY 10019	34-1922517	501(C)(3)	51,885				GENERAL SUPPORT
NORTH SHORE50 WEST 58TH STREET NEW YORK, NY 10019	33-3005699	501(C)(3)	51,641				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA CENTRAL REGION50 WEST 58TH STREET NEW YORK, NY 10019	59-3654842	501(C)(3)	50,546				GENERAL SUPPORT
GREAT SOUTHWEST REGION50 WEST 58TH STREET NEW YORK, NY 10019	36-4573135	501(C)(3)	50,069				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PACIFIC NORTH WEST REGION50 WEST 58TH STREET NEW YORK, NY 10019	91-0750738	501(C)(3)	49,249				GENERAL SUPPORT
HOUSTON50 WEST 58TH STREET NEW YORK, NY 10019	23-7201570	501(C)(3)	44,166				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN NEW ENGLAND REGION 50 WEST 58TH STREET NEW YORK, NY 10019	04-2294551	501(C)(3)	43,393				GENERAL SUPPORT
DESERT MOUNTAIN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	84-1509842	501(C)(3)	43,134				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL PACIFIC REGION 50 WEST 58TH STREET NEW YORK, NY 10019	23-7183220	501(C)(3)	42,627				GENERAL SUPPORT
SUFFOLK REGION 50 WEST 58TH STREET NEW YORK, NY 10019	23-7192160	501(C)(3)	40,564				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST NYACK REGION50 WEST 58TH STREET NEW YORK, NY 10019	13-2725120	501(C)(3)	33,910				GENERAL SUPPORT
HADASSAH VALLEY OF THE SUN50 WEST 58TH STREET NEW YORK, NY 10019	86-0982552	501(C)(3)	29,978				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FANCISCO CHAPTER50 WEST 58TH STREET NEW YORK, NY 10019	94-1279801	501(C)(3)	27,730				GENERAL SUPPORT
WESTERN NEW ENGLAND50 WEST 58TH STREET NEW YORK, NY 10019	05-0442537	501(C)(3)	27,345				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER DETROIT50 WEST 58TH STREET NEW YORK, NY 10019	38-1396062	501(C)(3)	24,065				GENERAL SUPPORT
BROOKLYN REGION50 WEST 58TH STREET NEW YORK, NY 10019	11-1733456	501(C)(3)	23,071				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN SEABOARD50 WEST 58TH STREET NEW YORK, NY 10019	30-0212774	501(C)(3)	21,841				GENERAL SUPPORT
GREATER ATLANTA CHAPTER50 WEST 58TH STREET NEW YORK, NY 10019	58-6032056	501(C)(3)	21,623				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK REGION50 WEST 58TH STREET NEW YORK, NY 10019	13-1628187	501(C)(3)	20,541				GENERAL SUPPORT
COLUMBUS OHIO CHAPTER50 WEST 58TH STREET NEW YORK, NY 10019	23-7199433	501(C)(3)	19,445				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP JUDAEA ATLANTA50 WEST 58TH STREET NEW YORK, NY 10019	58- 6014601	501(C)(3)	17,891				GENERAL SUPPORT
NORTHERN SEABOARD50 WEST 58TH STREET NEW YORK, NY 10019	14- 1877886	501(C)(3)	15,307				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	43- 0761469	501(C)(3)	12,532				GENERAL SUPPORT
SEATTLE CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	91- 6076833	501(C)(3)	12,294				GENERAL SUPPORT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER MID-ATLANTIC50 WEST 58TH STREET NEW YORK, NY 10019	23-7198286	501(C)(3)	11,121				GENERAL SUPPORT
GREATER KANSAS CITY50 WEST 58TH STREET NEW YORK, NY 10019	44-0579374	501(C)(3)	6,795				GENERAL SUPPORT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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.

