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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC % JODI WECHTER LEVY		<b>D</b> Employer identification number  13-1656651	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address) Room/suite 40 WALL STREET		E Telephone number  (212) 355-7900	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005		<b>G</b> Gross receipts \$ 19,592,672	
	<b>F</b> Name and address of principal officer JANICE WEINMAN EXECUTIVE DIR 50 WEST 58TH STREET NEW YORK, NY 10019		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.HADASSAH.ORG				

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1922	<b>M</b> State of legal domicile NY
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Part I

Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities IN ISRAEL, WE SUPPORT HEALTHCARE EDUCATION, YOUTH PROGRAMS AND LAND DEVELOPMENT IN THE US, WE ENHANCE THE QUALITY OF AMERICAN AND JEWISH LIFE		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	167	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	167	
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	209	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	281,990	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	458,080	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-1,752,257	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	4,997,390	804,838
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	687,454	942,760
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,221,972	4,952,054
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	664,154	499,564
	13,570,970	7,199,216	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	3,669,397	4,175,157
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,204,787	9,664,394
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	1,900	339
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶29,548		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	7,045,474	9,205,235
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,921,558	23,045,125
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-6,350,588	-15,845,909
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	221,129,593	201,003,552
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	8,643,392	4,899,415
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	212,486,201	196,104,137

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	2015-11-05 Date
	RICK ANNIS CHIEF FINANCIAL OFFICER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KPMG LLP	Preparer's signature KPMG LLP	Date 2015-11-05	Check <input type="checkbox"/> if self-employed	PTIN P00634378
	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 or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 8,626,168 including grants of \$ 3,023,606 ) (Revenue \$ 20,419 )

SEE SCHEDULE O

4b

(Code ) (Expenses \$ 3,337,620 including grants of \$ 1,143,963 ) (Revenue \$ 565 )

SEE SCHEDULE O

4c

(Code ) (Expenses \$ 2,052,007 including grants of \$ ) (Revenue \$ 461,570 )

SEE SCHEDULE O

See Additional Data

4d

Other program services (Describe in Schedule O )






















(Expenses \$ 1,995,503 including grants of \$ 7,588 ) (Revenue \$ 464,306 )

4e

Total program service expenses 16,011,298

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	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? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	111	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	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	209	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country <u>IS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	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	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL , AK , AR , CA , CT , FL , GA , HI , IL , KS , KY , MD , MI , MN , MS , NH , NJ , NM , OH , OK , OR , PA , SC , TN , UT , VA , WA , WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	JODI WECHTER LEVY 40 WALL STREET NEW YORK, NY 10005 (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 or note to any line in this Part VII

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

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

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

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

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

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			



Part VII

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

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	909,422	1,703,287	419,467

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▶4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RR DONNELLEY RECEIVABLES, PO BOX 13654 NEWARK, NJ 07188	PRINTING	472,855
GLOVER PARK GROUP LLC, PO BOX 8500 PHILADELPHIA, PA 19178	CONSULTANTS	632,909
ALL SECTOR TECHNOLOGY GROUP INC, 205 WEST 39TH ST NEW YORK, NY 10018	CONSULTANTS	272,010
VIVA ENTERTAINMENT LLC, 164 ROLLINS AVE ROCKVILLE, MD 20852	Event Entertainment	422,739
SOFTREK, 30 BRYANT WOODS NORTH AMHERST, NY 14228	SW CONSULTANTS	229,196
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 ▶13		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b	549,911			
	c	Fundraising events . . . . . 1c				
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	254,927			
	g	Noncash contributions included in lines 1a-1f \$	1,622			
	h	Total. Add lines 1a-1f . . . . .	804,838			
Program Service Revenue	Business Code					
	2a	REVENUE FROM YOUTH MOVEMENT/OTHER PROG	611710	558	558	
	b	CONFERENCE AND EVENT INCOME	611710	480,632	412,081	68,551
	c	MAGAZINE	611710	461,570	3,490	458,080
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	942,760			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	1,546,784			1,546,784
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	121,821			121,821
	6a	Gross rents	(i) Real	(ii) Personal		
			39,750			
			39,750	0		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .	39,750			39,750
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			15,798,726			
			12,393,456			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)	3,405,270			
	d	Net gain or (loss) . . . . .	3,405,270			3,405,270
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	a					
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from fundraising events . . . . .	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	a					
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	a					
	b	Less cost of goods sold . . . . . b				
	c	Net income or (loss) from sales of inventory . . . . .	0			
	Miscellaneous Revenue		Business Code			
	11a	CATALOG SALES	453220	110,975	4,100	106,875
	b	OTHER REVENUE	900099	227,018		227,018
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	337,993			
	12	Total revenue. See Instructions . . . . .	7,199,216	420,229	458,080	5,516,069

