



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



Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

## A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable	C Name of organization HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC		D Employer identification number 13-1656651
<input type="checkbox"/> Address change	Name change Doing Business As		
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (212) 355-7900
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 NEW YORK, NY 10019		
<input type="checkbox"/> Application pending			G Gross receipts \$ 110,312,009
F Name and address of principal officer JANICE WEINMAN EXECUTIVE DIR 50 WEST 58TH STREET NEW YORK, NY 10019		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW HADASSAH.ORG

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

## Part I Summary

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)	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	6 Total number of volunteers (estimate if necessary)	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b Net unrelated business taxable income from Form 990-T, line 34	3	171
						4	171
						5	203
						6	285,458
						7a	810,517
						7b	-8,024

8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
					35,122,652	32,382,386
					7,604,792	3,286,053
					1,038,388	63,017,617
					2,405,332	2,259,752
					46,171,164	100,945,808

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14 Benefits paid to or for members (Part IX, column (A), line 4)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e)	16b Total fundraising expenses (Part IX, column (D), line 25) ► 673,866	Prior Year	Current Year
					35,122,652	32,382,386
					7,604,792	3,286,053
					1,038,388	63,017,617
					2,405,332	2,259,752
					46,171,164	100,945,808
					15,752,600	8,069,446
					0	0
					8,339,927	7,984,193
					10,037	5,402
					9,254,620	8,540,082
					33,357,184	24,599,123
					12,813,980	76,346,685

20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
			146,237,124	221,629,201
			9,890,746	8,916,295
			136,346,378	212,712,906

## 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 ELLYN LYONS NATIONAL TREASURER Type or print name and title	2013-11-04 Date
-----------	---	--------------------

Paid Preparer Use Only	Print/Type preparer's name KPMG LLP	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► KPMG LLP	Firm's EIN ►			
	Firm's address ► 345 Park Avenue New York, NY 101540102	Phone no (212) 758-9700			

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

**Part III Statement of Program Service Accomplishments**Check 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 6,993,073 including grants of \$ 3,859,403 ) (Revenue \$ )  
SEE SCHEDULE O**4b** (Code ) (Expenses \$ 4,833,530 including grants of \$ 2,690,543 ) (Revenue \$ 2,974,483 )  
SEE SCHEDULE O**4c** (Code ) (Expenses \$ 5,384,039 including grants of \$ 1,500,750 ) (Revenue \$ 730,385 )  
SEE SCHEDULE O(Code ) (Expenses \$ 524,931 including grants of \$ 750 ) (Revenue \$ 330,492 )  
EDUCATION/PUBLIC POLICY(Code ) (Expenses \$ including grants of \$ 18,000 ) (Revenue \$ )  
GRANTS(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
MAGAZINE**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 542,931 including grants of \$ 18,750 ) (Revenue \$ 330,492 )**4e** **Total program service expenses** ► 17,753,573

**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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

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 XI

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

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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, Parts I and IV

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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)

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 hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8	Yes	
9		No
10	Yes	
11a	Yes	
11b	Yes	
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 any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	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	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	Yes	
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	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b>	112	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	203	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country <u>IS</u> See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7b</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	1	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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

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

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	171		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	171		
<b>2</b> 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?	<b>2</b>	Yes		
<b>3</b> 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?	<b>3</b>	No		
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes		
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No		
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes		
<b>7a</b> 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?	<b>7a</b>	Yes		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> 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				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	Yes	
<b>b</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?	<b>10b</b>	Yes	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No	
<b>b</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?	<b>16b</b>		

### Section C. Disclosure

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, MD, MI, MN, MS, NH, NJ, NM, OH, OK, OR, PA, SC, TN, UT, VA, WA, WV
<b>18</b> 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 <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b> 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 during the tax year	
<b>20</b> State the name, physical address, and telephone number of the person who possesses the books and records of the organization	JODI WECHTER LEVY HADASSAH 50 WEST 58TH STREET NEW YORK, NY (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 VIII

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

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

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

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 organization compensated any current officer, director, or trustee.

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

---

Page 10 of 10

**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 **5**

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RR DONNELLEY RECEIVABLES , PO BOX 13654 NEWARK NJ 07188	PRINTING	625,383
SKADDEN ARPS SLATE MEAGHER FLO , FOUR TIMES SQUARE NEW YORK NY 10036	LEGAL	872,635
KIPJOE INC DBA STEINER CONSTRUCTION , 5525 OAKLAND AVE SUITE 450 WEEDLAND HILLS CA 91364	CONSTRUCTION	259,497
NATIONAL PUBLIC SAFETY STRATEGY GRP , 4 ORCHARD DRIVE CREAM RIDGE NJ 08514	SECURITY	210,362
CRC MEDIA , 333 W 52ND ST NEW YORK NY 10019	MEDIA CONSULTING	230,630

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 ►7

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>	608,285		
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	23,922,980		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	7,851,121		
	<b>g</b> Noncash contributions included in lines 1a-1f \$		30,000		
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		32,382,386		
<b>Program Service Revenue</b>	<b>2a</b> REVENUE FROM YOUTH MOVEMENT/OTHER PROG	Business Code 611710	2,974,483	2,974,483	
	<b>b</b> REGISTRATION FEE INCOME	611710	311,570	311,570	
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		3,286,053		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		121,616		80,132
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
<b>5</b> Royalties . . . . .		185,501			185,501
<b>6a</b> Gross rents	(I) Real 158,091				
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)	158,091	0			
<b>d</b> Net rental income or (loss) . . . . .		158,091			158,091
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities 131,786	(II) Other 72,130,416			
<b>b</b> Less cost or other basis and sales expenses	127,054	9,239,147			
<b>c</b> Gain or (loss)	4,732	62,891,269			
<b>d</b> Net gain or (loss) . . . . .		62,896,001			62,896,001
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a</b> CATALOG SALES	453220	124,510	18,922		105,588
<b>b</b> MAGAZINE ADVERTISING INCOME	511120	730,385		730,385	
<b>c</b> REGISTRATION AND SPONSORSHIP	523000	501,846			501,846
<b>d</b> All other revenue . . . . .		559,419			559,419
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		1,916,160			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		100,945,808	3,304,975	810,517	64,447,930