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
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?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) LARRY R BLUM L	(i)	204,439	0	1,466	12,863	13,707	232,475	0
	(ii)	204,439	0	1,466	12,863	13,707	232,475	0
(2) RICHARD ANNIS	(i)	207,743	0	990	12,863	7,413	229,009	0
	(ii)	207,743	0	990	12,863	7,413	229,009	0
(3) SHERYL ZELIGSON	(i)	168,876	0	340	12,863	8,163	190,242	0
	(ii)	168,876	0	340	12,863	8,163	190,242	0
(4) MICHAEL OSTROFF	(i)	18,108	0	88	0	2,287	20,483	0
	(ii)	208,232	0	1,022	0	26,301	235,555	0
(5) ALAN TIGAY	(i)	193,092	0	1,658	18,868	28,058	241,676	0
	(ii)	0	0	0	0	0	0	0
(6) STEVEN J GOLDBERG	(i)	110,780	0	49,879	11,221	5,994	177,874	0
	(ii)	110,780	0	49,879	11,221	5,994	177,874	0
(7) NANCY WALKER	(i)	14,315	0	134	1,223	78	15,750	0
	(ii)	164,625	0	1,538	14,059	892	181,114	0
(8) ROGER V MEIER	(i)	82,533	0	46,473	4,368	10,733	144,107	0
	(ii)	82,533	0	46,473	4,368	10,733	144,107	0
(9) JODI WECHTER LEVY	(i)	79,461	0	278	8,755	8,540	97,034	0
	(ii)	79,461	0	278	8,755	8,540	97,034	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.
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.
SEVERANCE PAYMENT	SCHEDULE J, PART I, LINE 4A	ROGER MEIER \$ 92,615 SEVERANCE PAY STEVEN GOLDBERG \$ 99,250 SEVERANCE PAY

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
BUSINESS OR FAMILY RELATIONSHIPS	FORM 990, PART VI, LINE 2	OFFICER/DIRECTOR RELATED PERSON RELATIONSHIP BARBARA SPACK BETH SPACK FAMILY RELATIONSHIP KAREN EISLER JARED WHITE FAMILY RELATIONSHIP SHARON KRISCHER JOAN DENISON FAMILY RELATIONSHIP CAROL ROSENTHAL MADLYN BARNETT FAMILY RELATIONSHIP CAROL ROSENTHAL RHODA BERNSTEIN FAMILY RELATIONSHIP CAROL ROSENTHAL LAURIE WERNER FAMILY RELATIONSHIP ELLEN STEINBERG LINDA FLEISHMAN FAMILY RELATIONSHIP RENEE RESNIK SEEMA LISTON FAMILY RELATIONSHIP DEBORAH KAPLAN MIRIAM ARON FAMILY RELATIONSHIP DEBORAH SHENDELMAN TRISHA S MARGULIES FAMILY RELATIONSHIP RUTH ANN FREEDMAN ARLENE FREEDMAN FAMILY RELATIONSHIP EDDY SE KESSLER JILL A HERSHBEIN FAMILY RELATIONSHIP EDDY SE KESSLER BETH SALTZMAN AARONSON FAMILY RELATIONSHIP CAROL ROSENTHAL RUTH HENDELMAN FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
MEMBERS	FORM 990, PART VI, LINES 6, 7A AND 7B	HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC ("HADASSAH") 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 THE ELECTED DIRECTORS OF THE NATIONAL BOARD ANNUALLY AT THEIR NATIONAL BUSINESS MEETING WHILE OTHER DIRECTORS SERVE BY VIRTUE OF THEIR POSITION IN THE ORGANIZATION. AT THE NATIONAL MEETING, THE MEMBERS ALSO MAY APPROVE THE ANNUAL BUDGET PREPARED BY THE NATIONAL BOARD, AND DETERMINE GENERAL POLICIES AND TRANSACT OTHER BUSINESS.



Identifier	Return Reference	Explanation
990 REVIEW POLICY	FORM 990, PART VI, LINE 11	THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY HWZOA AND IN CONSULTATION WITH HWZOA'S STAFF. THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN CAREFULLY REVIEWED BY HWZOA. A COPY OF THE FINAL FORM 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING WITH THE IRS. THE FORM 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND IS ALSO ON HADASSAH'S WEBSITE.