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	3,031,194	3,031,194		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	1,143,963	1,143,963		
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	726,568		726,568	
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 . . . . .	6,624,426	5,017,890	1,591,031	15,505
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	500,642	377,521	122,102	1,019
9	Other employee benefits . . . . .	1,198,133	809,592	386,343	2,198
10	Payroll taxes . . . . .	614,625	404,364	209,167	1,094
11	Fees for services (non-employees)				
a	Management . . . . .	970,592	557,677	412,822	93
b	Legal . . . . .	345,534	36,638	307,743	1,153
c	Accounting . . . . .	231,464		231,464	
d	Lobbying . . . . .	113,391	109,636	3,755	
e	Professional fundraising services See Part IV, line 17	339			339
f	Investment management fees . . . . .	285,322		285,322	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	271,172	42,646	228,001	525
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	2,038,686	1,446,683	588,916	3,087
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	1,648,179	836,082	811,049	1,048
17	Travel . . . . .	730,408	450,968	278,641	799
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	987,194	911,938	74,551	705
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	377,116	162,611	214,010	495
23	Insurance . . . . .	322,284	141,292	180,562	430
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	-19,740	-19,740		
b	PROGRAM AND DEVELOPMENT	159,998	147,757	12,241	
c	PUBLIC RELATIONS	413,069	267,174	145,595	300
d	OVERHEAD ALLOCATIONS	-92,293		-92,293	
e	All other expenses	422,859	135,412	286,689	758
25	Total functional expenses. Add lines 1 through 24e	23,045,125	16,011,298	7,004,279	29,548
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		44,179,913	2	40,103,977
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		4,265,707	4	283,672
	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	0
	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	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		1,249,947	9	1,951,225
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a24,242,832	2,528,489	10c	5,317,876
	b	Less: accumulated depreciation	10b18,924,956			
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11.		654,853	12	673,052
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		168,250,684	15	152,673,750
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		221,129,593	16	201,003,552
Liabilities	17	Accounts payable and accrued expenses		8,501,724	17	4,752,531
	18	Grants payable		0	18	0
	19	Deferred revenue		141,668	19	146,884
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	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	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		0	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25.		8,643,392	26	4,899,415
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		211,414,040	27	194,984,173
	28	Temporarily restricted net assets		1,057,161	28	1,104,964
	29	Permanently restricted net assets		15,000	29	15,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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	<b>Total net assets or fund balances</b>		212,486,201	33	196,104,137
	34	<b>Total liabilities and net assets/fund balances</b>		221,129,593	34	201,003,552

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	7,199,216
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	23,045,125
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-15,845,909
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	212,486,201
5	Net unrealized gains (losses) on investments . . . . .	5	-536,155
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	196,104,137

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		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	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	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? . . . . .	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

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

(Code	) (Expenses \$	1,995,503	including grants of \$	7,588 ) (Revenue \$	464,306 )
EDUCATION/PUBLIC POLICY/YOUTH					