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,410,860	4,410,860		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,658,586	3,658,586		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees . . .	1,057,444		1,018,822	38,622
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	5,320,052	3,467,341	1,563,336	289,375
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .	385,069	251,165	109,983	23,921
9 Other employee benefits . . .	820,796	491,817	279,473	49,506
10 Payroll taxes . . .	400,832	191,103	189,123	20,606
11 Fees for services (non-employees)				
a Management . . .	447,780	293,493	152,733	1,554
b Legal . . .	1,036,672	7,972	1,007,942	20,758
c Accounting . . .	204,520		204,520	
d Lobbying . . .	0			
e Professional fundraising services See Part IV, line 17	5,402			5,402
f Investment management fees . . .	1,163		1,163	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . .	82,151	28,048	52,518	1,585
12 Advertising and promotion . . .	0			
13 Office expenses . . .	2,284,083	1,672,230	493,162	118,691
14 Information technology . . .	0			
15 Royalties . .	0			
16 Occupancy . . .	1,387,818	1,026,818	334,768	26,232
17 Travel . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .	0			
19 Conferences, conventions, and meetings . . .	605,369	297,413	276,106	31,850
20 Interest . . .	0			
21 Payments to affiliates . . .	0			
22 Depreciation, depletion, and amortization . . .	347,614	180,048	158,247	9,319
23 Insurance . . .	571,313	305,829	251,362	14,122
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a PROVISION FOR BAD DEBTS	523,623	509,467	14,156	
b PROGRAM & DEVELOPMENT	592,482	582,053	10,429	
c PUBLIC RELATIONS	404,993	317,833	82,470	4,690
d OVERHEAD ALLOCATION	-111,663	-31,500	-80,163	
e All other expenses	162,164	92,997	51,534	17,633
<b>25 Total functional expenses.</b> Add lines 1 through 24e	24,599,123	17,753,573	6,171,684	673,866
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing	0	1
	2 Savings and temporary cash investments	3,344,691	2
	3 Pledges and grants receivable, net	0	3
	4 Accounts receivable, net	2,066,041	4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6
	7 Notes and loans receivable, net	0	7
	8 Inventories for sale or use	0	8
	9 Prepaid expenses and deferred charges	921,827	9
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 20,351,446	
b	Less accumulated depreciation	10b 17,914,046	10c 10,769,458
			2,437,400
11	Investments—publicly traded securities	0	11
12	Investments—other securities See Part IV, line 11	293,120	12
13	Investments—program-related See Part IV, line 11	0	13
14	Intangible assets	0	14
15	Other assets See Part IV, line 11	128,841,987	15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	146,237,124	16
Liabilities	17 Accounts payable and accrued expenses	7,080,242	17
	18 Grants payable	0	18
	19 Deferred revenue	2,810,504	19
	20 Tax-exempt bond liabilities	0	20
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22
	23 Secured mortgages and notes payable to unrelated third parties	0	23
	24 Unsecured notes and loans payable to unrelated third parties	0	24
	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
26	<b>Total liabilities.</b> Add lines 17 through 25	9,890,746	26
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets	135,525,994	27
28	Temporarily restricted net assets	805,384	28
29	Permanently restricted net assets	15,000	29
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
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	136,346,378	33
34	<b>Total liabilities and net assets/fund balances</b>	146,237,124	34
			221,629,201

**Part XI Reconciliation of Net Assets**Check 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	100,945,808
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	24,599,123
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	76,346,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	136,346,378
5	Net unrealized gains (losses) on investments . . . . .	5	19,843
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	212,712,906

**Part XII Financial Statements and Reporting**Check 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited 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 separate basis	2b	Yes
2c If "Yes," to line 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
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