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
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. THESE PROCEDURES ARE DOCUMENTED CONTEMPORANEOUSLY. 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.

Identifier	Return Reference	Explanation
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 ON THE ORGANIZATION'S WEBSITE.

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED LOSS (44,881) =====

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NANCY FALCHUK TITLE PRESIDENT UNTIL 07/2011 HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NANCY FALCHUK TITLE HONORARY VP FROM 07/2011 HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LARRY R BLUM L TITLE CHIEF OPERATING OFFICER HOURS 20



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD ANNIS TITLE CHIEF FINANCIAL OFFICER HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SHERYL ZELIGSON TITLE GENERAL COUNSEL HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL OSTROFF TITLE CHIEF DEV OFFICER SINCE 05/11 HOURS 37

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEVEN J GOLDBERG TITLE DIRECTOR,EXECUTIVE DIV HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NANCY WALKER TITLE DIRECTOR, MAJOR GIFTS HOURS 37

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROGER V MEIER TITLE DIRECTOR OF IT HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JODI WECHTER LEVY TITLE FINANCE DIRECTOR HOURS 20

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

**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
(1) FABULOUS FINDS LLC 50 West 58th Street New York, NY 10019 20-3603057	SELL GIFTS	DE	0	5,201	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(k) Percentage ownership
							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
(1) CHARIT REMAINDER ANNUITY TRUSTS (134)	INVESTMENTS	NY	HWZOA	TRUST			
(2) CHARITABLE REMAINDER UNITRUSTS (16)	INVESTMENTS	NY	HWZOA	TRUST			
(3) POOLED INCOME FUND (14)	INVESTMENTS	NY	HWZOA	TRUST			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related 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

No

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	(d) Method of determining amount involved
(1) HADASSAH MEDICAL RELIEF ASSOCIATION INC	C	21,783,482	COST
(2) HADASSAH MEDICAL RELIEF ASSOCIATION INC	K	13,636,272	COST
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
PART IV, COLUMN(H)		HWZOA HAS A GREATER THAN 50% BENEFICIAL INTEREST IN ALL THE REMAINDER TRUSTS

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	(g) Section 512 (b)(13) controlled organization	
HADASSAH MEDICAL RELIEF ASSOCIATION INC  50 WEST 58TH STREET NEW YORK, NY 10019 13-6110872	CHARITABLE	NY	501(C)(3)	7	NA	Yes	
THE HADASSAH FOUNDATION INC  50 WEST 58TH STREET NEW YORK, NY 10019 13-4022483	CHARITABLE	NY	501(C)(3)	11,I	NA	Yes	
HADASSAH OFFICE IN ISRAEL  C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	NA	Yes	
HADASSAH INTERNATIONAL LTD  C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	BD	N/A	N/A	NA	Yes	
YOUNG JUDAEA INC DBA CAMP TEL YEHUDA  50 WEST 58TH STREET NEW YORK, NY 10019 13-5654375	CAMP	NY	501(C)(3)	9	NA	Yes	
YOUNG JUDAEA SPROUT LAKE CAMP  50 WEST 58TH STREET NEW YORK, NY 10019 13-2830437	CAMP	NY	501(C)(3)	9	NA	Yes	
YOUNG JUDAEA CAMPS INC  50 WEST 58TH STREET NEW YORK, NY 10019 93-1272665	CAMP	OR	501(C)(3)	9	NA	Yes	
HADASSAH MEXICO AC	CHARITABLE	MX	N/A	N/A	NA	Yes	
HADASSAH BELGIQUE ASBL (BELGIUM)	CHARITABLE	BE	N/A	N/A	NA	Yes	
HADASSAH MEDICAL ORGANIZATION	MEDICAL	IS	N/A	N/A	NA	Yes	
HADASSAH YOUTH SERVICES AMUTA  C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	NA	Yes	
HADASSAH WUJS ARAD LTD  C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	NA	Yes	
AMUTAT CHILDREN'S VILLAGE MEIER SHFEYAH  C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	NA	Yes	