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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCIE NATAN ..... President	34 0 ..... 4 0	X		X				0	0	0
(1) ELLYN LYONS ..... Treasurer	34 0 ..... 4 0	X		X				0	0	0
(2) JUDY SHERECK ..... Secretary	34 0 ..... 3 0	X		X				0	0	0
(3) MINDY BLOOM ..... Vice President	11 0 ..... 3 0	X		X				0	0	0
(4) LISA DAVIDSON ..... Vice President	11 0 ..... 2 0	X		X				0	0	0
(5) KATHY HERSHFIELD ..... Vice President	11 0 ..... 0 0	X		X				0	0	0
(6) SUSAN MOYE ..... Vice President	11 0 ..... 2 0	X		X				0	0	0
(7) FRIEDA ROSENBERG ..... Vice President	24 0 ..... 0 0	X		X				0	0	0
(8) CAROL ROSENTHAL ..... Vice President	11 0 ..... 2 0	X		X				0	0	0
(9) SHELLEY SHERMAN ..... Vice President	24 0 ..... 2 0	X		X				0	0	0
(10) LAURIE WERNER ..... Vice President	11 0 ..... 2 0	X		X				0	0	0
(11) NANCY FALCHUK ..... Honorary Vice President	21 0 ..... 2 0	X						0	0	0
(12) CARMELA E KALMANSON ..... Honorary Vice President	7 0 ..... 0 0	X						0	0	0
(13) DEBORAH B KAPLAN ..... Honorary Vice President	7 0 ..... 0 0	X						0	0	0
(14) BONNIE LIPTON ..... Honorary Vice President	21 0 ..... 0 0	X						0	0	0
(15) RUTH W POPKIN ..... Honorary Vice President	7 0 ..... 0 0	X						0	0	0
(16) MARLENE E POST ..... Honorary Vice President	26 0 ..... 0 0	X						0	0	0
(17) BERNICE S TANNENBAUM ..... Honorary Vice President	17 0 ..... 0 0	X						0	0	0
(18) RENEE ALBERT ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(19) SANDRA ALFONSI ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(20) LIZ ALPERT ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(21) SHERRY ALTURA ..... National Board Member	9 0 ..... 0 0	X		X				0	0	0
(22) HAIDI APPEL ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(23) MIRIAM ARON ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(24) SARA ARONSON ..... National Board Member	9 0 ..... 0 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) WENDY BACKELMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(1) PHYLLIS BERLOW ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(2) ESTHER YELEN BERMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(3) RHODA BERNSTEIN ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(4) BINDER ELAINE ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(5) PENNIE SESSLER BRANDEN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(6) SHARON CADOFF ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(7) RUTH G COLE ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(8) SHEILA DERMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(9) ROCHELLE EDELMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(10) KATIE EDELSTEIN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(11) SANDY EINBERG ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(12) MARSHA EISENBERG ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(13) KAREN EVERETT ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(14) BARBARA EXTEIN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(15) KAREN EZRINE ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(16) SHERRI ADES FALCHUK ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(17) CAROL FEIN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(18) FRANCES FELDMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(19) JUDITH FELLNER-WEISS ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(20) BERVERLY FINE ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(21) BARBARA FLEISCHER ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(22) ELIZABETH L FOX ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(23) DEBBIE FRIEDMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(24) LESLIE GAFFIN ..... National Board Member	9 0 ..... 