## Additional Data

**Software ID:**  
**Software Version:**

**EIN:** 13-1656651

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

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

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
MARCIE NATAN PRESIDENT	34 0	X		X			0	0	0
ELLYN LYONS TREASURER	34 0	X		X			0	0	0
ELLEN HERSHKIN SECR ROTATED OFF 10/18/12	24 0	X		X			0	0	0
JUDY SHRECK SECRETARY CAME ON 10/18/12	27 0	X		X			0	0	0
SHERRY ALTURA VICE PRESIDENT	11 0	X		X			0	0	0
MINDY BLOOM VICE PRES CAME ON 10/18/12	11 0	X		X			0	0	0
LISA DAVIDSON VICE PRES CAME ON 10/18/12	11 0	X		X			0	0	0
MARLENE KAPLAN VICE PRESIDENT	11 0	X		X			0	0	0
DEBRA MAZON VP ROTATED OFF 10/18/12	11 0	X		X			0	0	0
HELAINE OHAYON VICE PRESIDENT	24 0	X		X			0	0	0
SUSAN MOYE VICE PRESIDENT	11 0	X		X			0	0	0
RONNIE ROSEN VP ROTATED OFF 10/18/12	21 0	X		X			0	0	0
BENITA ROSS VP ROTATED OFF 10/18/12	11 0	X		X			0	0	0
RONI SCHWARTZ VICE PRESIDENT	21 0	X		X			0	0	0
SHELLEY SHERMAN VICE PRESIDENT	24 0	X		X			0	0	0
NANCY FALCHUK HONORARY VICE PRESIDENT	21 0	X					0	0	0
CARMELA E KALMANSON HONORARY VICE PRESIDENT	7 0	X					0	0	0
DEBORAH B KAPLAN HONORARY VICE PRESIDENT	11 0	X					0	0	0
BONNIE LIPTON HONORARY VICE PRESIDENT	21 0	X					0	0	0
RUTH W POPKIN HONORARY VICE PRESIDENT	7 0	X					0	0	0
MARLENE E POST HONORARY VICE PRESIDENT	26 0	X					0	0	0
BERNICE S TANNENBAUM HONORARY VICE PRESIDENT	17 0	X					0	0	0
BETH AARONSON NTNL BM ROTATED OFF 10/18/12	9 0	X					0	0	0
CHRIS ADLER NTNL BM ROTATED OFF 10/18/12	9 0	X					0	0	0
SANDRA ALFONSI 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Former Officer Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
RENEE ALBERT NATIONAL BOARD MEMBER	19 0	X					0	0	0
LIZ ALPERT NTNL BM CAME ON 10/18/12	9 0	X					0	0	0
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 NTNL BM ROTATED OFF 10/18/12	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
BINDER ELAINE NATIONAL BM CAME ON 10/18/12	9 0	X					0	0	0
AILEEN BORMEL NATIONAL BOARD MEMBER	9 0	X					0	0	0
PENNIE SESSLER BRANDEN NATIONAL BOARD MEMBER	9 0	X					0	0	0
ROSALIND BROWN NTL BD MEMBER UNITL JULY 2012	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
SHEILA DERNAN NATIONAL BOARD MEMBER	9 0	X					0	0	0
ROCHELLE EDELMAN NTNL BM ROTATED OFF 10/18/12	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

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(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
		Former Officer Or director	Individual trustee	Institutional Trustee	Key employee			
CAROL FEIN NATIONAL BOARD MEMBER	9 0	X				0	0	0
JUDITH FELLNER-WEISS NATIONAL BOARD MEMBER	9 0	X				0	0	0
DR FRANCINE FETTMAN NATIONAL BOARD MEMBER	9 0	X				0	0	0
BERVERLY FINE NATIONAL BM CAME ON 10/18/12	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
CLARA GILLMAN NATIONAL BM CAME ON 10/18/12	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
GOLDSMITH BEVERLY NATIONAL BM CAME ON 10/18/12	9 0	X				0	0	0
SANDRA GOLDSTEIN NATIONAL BOARD MEMBER	9 0	X				0	0	0
JILL GOLDSTONE NATIONAL BM CAME ON 10/18/12	9 0	X				0	0	0
RITA GOTTLIEB NTNL BM ROTATED OFF 10/18/12	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
LINDA HAKEREM NATIONAL BM CAME ON 10/18/12	9 0	X				0	0	0
RUTH HENDELMAN NATIONAL BOARD MEMBER	9 0	X				0	0	0
JILL HERSHBEIN NATIONAL BM CAME ON 10/18/12	9 0	X				0	0	0
KATHY HERSHFIELD 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Former Officer Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
ELLEN HERSHKIN NATIONAL BM CAME ON 10/18/12	9 0	X					0	0	0
LYNDA HEYMAN NATIONAL BM CAME ON 10/18/12	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 NTNL BM ROTATED OFF 10/18/12	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
BARBARA KRAFT NATIONAL BOARD MEMBER	9 0	X					0	0	0
GLORIA KRAMER NTNL BM ROTATED OFF 10/18/12	9 0	X					0	0	0
SHARON KRISCHER NTNL BM ROTATED OFF 10/18/12	9 0	X					0	0	0
MARCIA GABRILOVE LADIN NATIONAL BM CAME ON 10/18/12	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
KAREN LUSTIG NATIONAL BM CAME ON 10/18/12	9 0	X					0	0	0
SHEILA MACKS NATIONAL BOARD MEMBER	9 0	X					0	0	0
MARCUS DALE NATIONAL BM CAME ON 10/18/12	9 0	X					0	0	0
SUSAN MARK NATIONAL BOARD MEMBER	9 0	X					0	0	0
MASTERS ELLEN NATIONAL BM CAME ON 10/18/12	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Former Officer Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
MAZON DEBRA NATIONAL BM CAME ON 10/18/12	9 0	X					0	0	0
DOVIE MELNICK NATIONAL BM CAME ON 10/18/12	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 NTNL BM ROTATED OFF 10/18/12	9 0	X					0	0	0
MELANIE NASBERG NATIONAL BOARD MEMBER	9 0	X					0	0	0
SORAYA NAZARIAN NTNL BM ROTATED OFF 10/18/12	9 0	X					0	0	0
JANE NYCE 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
JILL PROSKY NATIONAL BM CAME ON 10/18/12	9 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
MYRNA RODKIN NATIONAL BOARD MEMBER	9 0	X					0	0	0
RENEE RESNIK NATIONAL BM CAME ON 10/18/12	9 0	X					0	0	0
RONNIE ROSEN NATIONAL BM CAME ON 10/18/12	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
BENITA ROSS NATIONAL BM CAME ON 10/18/12	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