Additional Data

Software ID:

Software Version:

EIN: 13-1656651

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

Form 990, Special Condition Description:

Special Condition Description
-------------------------------

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

4d. Other program services					
(Code )	(Expenses \$	859,419	including grants of \$	1,250 )	(Revenue \$ 386,187 )
EDUCATION/PUBLIC POLICY					
(Code )	(Expenses \$		including grants of \$	53,821 )	(Revenue \$ )
GRANTS					
(Code )	(Expenses \$	1,880,594	including grants of \$		(Revenue \$ 190,139 )
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			
MARCIE NATAN PRESIDENT FROM 2011	34 0	X		X				0	0	0
ELLYN LYONS SECRETARY	34 0	X		X				0	0	0
SANDY EINBERG VICE PRESIDENT UNTIL 07/12/11	11 0	X		X				0	0	0
SHERRY ALTURA VICE PRESIDENT	11 0	X		X				0	0	0
MARLENE KAPLAN VICE PRESIDENT	11 0	X		X				0	0	0
DEBRA MAZON VICE PRESIDENT	11 0	X		X				0	0	0
HELAINÉ OHAYON VICE PRESIDENT UNTIL 07/12/11	24 0	X		X				0	0	0
SUSAN MOYE VICE PRESIDENT	11 0	X		X				0	0	0
RONNIE ROSEN VICE PRESIDENT	21 0	X		X				0	0	0
ROSALIND ROSEN VICE PRESIDENT UNTIL 07/12/11	21 0	X		X				0	0	0
BENITA ROSS VICE PRESIDENT UNTIL 07/12/11	11 0	X		X				0	0	0
RONI SCHWARTZ VICE PRESIDENT	21 0	X		X				0	0	0
SHELLEY SHERMAN VICE PRESIDENT	24 0	X		X				0	0	0
ELLEN HERSHKIN SECRETARY	27 0	X		X				0	0	0
CARMELA E KALMANSON HONORARY VICE PRESIDENT	7 0	X						0	0	0
DEBORAH B KAPLAN HONORARY VICE PRESIDENT	11 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
CHRIS ADLER NATIONAL BOARD MEMBER	9 0	X						0	0	0
SANDRA ADLERDECEASED SEPT 2011 NATIONAL BOARD MEMBER	9 0	X						0	0	0
SANDRA ALFONSI NATIONAL BOARD MEMBER	9 0	X						0	0	0
RENEE ALBERT NATIONAL BOARD MEMBER	19 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			
HAIDI APPEL NATIONAL BOARD MEMBER	9 0	X						0	0	0
MIRIAM ARON NATIONAL BOARD MEMBER	9 0	X						0	0	0
SARA ARONSON NATIONAL BOARD MEMBER	9 0	X						0	0	0
WENDY BACKELMAN 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
PHYLLIS BERLOW NATIONAL BOARD MEMBER	9 0	X						0	0	0
ESTHER YELEN BERMAN NATIONAL BOARD MEMBER	9 0	X						0	0	0
RHODA BERNSTEIN NATIONAL BOARD MEMBER	19 0	X						0	0	0
MINDY BLOOM NATIONAL BOARD MEMBER	11 0	X						0	0	0
AILEEN BORMEL NATIONAL BOARD MEMBER	9 0	X						0	0	0
PENNIE SESSLER BRANDEN NATIONAL BOARD MEMBER	9 0	X						0	0	0
ROSALIND BROWN 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	14 0	X						0	0	0
SHEILA DERMAN NATIONAL BOARD MEMBER	9 0	X						0	0	0
ROCHELLE EDELMAN NATIONAL BOARD MEMBER	9 0	X						0	0	0
KATIE EDELSTEIN NATIONAL BOARD MEMBER	9 0	X						0	0	0
SANDY EINBERG NATIONAL BOARD MEMBER	9 0	X						0	0	0
MARSHA EISENBERG NATIONAL BOARD MEMBER	9 0	X						0	0	0
KAREN EVERETT NATIONAL BOARD MEMBER	9 0	X						0	0	0
KAREN EZRINE NATIONAL BOARD MEMBER	9 0	X						0	0	0
SHERRI ADES FALCHUK NATIONAL BOARD MEMBER	9 0	X						0	0	0