0 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) CLARA GILLMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(1) NORMA S GINDES ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(2) LYNN GOLD-BENJAMIN ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(3) MICHELLE GOLDBERG ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(4) BEVERLY GOLDSMITH ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(5) JILL GOLDSTONE ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(6) DIANNE GOTTLIEB ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(7) ADELE GREENBLATT ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(8) JANICE GREENWALD ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(9) RUTH GROSSBERG ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(10) HAREN HABER ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(11) GAIL HAMMERMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(12) JILL HERSHBEIN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(13) ELLEN HERSHKIN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(14) BARBARA HORWITZ ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(15) DIANE ISSENBERG ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(16) ROZ KANTOR ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(17) MARLENE KAPLAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(18) MICHELLE KAPLAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(19) EDDYSE KESSLER ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(20) SANDRA KING ..... National Board Member	14 0 ..... 0 0	X						0	0	0
(21) JOSIE KIVORT ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(22) BARBARA KRAFT ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(23) MARCIA GABRILOVE LADIN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(24) LINDA LANDER ..... National Board Member	9 0 ..... 0 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(76) SHEILA LEBOWITZ ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(1) BARBARA LEVIN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(2) PATRICIA LEVINSON ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(3) ANITA LEVY ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(4) VALERIE LOWENSTEIN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(5) KAREN LUSTIG ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(6) SHEILA MACKS ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(7) MARCUS DALE ..... National Board Member	9 0 ..... 1 0	X						0	0	0
(8) SUSAN MARK ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(9) ELLEN MASTERS ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(10) DOVIE MELNICK ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(11) DEBORAH MINKOFF ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(12) JULIE MORRIS ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(13) MIFFIE NAGORSKY ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(14) MELANIE NASBERG ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(15) JANE NYCE ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(16) HELAINE OHAYON ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(17) TOBEY R OLKEN ESQ ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(18) BARBARA PAILET ..... National Board Member	1 0 ..... 0 0	X						0	0	0
(19) JUDITH L PALKOVITZ ..... National Board Member	19 0 ..... 0 0	X		X				0	0	0
(20) HANNA POLLACK ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(21) JOY E POLLOCK ESQ ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(22) JILL PROSKY ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(23) JOYCE RABIN ..... National Board Member	24 0 ..... 0 0	X						0	0	0
(24) LONYE RASCH ..... National Board Member	19 0 ..... 1 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(101) RENEE RESNIK ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(1) RONNIE ROSEN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(2) ROSALIND ROSEN ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(3) BARBARA SABIN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(4) JUDITH SAXE ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(5) SHARON SCHNEIDER ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(6) RACHEL SCHONBERGER ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(7) MAUREEN SCHULMAN ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(8) SIMA SCHUSTER ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(9) CAROL ANN SCHWARTZ ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(10) BETTY SHAPIRO ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(11) DEBORAH SHENDELMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(12) NANCY SHUMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(13) BARBARA SHURBERG ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(14) DIANE SIGEL ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(15) NATALIE SILVERMAN ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(16) SHARON SISSELSKY ..... National Board Member	11 0 ..... 0 0	X						0	0	0