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Former Officer Or director	Individual trustee	Office Institutional Trustee	Key employee	Highest compensated employee			
SHARON SCHNEIDER NATIONAL BOARD MEMBER	9 0	X					0	0	0
RACHEL SCHONBERGER NATIONAL BM CAME ON 10/18/12	9 0	X					0	0	0
JUDI SCHRAM NTNL BM ROTATED OFF 10/18/12	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
CAROL ANN SCHWARTZ NATIONAL BM CAME ON 10/18/12	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 NTNL BM ROTATED OFF 10/18/12	24 0	X					0	0	0
NANCY SHUMAN NATIONAL BOARD MEMBER	9 0	X					0	0	0
BARBARA SHURBERG NATIONAL BM CAME ON 10/18/12	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 H SIMON NATIONAL BOARD MEMBER	11 0	X					0	0	0
SHARON SISSELSKY NATIONAL BOARD MEMBER	11 0	X					0	0	0
RHODA SMOLOW NATIONAL BM CAME ON 10/18/12	9 0	X					0	0	0
ANNETTE SONDOCK NATIONAL BOARD MEMBER	19 0	X					0	0	0
KACY SPIVACK NATIONAL BOARD MEMBER	9 0	X					0	0	0
ELLEN STEINBERG NTNL BM ROTATED OFF 10/18/12	9 0	X					0	0	0
CECILE STERN NTNL BM ROTATED OFF 10/18/12	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
KAREN GENEZKY NTNL BM ROTATED OFF 10/18/12	9 0	X					0	0	0
SUSAN WEINBERG NTNL BM ROTATED OFF 10/18/12	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Former Officer Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
JEAN WEITZ NTNL BM ROTATED OFF 10/18/12	9 0	X					0	0	0
LAURIE WEITZ NATIONAL BM CAME ON 10/18/12	9 0	X					0	0	0
LAURIE WERNER NATIONAL BOARD MEMBER	9 0	X					0	0	0
NANCY WIADRO NATIONAL BOARD MEMBER	9 0	X					0	0	0
SUSAN WILKOF NTNL BM ROTATED OFF 10/18/12	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 BARD REGION PRESIDENT	22 0	X					0	0	0
JOAN BARON REG PRES CAME ON 5/6/12	22 0	X					0	0	0
JACQUIE BAYLEY REGION PRESIDENT	22 0	X					0	0	0
SUE BELLER REG PRES ROTATED OFF 5/6/12	22 0	X					0	0	0
JANICE BERNSTEIN REG PRES CAME ON 4/29/12	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
JANET DEIXLER REG PRES CAME ON 6/24/12	22 0	X					0	0	0
RHODA DOMBCHIK REG PRES CAME ON 6/10/12	22 0	X					0	0	0
MEREDITH DRENCH REG PRES ROTATED OFF 5/6/12	22 0	X					0	0	0
JUDY EDWARDS REG PRES ROTATED OFF 6/24/12	22 0	X					0	0	0
ANN EISENBERG REG PRES ROTATED OFF 4/29/12	22 0	X					0	0	0
CONNIE CIRILLO FREEMAN REGION PRESIDENT	22 0	X					0	0	0
KAREN GOLDMAN REG PRES ROTATED OFF 6/10/12	22 0	X					0	0	0
DIANNE GOTTLIEB REG PRES ROTATED OFF 5/6/12	22 0	X					0	0	0
CAROLE GREENFIELD REG PRES CAME ON 12/3/12	22 0	X					0	0	0
RAE GUREWITSCH REG PRES CAME ON 10/18/12	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Former Officer Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
RUTH GURSKY REG PRES ROTATED OFF 10/18/12	22 0	X					0	0	0
GAIL HAMMERMAN REG PRES ROTATED OFF 6/6/12	22 0	X					0	0	0
PHYLLIS HARTSTEIN REG PRES ROTATED OFF 12/14/12	22 0	X					0	0	0
BEATRICE JOHNSON REG PRES CAME ON 6/24/12	22 0	X					0	0	0
TERI JUNKER REGION PRESIDENT	22 0	X					0	0	0
LEE KANSAS REG PRES CAME ON 4/29/12	22 0	X					0	0	0
SHERRYL KAUFMAN REG PRES CAME ON 5/6/12	22 0	X					0	0	0
REBECCA KRASNIEGOR REG PRES ROTATED OFF 6/10/12	22 0	X					0	0	0
VIVIANE KOVACS REGION PRESIDENT	22 0	X					0	0	0
SHEREE MIROCHNIK REG PRES ROTATED OFF 6/14/12	22 0	X					0	0	0
CAROLYN PLESSNER REGION PRESIDENT	22 0	X					0	0	0
SUE POLANSKY REG PRES CAME ON 5/6/12	22 0	X					0	0	0
LORRAINE RICHTER REGION PRESIDENT	22 0	X					0	0	0
SANDRA ROSE REG PRES ROTATED OFF 12/3/12	22 0	X					0	0	0
LOREN ROTH REG PRES CAME ON 5/10/12	22 0	X					0	0	0
MERNA SHAPIRO REGION PRESIDENT	22 0	X					0	0	0
RITA SHAPIRO REGION PRESIDENT	22 0	X					0	0	0
JANE G STROM REG PRES ROTATED OFF 4/21/12	22 0	X					0	0	0
TERRI TANKEL REG PRES CAME ON 4/21/12	22 0	X					0	0	0
MINDY TUCKER REG PRES CAME ON 5/6/12	22 0	X					0	0	0
RUTHANNE WARNICK REGION PRESIDENT	22 0	X					0	0	0
DANA WAXLER REG PRES ROTATED OFF 4/29/12	22 0	X					0	0	0
CAROL WEISS REG PRES ROTATED OFF 5/6/12	22 0	X					0	0	0
DEBORAH WISKIND REG PRES CAME ON 12/14/12	22 0	X					0	0	0
JANET YOUNG REG PRES CAME ON 6/6/12	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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	Officer	Key employee			
LESLIE ZIDE REGION PRESIDENT	22 0	X					0	0	0
JOAN CHERNOFF EPSTEIN BIG CHAPTER PRESIDENT	22 0	X					0	0	0
RUTH ANN FREEDMAN BIG CHAPTER PRES UNTL 11/15	22 0	X					0	0	0
ZANDRA GOLDBERG BIG CHAPTER PRESIDENT	22 0	X					0	0	0
ROZ HOLBERG BIG CHAPTER PRESIDENT	22 0	X					0	0	0
MICHELLE RUBIN BIG CHAPTER PRES FROM 11/15	22 0	X					0	0	0
JILL SAPPERSTEIN BIG CHAPTER PRES FROM 05/01	22 0	X					0	0	0
ANDREA SILAGI BIG CHAPTER PRES FROM 10/18	22 0	X					0	0	0
ROBIN SHUMAN BIG CHAPTER PRES UNTIL 05/14	22 0	X					0	0	0
IRIS TISHKOFF BIG CHAPTER PRESIDENT	22 0	X					0	0	0
LAURIE WEITZ BIG CHAPT PRES UNTIL 5/1/12	22 0	X					0	0	0
SUE URFRIG BIG CHAPTER PRES UNTIL 10/18	22 0	X					0	0	0
ELLEN ZARROW-NISSENBAUM BIG CHAPTER PRES FROM 05/14	22 0	X					0	0	0
LARRY R BLUM L CHIEF OPERATING OFFICER	20 0 20 0		X				457,555	457,555	39,751
RICHARD ANNIS CHIEF FINANCIAL OFFICER	20 0 20 0		X				198,856	198,856	40,076
JANICE WEINMAN CHIEF EXECUTIVE OFFICER	20 0 20 0			X			100,094	100,094	16,423
SHERYL ZELIGSON GENERAL COUNSEL	20 0 20 0			X			170,109	170,109	50,267
MICHAEL OSTROFF NATIONAL DIR OF DEVELOP	3 0 37 0			X			30,303	348,485	61,482
ALAN TIGAY EXECUTIVE EDITOR	40 0				X		206,954	0	50,255
LORI B LASSEN PLANNED GIVING	3 0 37 0				X		12,956	148,993	58,601
NANCY WALKER DIRECTOR, MAJOR GIFTS	3 0 37 0				X		17,006	195,569	22,070
GALIT S BRICHTA DEVELOPMENT	3 0 37 0				X		16,198	186,276	35,039
ELIZABETH C MORRIS DEVELOPMENT	3 0 37 0				X		16,108	185,246	23,053