CAROL FEIN 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			
DR FRANCINE FETTMAN 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	9 0	X						0	0	0
DEBBIE FRIEDMAN NATIONAL BOARD MEMBER	9 0	X						0	0	0
LESLIE GAFFIN NATIONAL BOARD MEMBER	9 0	X						0	0	0
DONNA GERSON 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
MICHELLE GOLDBERG NATIONAL BOARD MEMBER	9 0	X						0	0	0
SANDRA GOLDSTEIN NATIONAL BOARD MEMBER	9 0	X						0	0	0
RITA GOTTLIEB NATIONAL BOARD MEMBER	9 0	X						0	0	0
ADELE GREENBLATT NATIONAL BOARD MEMBER	9 0	X						0	0	0
JANICE GREENWALD NATIONAL BOARD MEMBER	9 0	X						0	0	0
RUTH GROSSBERG 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	14 0	X						0	0	0
KATHY HERSHFIELD NATIONAL BOARD MEMBER	9 0	X						0	0	0
BARBARA HORWITZ NATIONAL BOARD MEMBER	9 0	X						0	0	0
DIANE ISSENBERG NATIONAL BOARD MEMBER	9 0	X						0	0	0
PAULA JARNICKI NATIONAL BOARD MEMBER	9 0	X						0	0	0
ROZ KANTOR NATIONAL BOARD MEMBER	9 0	X						0	0	0
MICHELLE KAPLAN NATIONAL BOARD MEMBER	9 0	X						0	0	0
CAROL GOODMAN KAUFMAN NATIONAL BOARD MEMBER	9 0	X						0	0	0
EDDYSE KESSLER NATIONAL BOARD MEMBER	9 0	X						0	0	0
SANDRA KING NATIONAL BOARD MEMBER	14 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			
BARBARA KRAFT NATIONAL BOARD MEMBER	9 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
LINDA LANDER NATIONAL BOARD MEMBER	9 0	X						0	0	0
SHEILA LEBOWITZ 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
VALERIE LOWENSTEIN NATIONAL BOARD MEMBER	9 0	X						0	0	0
SHEILA MACKS NATIONAL BOARD MEMBER	9 0	X						0	0	0
SUSAN MARK NATIONAL BOARD MEMBER	9 0	X						0	0	0
DEBORAH MINKOFF NATIONAL BOARD MEMBER	9 0	X						0	0	0
JULIE MORRIS NATIONAL BOARD MEMBER	19 0	X						0	0	0
MIFFIE NAGORSKY NATIONAL BOARD MEMBER	9 0	X						0	0	0
MELANIE NASBERG NATIONAL BOARD MEMBER	9 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
HELAINE OHAYON NATIONAL BOARD MEMBER	19 0	X						0	0	0
TOBEY R OLKEN ESQ NATIONAL BOARD MEMBER	19 0	X						0	0	0
BARBARA PAILET NATIONAL BOARD MEMBER	1 0	X						0	0	0
JUDITH L PALKOVITZ NATIONAL BOARD MEMBER	19 0	X						0	0	0
HANNA POLLACK NATIONAL BOARD MEMBER	19 0	X						0	0	0
JOY E POLLOCK ESQ NATIONAL BOARD MEMBER	19 0	X						0	0	0
JOYCE RABIN NATIONAL BOARD MEMBER	24 0	X						0	0	0
LONYE RASCH NATIONAL BOARD MEMBER	19 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			
MYRNA RODKIN NATIONAL BOARD MEMBER	9 0	X						0	0	0
ROSALIND ROSEN NATIONAL BOARD MEMBER	19 0	X						0	0	0
FRIEDA ROSENBERG NATIONAL BOARD MEMBER	9 0	X						0	0	0
CAROL ROSENTHAL NATIONAL BOARD MEMBER	9 0	X						0	0	0
BARBARA SABIN NATIONAL BOARD MEMBER	9 0	X						0	0	0
JUDITH SAXE NATIONAL BOARD MEMBER	9 0	X						0	0	0
SHARON SCHNEIDER 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	19 0	X						0	0	0
SIMA SCHUSTER NATIONAL BOARD MEMBER	9 0	X						0	0	0
