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Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

HADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

50 WEST 58TH STREET

City or town, state or country, and ZIP + 4

NEW YORK, NY 10019

F Name and address of principal officer
JANICE WEINMAN EXECUTIVE DIR
50 WEST 58TH STREET
NEW YORK, NY 10019

D Employer identification number

13-1656651

E Telephone number

(212) 355-7900

G Gross receipts \$ 47,053,172

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

H(a) Is this a group return for affiliates?

 Yes NoH(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► WWW HADASSAH.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1922

M State of legal domicile NY

Part I Summary

1 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

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	167
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	166
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	214
6 Total number of volunteers (estimate if necessary)	6	287,456
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	468,681
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	39,928,779	35,122,652
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,295,616	7,604,792
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,048	1,038,388
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,246,021	2,405,332
	50,581,464	46,171,164

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	7,106,946	15,752,600
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	8,863,284	8,339,927
b Total fundraising expenses (Part IX, column (D), line 25) ► 638,104	32,310	10,037
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,068,613	9,254,620
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,071,153	33,357,184
19 Revenue less expenses Subtract line 18 from line 12	20,510,311	12,813,980

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	130,960,868	146,237,124
22 Net assets or fund balances Subtract line 21 from line 20	7,383,589	9,890,746
	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	***** Signature of officer ELYN LYONS TREASURER Type or print name and title	2012-11-08 Date
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Paid Preparer's Use Only	Preparer's signature ► KPMG LLP Firm's name (or yours if self-employed), address, and ZIP + 4 345 Park Avenue New York, NY 101540102	Date	Check if self-employed ►	Preparer's taxpayer identification number (see instructions)
				EIN ► Phone no ► (212) 758-9700

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **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

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

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.

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.

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.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

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.

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.

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.

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.

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.

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.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

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.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

14a Did the organization maintain an office, employees, or agents outside of the United States?

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.

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.

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.

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.

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.

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.

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e		No
11f	Yes	
12a		No
12b	Yes	
13		No
14a	Yes	
14b	Yes	
15	Yes	
16		No
17		No
18		No
19		No
20a		No
20b		

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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	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		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	No	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b	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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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)		28a	No	
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	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? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35a	Yes	
35b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	124
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	214
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes
b	If "Yes," enter the name of the foreign country IS See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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	13b	
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	13c	
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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	1a	167	
b Enter the number of voting members included in line 1a, above, who are independent	1b	166	
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? If "No," go to line 13	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 <input checked="" type="checkbox"/> AL, <input checked="" type="checkbox"/> AK, <input checked="" type="checkbox"/> AZ, <input checked="" type="checkbox"/> AR, <input checked="" type="checkbox"/> CA, <input checked="" type="checkbox"/> CT, <input checked="" type="checkbox"/> FL, <input checked="" type="checkbox"/> GA, <input checked="" type="checkbox"/> IL, <input checked="" type="checkbox"/> KS, <input checked="" type="checkbox"/> KY, <input checked="" type="checkbox"/> MD, <input checked="" type="checkbox"/> MI, <input checked="" type="checkbox"/> MN, <input checked="" type="checkbox"/> MS, <input checked="" type="checkbox"/> NH, <input checked="" type="checkbox"/> NJ, <input checked="" type="checkbox"/> NM, <input checked="" type="checkbox"/> OH, <input checked="" type="checkbox"/> OK, <input checked="" type="checkbox"/> OR, <input checked="" type="checkbox"/> PA, <input checked="" type="checkbox"/> SC, <input checked="" type="checkbox"/> TN, <input checked="" type="checkbox"/> UT, <input checked="" type="checkbox"/> VA, <input checked="" type="checkbox"/> WA, <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> JODI WECHTER LEVY HADASSAH 50 WEST 58TH STREET NEW YORK, NY 10019 (212) 355-7900

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►34

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 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>	5	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			AUDITING/TAX	397,788
NEWARK, NJ 07188					
SKADDEN ARPS SLATE MEAGHER FLO	FOUR TIMES SQUARE			LEGAL	276,658
NEW YORK, NY 10036					
KPMG LLP	345 PARK AVENUE			AUDITING/TAX	231,188
NEWYORK, NY 10154					
NATIONAL PUBLIC SAFETY STRATEGY GRP	4 ORCHARD DRIVE			SECURITY	186,793
CREAM RIDGE, NJ 08514					
GLOBAL CONCEPTS INC	PO BOX 7247-6038			CONSULTANT	158,809
PHILADELPHIA, PA 191706038					
2. Total number of independent contractors (including but not limited to those listed above) who received more than					