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public  
Inspection**

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

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

**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 described in **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  a  Type I  b  Type II  c  Type III - Functionally integrated  d  Type III - Non-functionally integrated

f  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)

g  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

h  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 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?

i  Provide the following information about the supported organization(s)

	<b>Yes</b>	<b>No</b>
11g(i)		
11g(ii)		
11g(iii)		

<b>(i) Name of supported organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>	<b>(v) Did you notify the organization in col (i) of your support?</b>	<b>(vi) Is the organization in col (i) organized in the U S ?</b>	<b>(vii) Amount of monetary support</b>
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	19,814,552	26,381,837	39,928,779	35,122,652	32,382,386	153,630,206
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	19,814,552	26,381,837	39,928,779	35,122,652	32,382,386	153,630,206
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)						0
6 <b>Public support.</b> Subtract line 5 from line 4						153,630,206

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	19,814,552	26,381,837	39,928,779	35,122,652	32,382,386	153,630,206
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	227,372	259,763	300,952	281,277	465,208	1,534,572
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,164,691	137,989	1,854,632	2,147,914	1,916,160	7,221,386
11 <b>Total support</b> (Add lines 7 through 10)						162,386,164
12 Gross receipts from related activities, etc (see instructions)					12	26,998,740
13 <b>First five years.</b> 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 <b>stop here</b> . . . . .						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	94 608 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	93 784 %
16a <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►✓
b <b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►□
17a <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
b <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
18 <b>Private foundation.</b> 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> 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 <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	93 780 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
<b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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****2012****Open to Public  
Inspection****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.****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, Part V, 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 in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> 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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2009</b>	<b>(b) 2010</b>	<b>(c) 2011</b>	<b>(d) 2012</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000			2,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
<b>c</b> Total lobbying expenditures	75,351	63,544			138,895
<b>d</b> Grassroots nontaxable amount	250,000	250,000			500,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					750,000
<b>f</b> Grassroots lobbying expenditures	33,921	55,278			89,199

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?	Yes		1,146
<b>e</b> Publications, or published or broadcast statements?	Yes		666
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		77
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			1,889
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid)		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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?		
<b>5</b> 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART II-B		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 SUPPORTERS - UPDATING THE NATIONAL ACTION CENTER ON THE HADASSAH WEBSITE, WHICH PROVIDES ANY WEBSITE VISITOR WITH POLICY INFORMATION, DRAFT LETTERS, AND THE MECHANISM TO SEND DIRECT EMAIL COMMUNICATIONS TO THEIR ELECTED OFFICIALS - OCCASIONALLY SPONSORING CONGRESSIONAL TESTIMONY

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2012****Open to Public  
Inspection**

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

Department of the Treasury

Internal Revenue Service

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

13-1656651

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

	(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 can 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ 30,000

(ii) Assets included in Form 990, Part X ► \$ 30,000

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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input checked="" type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input checked="" type="checkbox"/> 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 XIII

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 XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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
<b>1a</b> Beginning of year balance . . . . .	15,000	15,000	15,000	15,000	17,843
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					2,843
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	15,000	15,000	15,000	15,000	15,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment

**b** Permanent endowment  100 000 %

**c** Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

**(i)** unrelated organizations . . . . .

<b>3a(i)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3a(ii)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**Part VI Land, Buildings, and Equipment.** 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
<b>1a</b> Land . . . . .		301,479			301,479
<b>b</b> Buildings . . . . .		2,701,948	1,046,651		1,655,297
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		13,886,058	13,470,082		415,976
<b>e</b> Other . . . . .		3,461,961	3,397,313		64,648
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .					2,437,400

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

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12)

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

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13.)