BETTY SHAPIRO NATIONAL BOARD MEMBER	9 0	X						0	0	0
DEBORAH SHENDELMAN NATIONAL BOARD MEMBER	9 0	X						0	0	0
JUDY SHERECK NATIONAL BOARD MEMBER	24 0	X						0	0	0
NANCY SHUMAN NATIONAL BOARD MEMBER	9 0	X						0	0	0
DIANE SIGEL NATIONAL BOARD MEMBER	9 0	X						0	0	0
NATALIE SILVERMAN NATIONAL BOARD MEMBER	19 0	X						0	0	0
BELLE HSIMON NATIONAL BOARD MEMBER	11 0	X						0	0	0
SHARON SISSELSKY NATIONAL BOARD MEMBER	11 0	X						0	0	0
ANNETTE SONDOCK NATIONAL BOARD MEMBER	24 0	X						0	0	0
KACY SPIVACK NATIONAL BOARD MEMBER	9 0	X						0	0	0
ELLEN STEINBERG NATIONAL BOARD MEMBER	9 0	X						0	0	0
CECILE STERN NATIONAL BOARD MEMBER	9 0	X						0	0	0
JUDITH H SWARTZ NATIONAL BOARD MEMBER	19 0	X						0	0	0
DIANE TAUB NATIONAL BOARD MEMBER	11 0	X						0	0	0
ROSELLE UNGAR NATIONAL BOARD MEMBER	14 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			
KAREN G VENEZKY NATIONAL BOARD MEMBER	9 0	X						0	0	0
SUSAN WEINBERG NATIONAL BOARD MEMBER	9 0	X						0	0	0
ELAINE WEISER DECEASED DEC 2011 NATIONAL BOARD MEMBER	9 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 WERNER NATIONAL BOARD MEMBER	19 0	X						0	0	0
NANCY WIADRO NATIONAL BOARD MEMBER	9 0	X						0	0	0
SUSAN WILKOF NATIONAL BOARD MEMBER	9 0	X						0	0	0
ELAINE WINOGRAD NATIONAL BOARD MEMBER	9 0	X						0	0	0
MONA WOOD NATIONAL BOARD MEMBER	9 0	X						0	0	0
THEDA ZUCKERMAN NATIONAL BOARD MEMBER	9 0	X						0	0	0
GINNY BAIRD REGION PRESIDENT	22 0	X						0	0	0
JACQUIE BAYLEY REGION PRESIDENT	22 0	X						0	0	0
SUE BELLER REGION PRESIDENT	22 0	X						0	0	0
FREDI BROWN REGION PRESIDENT	22 0	X						0	0	0
CAREN CAPLAN REGION PRESIDENT	22 0	X						0	0	0
MEREDITH DRENCH 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
CONNIE CIRILLO FREEMAN 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
RUTH GURSKY REGION PRESIDENT	22 0	X						0	0	0
GAIL HAMMERMAN REGION PRESIDENT	22 0	X						0	0	0
PHYLLIS HARTSTEIN 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			
TERI JUNKER REGION PRESIDENT	22 0	X						0	0	0
REBECCA KRASNEGOR REGION PRESIDENT	22 0	X						0	0	0
VIVIANE KOVACS REGION PRESIDENT	22 0	X						0	0	0
SHEREE MIROCHNIK REGION PRESIDENT	22 0	X						0	0	0
CAROLYN PLESSNER REGION PRESIDENT	22 0	X						0	0	0
LORRAINE RICHTER REGION PRESIDENT	22 0	X						0	0	0
SANDRA ROSE REGION PRESIDENT	22 0	X						0	0	0
MERNA SHAPIRO REGION PRESIDENT	22 0	X						0	0	0
RITA SHAPIRO REGION PRESIDENT	22 0	X						0	0	0
JANE G STROM REGION PRESIDENT	22 0	X						0	0	0
RUTHANNE WARNICK 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
LESLIE ZIDE REGION PRESIDENT	22 0	X						0	0	0
JOAN CHERNOFF EPSTEIN BIG CHAPTER PRESIDENT	22 0	X						0	0	0
RUTH ANN FREEDMAN BIG CHAPTER PRESIDENT	22 0	X						0	0	0
ZANDRA GOLDBERG BIG CHAPTER PRESIDENT	22 0	X						0	0	0
ROZ HOLBERG BIG CHAPTER PRESIDENT	22 0	X						0	0	0
ROBIN SHUMAN BIG CHAPTER PRESIDENT	22 0	X						0	0	0
IRIS TISHKOFF BIG CHAPTER PRESIDENT	22 0	X						0	0	0