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

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	Business Code					
	2a REVENUE FROM YOUTH MOVEMENT/OTHER PROG		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		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			
	b Less rental expenses	56,247				
	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			
b Less cost or other basis and sales expenses	1,148,279	748,258				
c Gain or (loss)	864,298					
d Net gain or (loss)	283,981	748,258				
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18			1,032,239		1,032,239	
b Less direct expenses	a	5,550				
c Net income or (loss) from fundraising events	b	17,710				
9a Gross income from gaming activities See Part IV, line 19			-12,160		-12,160	
b Less direct expenses	a					
c Net income or (loss) from gaming activities	b		0			
10a Gross sales of inventory, less returns and allowances						
b Less cost of goods sold	a					
c Net income or (loss) from sales of inventory	b		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"/> <input checked="" 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) Beginning of year	(B) 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	35,167,068	
	10b Less accumulated depreciation	10a 24,397,610	10b 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 AssetsCheck if Schedule O contains a response to any question in this Part XI

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

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

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

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury

Internal Revenue Service

Name of the organization

HADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC

Employer identification number

13-1656651

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

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

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

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)					12	38,757,245
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 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)**Political Campaign and Lobbying Activities****2011****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.

**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
- 4b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 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			
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?		
5 Taxable amount of lobbying and political expenditures (see instructions)	4	
	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

2011

Open to Public
Inspection**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.

Name of the organizationHADASSAH 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? Yes No

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? Yes No

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
2a	
2b	
2c	
2d	

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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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

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

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 VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	128,815,737
(2) SECURITY DEPOSITS	26,250
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	128,841,987

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
See Additional Data Table	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	0

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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.

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

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

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 Supplemental Information

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

**Schedule I
(Form 990)**

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

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Employer identification number

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							

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 INC 2700 NORTHEAST EXPRESSWAY ATLANTA, GA 30345	58- 6014651	501(C)(3)	57,000				GENERAL SUPPORT
CAMP YOUNG JUDAEA MIDWEST 50 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 CALIFORNIA 50 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

(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 OF GREATER PHILADELPHIA 50 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

(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
WESTCHESTER REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13- 1878047	501(C)(3)	93,055				GENERAL SUPPORT
BOSTON 50 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

(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
GREAT PLAINS REGION 50 WEST 58TH STREET NEW YORK, NY 10019	35-1805399	501(C)(3)	80,488				GENERAL SUPPORT
FLORIDA BROWARD REGION 50 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

(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 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

(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
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

(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
CENTRAL STATES REGION 50 WEST 58TH STREET NEW YORK, NY 10019	34-1922517	501(C)(3)	51,885				GENERAL SUPPORT
NORTH SHORE 50 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

(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
FLORIDA CENTRAL REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-3654842	501(C)(3)	50,546				GENERAL SUPPORT
GREAT SOUTHWEST REGION 50 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

(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
PACIFIC NORTH WEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	91- 0750738	501(C)(3)	49,249				GENERAL SUPPORT
HOUSTON 50 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

(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
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 REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13-2725120	501(C)(3)	33,910				GENERAL SUPPORT
HADASSAH VALLEY OF THE SUN 50 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 DETROIT 50 WEST 58TH STREET NEW YORK, NY 10019	38-1396062	501(C)(3)	24,065				GENERAL SUPPORT
BROOKLYN REGION 50 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 REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13- 1628187	501(C)(3)	20,541				GENERAL SUPPORT
COLUMBUS OHIO CHAPTER 50 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 ATLANTA 50 WEST 58TH STREET NEW YORK, NY 10019	58- 6014601	501(C)(3)	17,891				GENERAL SUPPORT
NORTHERN SEABOARD 50 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 CHAPTER50 WEST 58TH STREET NEW YORK, NY 10019	43- 0761469	501(C)(3)	12,532				GENERAL SUPPORT
SEATTLE CHAPTER50 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**Department of the Treasury
Internal Revenue Service

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 organizationHADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC**Employer identification number**

13-1656651

Part I Questions Regarding Compensation

Yes No

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

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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?

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

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

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

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

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

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

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?

b Any related organization?

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?

b Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

1b		
2		
4a	Yes	
4b	No	
4c	No	
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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.

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.

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
ORGANIZATIONS 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)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HADASSAH THE WOMEN'S ZIONIST ORG
OF AMERICA INC

Employer identification number

13-165665

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.)

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.)