(17) RHODA SMOLOW ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(18) ANNETTE SONDOCK ..... National Board Member	19 0 ..... 0 0	X						0	0	0
(19) KACY SPIVACK ..... National Board Member	9 0 ..... 2 0	X						0	0	0
(20) JANE STROM ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(21) DIANE TAUB ..... National Board Member	11 0 ..... 0 0	X						0	0	0
(22) ROSELLE UNGAR ..... National Board Member	14 0 ..... 0 0	X						0	0	0
(23) DANA WAXLER ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(24) CAROL WEISS ..... National Board Member	9 0 ..... 0 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(126) JEAN WEITZ ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(1) LAURIE WEITZ ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(2) NANCY WIADRO ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(3) ELAINE WINOGRAD ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(4) THEDA ZUCKERMAN ..... National Board Member	9 0 ..... 0 0	X						0	0	0
(5) PHYLLIS ABRAMSON ..... Region President	22 0 ..... 0 0	X						0	0	0
(6) AMY APPLEBAUM ..... Region President	22 0 ..... 0 0	X						0	0	0
(7) JOAN BARON ..... Region President	22 0 ..... 0 0	X						0	0	0
(8) JANICE BERNSTEIN ..... Region President	22 0 ..... 0 0	X						0	0	0
(9) STEPHANIE BONDER ..... Region President (from 6/14)	22 0 ..... 0 0	X						0	0	0
(10) JANET DEIXLER ..... Region President	22 0 ..... 0 0	X						0	0	0
(11) RHODA DOMBCHIK ..... Region President	22 0 ..... 0 0	X						0	0	0
(12) PEG ELEFANT ..... Region President	22 0 ..... 0 0	X						0	0	0
(13) CAROLE GREENFIELD ..... Region President	22 0 ..... 0 0	X						0	0	0
(14) RAE GUREWITSCH ..... Region President	22 0 ..... 0 0	X						0	0	0
(15) JANE JACOBSON ..... Region President	22 0 ..... 0 0	X						0	0	0
(16) BEATRICE JOHNSON ..... Region President	22 0 ..... 0 0	X						0	0	0
(17) TERI JUNKER ..... Region President	22 0 ..... 0 0	X						0	0	0
(18) LEE KANSAS ..... Region President	22 0 ..... 0 0	X						0	0	0
(19) SHERRYL KAUFMAN ..... Region President	22 0 ..... 0 0	X						0	0	0
(20) SALLY KLEINMAN ..... Region President	22 0 ..... 0 0	X						0	0	0
(21) VIVIANE KOVACS ..... Region President	22 0 ..... 0 0	X						0	0	0
(22) SUSAN LAFER ..... Region President (from 7/14)	22 0 ..... 0 0	X						0	0	0
(23) CATHY OLSWING ..... Region President	22 0 ..... 0 0	X						0	0	0
(24) SUE POLANSKY ..... Region President	22 0 ..... 0 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(151) AMY SOLOMON ..... Region President	22 0 ..... 0 0	X						0	0	0
(1) TERRI TANKEL ..... Region President (until 7/14)	22 0 ..... 0 0	X						0	0	0
(2) MINDY TUCKER ..... Region President	22 0 ..... 0 0	X						0	0	0
(3) RUTHANNE WARNICK ..... Region President	22 0 ..... 0 0	X						0	0	0
(4) DEBORAH WISKIND ..... Region President	22 0 ..... 0 0	X						0	0	0
(5) JANET YOUNG ..... Region President	22 0 ..... 0 0	X						0	0	0
(6) NANCY BECHEK BLUTH ..... Big Chapter President	22 0 ..... 0 0	X						0	0	0
(7) ROZ HOLBERG ..... Big Chapter President	22 0 ..... 0 0	X						0	0	0
(8) MICHELLE RUBIN ..... Big Chapter President	22 0 ..... 0 0	X						0	0	0
(9) SANDRA SADIKOFF ..... Big Chapter President	22 0 ..... 0 0	X						0	0	0
(10) JILL SAPPERSTEIN ..... Big Chapter President	22 0 ..... 0 0	X						0	0	0
(11) BARBARA SCHEINBERG ..... Big Chapter President	22 0 ..... 0 0	X						0	0	0
(12) IRIS TISHKOFF ..... Big Chapter President	22 0 ..... 0 0	X						0	0	0
(13) ELLEN ZARROW-NISSENBAUM ..... Big Chapter President	22 0 ..... 0 0	X						0	0	0
(14) LOREN ROTH ..... Region President (until 6/14)	22 0 ..... 0 0			X				0	0	0
(15) RICHARD ANNIS ..... CHIEF FINANCIAL OFFICER	20 0 ..... 20 0			X				204,197	204,197	55,594
(16) JANICE WEINMAN ..... CHIEF EXECUTIVE OFFICER	20 0 ..... 20 0			X				205,158	205,158	55,342
(17) SHERYL ZELIGSON ..... GENERAL COUNSEL	20 0 ..... 20 0				X			179,575	179,575	54,781
(18) ALAN TIGAY ..... EXECUTIVE EDITOR	40 0 ..... 0 0					X		227,716	0	50,739
(19) LORI B LASSON ..... PLANNED GIVING	3 0 ..... 37 0					X		663	192,703	62,899
(20) JODI WECHTER-LEVY ..... FINANCE DIRECTOR	20 0 ..... 20 0					X		89,251	89,251	35,128
(21) GALIT S BRICHTA ..... DEVELOPMENT	3 0 ..... 37 0					X		748	217,438	61,998
(22) DAVID PASTERNAK ..... DEVELOPMENT	3 0 ..... 37 0					X		901	262,289	32,135
(23) MICHAEL OSTROFF ..... FMR-CHIEF DEVELOPMENT OFFICER	0 0 ..... 0 0						X	1,213	352,676	10,851