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

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

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

**3. Form 18 (ASC 740) Footnote.** In Part XIII, provide the

29

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

**Part XI 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 XIII) . . . . .	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 XIII) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5

**Part XII 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 XIII) . . . . .	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 XIII) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	5

**Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART III, LINE 4	HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC'S WORK OF ART REFLECTS THE MISSION AND SPIRIT OF THE ORGANIZATION. THE SHLOMO KOREN SCULPTURE IS DISPLAYED AT THE HADASSAH ACADEMIC COLLEGE IN JERUSALEM, ISRAEL WHERE THE COLLEGE COMMUNITY CONGREGATES. 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 THERE FROM. 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, 2012, 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

## **Statement of Activities Outside the United States**

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

2012

## Open to Public Inspection

**Employer identification number**

13-1656651

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

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

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

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

**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. Part II can be duplicated if additional space is needed.

**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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  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**

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

## Schedule 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

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**

13-1656651

## Part I General Information on Grants and Assistance

**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. Part II can be duplicated if additional space is needed.

**(a) Name and address of organization or government**      **(b) EIN**      **(c) IRC Code section if applicable**      **(d) Amount of cash grant**      **(e) Amount of non-cash assistance**      **(f) Method of valuation (book, FMV, appraisal, other)**      **(g) Description of non-cash assistance**      **(h) Purpose of grant or assistance**

### See Additional Data Table

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

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
 Part III can be duplicated 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, Part III, column (b), 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)	71,000				GENERAL SUPPORT
CAMP YOUNG JUDAEA MIDWEST 50 WEST 58TH STREET NEW YORK, NY 10019	39-1672846	501(C)(3)	11,000				GENERAL SUPPORT
YOUNG JUDAEA (CAMP TEL YEHUDA) 4711 GOLF ROAD SUITE 600 SKOKIE, IL 60076	13-2830437	501(c)(3)	176,562				GENERAL SUPPORT
CAMP YOUNG JUDAEA TEXAS 50 WEST 58TH STREET NEW YORK, NY 10019	74-1189680	501(c)(3)	41,000				GENERAL SUPPORT
YOUNG JUDAEA GLOBAL 575 8TH AVENUE NEW YORK, NY 10018	45-2640858	501(c)(3)	173,713				GENERAL SUPPORT
YOUNG JUDAEA SPROUT LAKE CAMP INC 50 WEST 58TH STREET NEW YORK, NY 10019	13-2830437	501(c)(3)	33,380				GENERAL SUPPORT
HADASSAH SOUTHERN CALIFORNIA 50 WEST 58TH STREET NEW YORK, NY 10019	95-1622480	501(C)(3)	964,391				GENERAL SUPPORT
FLORIDA ATLANTIC REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-2057880	501(C)(3)	261,230				GENERAL SUPPORT
HADASSAH OF GREATER PHILADELPHIA 50 WEST 58TH STREET NEW YORK, NY 10019	23-1538399	501(C)(3)	182,166				GENERAL SUPPORT
CHICAGO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	36-2244896	501(C)(3)	236,741				GENERAL SUPPORT
NASSAU REGION 50 WEST 58TH STREET NEW YORK, NY 10019	11-1844603	501(C)(3)	113,007				GENERAL SUPPORT
GREATER MIAMI 50 WEST 58TH STREET NEW YORK, NY 10019	59-1097043	501(C)(3)	103,763				GENERAL SUPPORT
GREATER WASHINGTON AREA CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	52-0211782	501(C)(3)	184,404				GENERAL SUPPORT
HADASSAH OF GREATER BALTIMORE 50 WEST 58TH STREET NEW YORK, NY 10019	52-0591573	501(C)(3)	249,137				GENERAL SUPPORT
WESTCHESTER REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13-1878047	501(C)(3)	6,411				GENERAL SUPPORT
GREAT PLAINS REGION 50 WEST 58TH STREET NEW YORK, NY 10019	35-1805399	501(C)(3)	139,345				GENERAL SUPPORT
FLORIDA BROWARD REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	57,580				GENERAL SUPPORT
CONNECTICUT REGION 50 WEST 58TH STREET NEW YORK, NY 10019	06-0846161	501(C)(3)	49,451				GENERAL SUPPORT
SOUTHEASTERN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	57-1108518	501(C)(3)	68,369				GENERAL SUPPORT
SOUTHERN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	54-2070226	501(C)(3)	94,777				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)	17,863				GENERAL SUPPORT
UPPER MIDWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	45-0338351	501(C)(3)	41,053				GENERAL SUPPORT
CENTRAL STATES REGION 50 WEST 58TH STREET NEW YORK, NY 10019	34-1922517	501(C)(3)	15,257				GENERAL SUPPORT
NORTH SHORE 50 WEST 58TH STREET NEW YORK, NY 10019	33-3005699	501(C)(3)	48,380				GENERAL SUPPORT
FLORIDA CENTRAL REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-3654842	501(C)(3)	160,019				GENERAL SUPPORT
GREAT SOUTHWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	36-4573135	501(C)(3)	167,065				GENERAL SUPPORT
PACIFIC NORTH WEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	91-0750738	501(C)(3)	10,022				GENERAL SUPPORT
HOUSTON 50 WEST 58TH STREET NEW YORK, NY 10019	23-7201570	501(C)(3)	30,186				GENERAL SUPPORT
NORTHERN NEW ENGLAND REGION 50 WEST 58TH STREET NEW YORK, NY 10019	04-2294551	501(C)(3)	22,520				GENERAL SUPPORT
DESERT MOUNTAIN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	84-1509842	501(C)(3)	115,399				GENERAL SUPPORT
SUFFOLK REGION 50 WEST 58TH STREET NEW YORK, NY 10019	23-7192160	501(C)(3)	18,521				GENERAL SUPPORT
SAN FANCISCO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	94-1279801	501(C)(3)	12,682				GENERAL SUPPORT
WESTERN NEW ENGLAND 50 WEST 58TH STREET NEW YORK, NY 10019	05-0442537	501(C)(3)	47,992				GENERAL SUPPORT
BROOKLYN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	11-1733456	501(C)(3)	20,617				GENERAL SUPPORT
SOUTHERN SEABOARD 50 WEST 58TH STREET NEW YORK, NY 10019	30-0212774	501(C)(3)	24,894				GENERAL SUPPORT
GREATER ATLANTA CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	58-6032056	501(C)(3)	15,200				GENERAL SUPPORT
NEW YORK REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13-1628187	501(C)(3)	35,604				GENERAL SUPPORT
COLUMBUS OHIO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	23-7199433	501(C)(3)	16,268				GENERAL SUPPORT
NORTHERN SEABOARD 50 WEST 58TH STREET NEW YORK, NY 10019	14-1877886	501(C)(3)	23,158				GENERAL SUPPORT
ST LOUIS CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	43-0761469	501(C)(3)	10,090				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 GREATER PITTSBURGH 50 WEST 58TH STREET NEW YORK, NY 10019	25-1010299	501(C)(3)	92,592				GENERAL SUPPORT
HADASSAH-SOUTHERN NEW JERSEY 50 WEST 58TH STREET NEW YORK, NY 10019	22-3069434	501(C)(3)	89,802				GENERAL SUPPORT
NORTHERN NEW JERSEY 50 WEST 58TH STREET NEW YORK, NY 10019	22-6017974	501(C)(3)	88,491				GENERAL SUPPORT
LOWER NEW YORK STATE 50 WEST 58TH STREET NEW YORK, NY 10019	13-2725120	501(C)(3)	34,294				GENERAL SUPPORT
CENTRAL PACIFIC COAST 50 WEST 58TH STREET NEW YORK, NY 10019	23-7183220	501(C)(3)	32,526				GENERAL SUPPORT
YOUNG JUDAEA (CAMP TEL YEHUDA) 575 8TH AVENUE 11TH FLOOR NEW YORK, NY 10018	13-2830437	501(C)(3)	20,000				GENERAL SUPPORT
INDIANAPOLIS 50 WEST 58TH STREET NEW YORK, NY 10019	23-7202967	501(C)(3)	6,002				GENERAL SUPPORT
NORTHERN NEW ENGLAND CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	04-2294551	501(C)(3)	18,000				GENERAL SUPPORT