LAURIE WEITZ BIG CHAPTER PRESIDENT	22 0	X						0	0	0
SUE URFRIG BIG CHAPTER PRESIDENT	22 0	X						0	0	0
LIZ ALPERT REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
LEONA COHEN REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
BARBARA EXTEIN NATL BD MEMBER UNTIL 7/12/11	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			
BEVERLY FINE BIG CHAPTER PRES UNTIL 7/12/11	22 0	X						0	0	0
CLARA GILLMAN NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
JILL B GOLDSTONE BIG CHAPTER PRES UNTIL 7/12/11	22 0	X						0	0	0
ELISSA GREBBER REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
LYNDA HEYMAN BIG CHAPTER PRES UNTIL 7/12/11	22 0	X						0	0	0
MARCIA GABRILOVE LADIN NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
DEBORAH JEWETT NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
ESTIE LIPSIT NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
SHEILA MAGERMAN REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
DALE MARCUS REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
TRISHA S MARGULIES NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
ELLEN K MASTERS REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
JILL PROSKY NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
RENEE RESNIK NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
MARILYN ROSENTHAL REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
ALECIA SACHS NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
RACHEL SCHONBERGER REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
CAROL ANN SCHWARTZ REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
BARBARA SHURBERG REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
ANDREA SILAGI NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
AMY SLOANE BIG CHAPTER PRES UNTIL 7/12/11	22 0	X						0	0	0
RHODA SMOLOW REGION PRES UNTIL 7/12/11	22 0	X						0	0	0
BARBARA SPACK NATL BD MEMBER UNTIL 7/12/11	9 0	X						0	0	0
TEMA STERNBERG BIG CHAPTER PRES UNTIL 7/12/11	22 0	X						0	0	0
LAURIE WEITZ NATL BD MEMBER UNTIL 7/12/11	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			
NANCY FALCHUK PRESIDENT UNTIL 07/2011	21 0	X		X				60,886	0	0
NANCY FALCHUK HONORARY VP FROM 07/2011	21 0	X						0	0	0
LARRY R BLUM L CHIEF OPERATING OFFICER	20 0			X				205,905	205,905	53,140
RICHARD ANNIS CHIEF FINANCIAL OFFICER	20 0			X				208,733	208,733	40,552
SHERYL ZELIGSON GENERAL COUNSEL	20 0				X			169,216	169,216	42,052
MICHAEL OSTROFF CHIEF DEV OFFICER SINCE 05/11	3 0				X			18,196	209,254	28,588
ALAN TIGAY EXECUTIVE DIRECTOR	40 0					X		194,750	0	46,926
STEVEN J GOLDBERG DIRECTOR, EXECUTIVE DIV	20 0					X		160,659	160,659	34,430
NANCY WALKER DIRECTOR, MAJOR GIFTS	3 0					X		14,449	166,163	16,252
ROGER V MEIER DIRECTOR OF IT	20 0					X		129,006	129,006	30,202
JODI WECHTER LEVY FINANCE DIRECTOR	20 0					X		79,739	79,739	34,590