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)			

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

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

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	CHARITABLE	MX	N/A	N/A	NA	Yes
HADASSAH BELGIQUE ASBL (BELGIUM) CHARITABLE	CHARITABLE	BE	N/A	N/A	NA	Yes
HADASSAH MEDICAL ORGANIZATION MEDICAL	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
		Or director	Individual trustee	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	
MARCIE NATAN PRESIDENT FROM 2011	34 0	X		X				0	0
ELLYN LYONS SECRETARY	34 0	X		X				0	0
SANDY EINBERG VICE PRESIDENT UNTIL 07/12/11	11 0	X		X				0	0
SHERRY ALTURA VICE PRESIDENT	11 0	X		X				0	0
MARLENE KAPLAN VICE PRESIDENT	11 0	X		X				0	0
DEBRA MAZON VICE PRESIDENT	11 0	X		X				0	0
HELAINE OHAYON VICE PRESIDENT UNTIL 07/12/11	24 0	X		X				0	0
SUSAN MOYE VICE PRESIDENT	11 0	X		X				0	0
RONNIE ROSEN VICE PRESIDENT	21 0	X		X				0	0
ROSALIND ROSEN VICE PRESIDENT UNTIL 07/12/11	21 0	X		X				0	0
BENITA ROSS VICE PRESIDENT UNTIL 07/12/11	11 0	X		X				0	0
RONI SCHWARTZ VICE PRESIDENT	21 0	X		X				0	0
SHELLEY SHERMAN VICE PRESIDENT	24 0	X		X				0	0
ELLEN HERSHKIN SECRETARY	27 0	X		X				0	0
CARMELA E KALMANSON HONORARY VICE PRESIDENT	7 0	X						0	0
DEBORAH B KAPLAN HONORARY VICE PRESIDENT	11 0	X						0	0
BONNIE LIPTON HONORARY VICE PRESIDENT	21 0	X						0	0
RUTH W POPKIN HONORARY VICE PRESIDENT	7 0	X						0	0
MARLENE E POST HONORARY VICE PRESIDENT	26 0	X						0	0
BERNICE STANNENBAUM HONORARY VICE PRESIDENT	17 0	X						0	0
BETH AARONSON NATIONAL BOARD MEMBER	9 0	X						0	0
CHRIS ADLER NATIONAL BOARD MEMBER	9 0	X						0	0
SANDRA ADLERDECEASED SEPT 2011 NATIONAL BOARD MEMBER	9 0	X						0	0
SANDRA ALFONSI NATIONAL BOARD MEMBER	9 0	X						0	0
RENEE ALBERT NATIONAL BOARD MEMBER	19 0	X						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	Office	Key employee	Highest compensated employee			
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
AILLEEN 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	Office	Key employee	Highest compensated employee			
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	Office	Key employee	Highest compensated employee			
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	Office	Key employee	Highest compensated employee			
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	Office	Key employee	Highest compensated employee			
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	Office	Key employee	Highest compensated employee			
TERI JUNKER REGION PRESIDENT	220	X					0	0	0
REBECCA KRASNIEGOR REGION PRESIDENT	220	X					0	0	0
VIVIANE KOVACS REGION PRESIDENT	220	X					0	0	0
SHEREE MIROCHNIK REGION PRESIDENT	220	X					0	0	0
CAROLYN PLESSNER REGION PRESIDENT	220	X					0	0	0
LORRAINE RICHTER REGION PRESIDENT	220	X					0	0	0
SANDRA ROSE REGION PRESIDENT	220	X					0	0	0
MERNA SHAPIRO REGION PRESIDENT	220	X					0	0	0
RITA SHAPIRO REGION PRESIDENT	220	X					0	0	0
JANE G STROM REGION PRESIDENT	220	X					0	0	0
RUTHANNE WARNICK REGION PRESIDENT	220	X					0	0	0
DANA WAXLER REGION PRESIDENT	220	X					0	0	0
CAROL WEISS REGION PRESIDENT	220	X					0	0	0
LESLIE ZIDE REGION PRESIDENT	220	X					0	0	0
JOAN CHERNOFF EPSTEIN BIG CHAPTER PRESIDENT	220	X					0	0	0
RUTH ANN FREEDMAN BIG CHAPTER PRESIDENT	220	X					0	0	0
ZANDRA GOLDBERG BIG CHAPTER PRESIDENT	220	X					0	0	0
ROZ HOLBERG BIG CHAPTER PRESIDENT	220	X					0	0	0
ROBIN SHUMAN BIG CHAPTER PRESIDENT	220	X					0	0	0
IRIS TISHKOFF BIG CHAPTER PRESIDENT	220	X					0	0	0
LAURIE WEITZ BIG CHAPTER PRESIDENT	220	X					0	0	0
SUE URFRIG BIG CHAPTER PRESIDENT	220	X					0	0	0
LIZ ALPERT REGION PRES UNTIL 7/12/11	220	X					0	0	0
LEONA COHEN REGION PRES UNTIL 7/12/11	220	X					0	0	0
BARBARA EXTEIN NATL BD MEMBER UNTIL 7/12/11	90	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	Office	Key employee	Highest compensated employee			
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 UNITL 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	Office	Key employee	Highest compensated employee			
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