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

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.**

**2012****Open to Public Inspection**Name of the organization  
HADASSAH THE WOMEN'S ZIONIST ORG  
OF AMERICA INC**Employer identification number**

13-1656651

**Part I Questions Regarding Compensation**

**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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input 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 Regulations 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)?

	<b>Yes</b>	<b>No</b>
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
SEVERANCE PAYMENT	SCHEDULE J, PART I, LINE 4A	LARRY BLUM \$ 731,356 TWO YEARS SEVERANCE PAY PURSUANT TO AN EMPLOYMENT AGREEMENT SETTLEMENT.

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

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LARRY R BLUM L	(i) 91,104 (II) 91,104	0	366,451 366,451	9,710 9,709	10,166 10,166	477,431 477,430	0 0
RICHARD ANNIS	(i) 197,470 (II) 197,470	0	1,386 1,386	13,125 13,124	6,914 6,913	218,895 218,893	0 0
JANICE WEINMAN	(i) 98,760 (II) 98,760	0	1,334 1,334	0 0	8,212 8,211	108,306 108,305	0 0
SHERYL ZELIGSON	(i) 169,794 (II) 169,794	0	315 315	13,125 13,125	12,009 12,008	195,243 195,242	0 0
MICHAEL OSTROFF	(i) 30,159 (II) 346,823	0	144 1,662	2,100 24,150	2,818 32,414	35,221 405,049	0 0
ALAN TIGAY	(i) 202,824 (II) 0	0	4,130 0	22,470 0	27,785 0	257,209 0	0 0
LORI B LASSON	(i) 12,909 (II) 148,452	0	47 541	1,470 16,905	3,218 37,008	17,644 202,906	0 0
NANCY WALKER	(i) 16,692 (II) 191,958	0	314 3,611	1,678 19,300	87 1,005	18,771 215,874	0 0
GALIT S BRICHTA	(i) 16,160 (II) 185,837	0	38 439	0 0	2,804 32,235	19,002 218,511	0 0
ELIZABETH C MORRIS	(i) 15,999 (II) 183,987	0	109 1,259	0 0	1,844 21,209	17,952 206,455	0 0

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No 1545-0047

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
►Attach to Form 990.Name of the organization  
HADASSAH THE WOMEN'S ZIONIST ORG  
OF AMERICA INC

Employer identification number

13-1656651

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	1	30,000	FMV
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( _____ ) . . . . .				
26 Other ► ( _____ ) . . . . .				
27 Other ► ( _____ ) . . . . .				
28 Other ► ( _____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29			1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

**Schedule M (Form 990) (2012)**

**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.

**2012****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	<p>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 FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS LINE 4A MEMBERS AND UNIT SERVICES 330,000 members, donors and Associates strong, Hadassah is the largest women's Zionist Jewish membership organization in the U S , with members in every Congressional District In 2011-12, in honor of Hadassah's centennial year, 60,000 new Life Members joined Hadassah members, donors and Associates enjoy access to personal development opportunities, missions to Israel, and destinations worldwide, professional networking opportunities, and health and Jewish education programs Hadassah's 935 chapters and groups allow for members to actively participate and support programs at home and abroad Hadassah provides marketing assistance to engage members via printed materials, web/online communications and local and national public relations opportunities PROGRAMMING, ADVOCACY, ZIONIST EDUCATION Across the country, Hadassah members are engaged in a variety of educational, advocacy and community service programs "Every Beat Counts Hadassah's Heart Health Program", raises public awareness and educates women about the risk factors for heart disease and how to reduce them The Hadassah Leadership Fellows is a two-year program designed to inspire and cultivate future female leaders, providing opportunities to grow, advocate and effect change Hadassah provides opportunities to study Judaism, Zionism, Jewish history, Hebrew , literature and culture Hadassah members, Associates and donors advocate for issues of importance to women and the Jewish community at the local, state and national levels Hadassah's Email Action Network provides public policy updates and timely information about critical national and international issues Hadassah provides marketing campaigns for these program in the form of collateral materials, web/online communications, and public relations LINE 4B YOUTH AND EDUCATION, SCHOLARSHIP Young Judaea, the premiere Zionist youth movement, instills a love of Israel and a strong commitment to Jewish identity while developing the next generation of vibrant Jewish leaders Over the past 10 years, Young Judaea has sent approximately 15,000 young adults, age 17-35, to Israel Last year, some 500 young men and women received scholarships to participate in Young Judaea camps and Israel programs After 70-plus years of support, in 2012, Young Judaea became an independent organization, however, Hadassah still plays an important role, providing transition funding, leadership guidance and scholarships LINE 4C MARKETING AND COMMUNICATIONS All divisions including specific projects and programs are supported by strategic marketing plans that could include such tactics as email communications, website articles/promotions, social media, collateral materials, direct mail, videos, and public relations Projects and programmatic marketing includes but are not limited to Every Beat Counts Hadassah's Heart Health Program, Check It Out (breast cancer awareness/education), Jewish holidays education, Hadassah Medical Organization, Young Judaea, Youth Aliyah Villages, Hadassah Leadership Fellows, Travel &amp; Missions, Life membership promotions, Hadassah's Annual Report, local events, Annual Business/Board Meeting and National Conventions, volunteer leadership updates, and more Hadassah Magazine is a feature magazine published by HWZOA that covers culture, political, social, religious and lifestyle trends from a Jewish point of view Over the past 25 years, Hadassah Magazine has won more than 250 awards for excellence in journalism and design</p>

Identifier	Return Reference	Explanation
BUSINESS OR FAMILY RELATIONSHIPS	FORM 990, PART VI, LINE 2	OFFICER/DIRECTOR RELATED PERSON RELATIONSHIP RHODA BERNSTEIN LAURIE WERNER FAMILY RELATIONSHIP RHODA BERNSTEIN CAROL ROSENTHAL FAMILY RELATIONSHIP ELLEN STEINBERG LINDA FLEISHMAN FAMILY RELATIONSHIP RENEE RESNIK SEEMA LISTON FAMILY RELATIONSHIP DEBORAH KAPLAN MIRIAM ARON FAMILY RELATIONSHIP RUTH ANN FREEDMAN ARLENE FREEDMAN FAMILY RELATIONSHIP JILL A HERSHBEIN EDDY SE KESSLER FAMILY RELATIONSHIP EDDY SE KESSLER BETH SALTZMAN AARONSON FAMILY RELATIONSHIP SHERRI FALCHUK NANCY FALCHUK FAMILY RELATIONSHIP JEAN WEITZ LAURIE WEITZ FAMILY RELATIONSHIP CAROL ROSENTHAL RUTH HENDELMAN FAMILY RELATIONSHIP LAUREN ROTH MARK ROTH FAMILY RELATIONSHIP NANCY G WIADRO JANE G STROM FAMILY RELATIONSHIP FORM 990, PART VI, LINE 4 - SEE SCHEDULE O, PART III, LINE 3 DISCLOSURE

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.

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
HADASSAH THE WOMEN'S ZIONIST ORG  
OF AMERICA INC

Employer identification number

13-1656651

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

(a) Name, address, and EIN (if applicable) 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	0	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes      No
See Additional Data Table						

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

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

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

**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 or (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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HADASSAH MEDICAL RELIEF ASSOCIATION INC	C	23,922,980	COST
(2) HADASSAH MEDICAL RELIEF ASSOCIATION INC	L	13,905,293	COST

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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	MX	N/A	N/A	NA	Yes
HADASSAH BELGIQUE ASBL (BELGIUM)	CHARITABLE	BE	N/A	N/A	NA	Yes
HADASSAH MEDICAL ORGANIZATION	MEDICAL	IS	N/A	N/A	NA	Yes
HADASSAH YOUTH SERVICES AMUTA  C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	NA	Yes
HADASSAH WUJS ARAD LTD  C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	NA	Yes
AMUTAT CHILDREN'S VILLAGE MEIER SHFEYAH  C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	NA	Yes

-->