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
2014  
Open to Public Inspection

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC	Employer identification number  13-1656651
--	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	39,928,779	35,122,652	32,382,386	4,997,390	804,838	113,236,045
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	39,928,779	35,122,652	32,382,386	4,997,390	804,838	113,236,045
<b>5</b> 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
<b>6 Public support.</b> Subtract line 5 from line 4						113,236,045

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	39,928,779	35,122,652	32,382,386	4,997,390	804,838	113,236,045
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	300,952	281,277	465,208	3,311,927	1,708,355	6,067,719
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 VI )	1,854,632	2,147,914	1,916,160	390,339	337,993	6,647,038
11	<b>Total support</b> Add lines 7 through 10						125,950,802
12	Gross receipts from related activities, etc (see instructions)					12	19,869,968
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 section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	89 905 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	92 617 %
16a	<b>33 1/3% support test—2014.</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 <input checked="" type="checkbox"/>		
b	<b>33 1/3% support test—2013.</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 <input type="checkbox"/>		
17a	<b>10%-facts-and-circumstances test—2014.</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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	<b>10%-facts-and-circumstances test—2013.</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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		44,660
e	Publications, or published or broadcast statements?	Yes		51,358
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		22,827
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		935
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			119,780
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

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

Part IV

Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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. Lobbying consultants supported the work described above with research, drafting, and editing. Consultants researched and assessed the policy landscape, supported Hadassah's development of advocacy priorities and strategy, and facilitated connections to key policy makers and stakeholders. Additionally, administrative support was provided to enable Hadassah members and leaders to engage in direct lobbying. THE CORMAC GROUP WORKS ON ISSUES FOR HADASSAH RELATING TO THE ANNUAL GRANTS IT RECEIVES FROM U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT ("AID"), INCLUDING THE AMERICAN SCHOOLS AND HOSPITALS ABROAD AND OCEAN FREIGHT PROGRAMS. CORMAC GROUP ACTIVITIES FOR HADASSAH INCLUDE ENSURING BOTH PROGRAMS ARE FUNDED BY AID AND CONGRESS AS WELL AS ARRANGING MEETINGS IN WASHINGTON FOR HADASSAH OFFICIALS.



[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC	Employer identification number  13-1656651
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ 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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue included in Form 990, Part VIII, line 1

► \$

(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

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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)
- a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☒

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
- ☐ 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	83,362,568	70,774,000	15,000	15,000	15,000
b Contributions . . . . .			70,759,000		
c Net investment earnings, gains, and losses	3,854,176	12,588,568			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	15,939,570				
f Administrative expenses . . . . .					
g End of year balance . . . . .	71,277,174	83,362,568	70,774,000	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 ▶ 99 970 %

b

Permanent endowment ▶ 0 020 %

c

Temporarily restricted endowment ▶ 0 010 %

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 . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		301,479		301,479
b Buildings . . . . .		2,701,949	1,266,121	1,435,828
c Leasehold improvements . . . . .		1,302,054		1,302,054
d Equipment . . . . .		16,027,639	14,149,207	1,878,432
e Other . . . . .		3,909,711	3,509,628	400,083
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,317,876



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) 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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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.

Return Reference	Explanation
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, Inc.'s (HWZOA) endowment funds are comprised of both Board Designated Net Assets as well as Permanently Restricted Net Assets. The vast majority of HWZOA's endowment funds are Board Designated Net Assets which are unrestricted net assets subject to self-imposed limits by action of the governing board. The Permanently Restricted Net Assets are 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. In October 2012 Hadassah sold its property located at 50 West 58th Street for the selling price of \$71,500,000. Based on an order approving the sale of the building at the Ex Parte of the Supreme Court of the State of New York on August 17, 2012, the Attorney General did not object to Hadassah's use of the net proceeds of the sale for purposes of creating a board-restricted fund, which will provide long-term financial security for the Organization and support the Organization's charitable programs and activities. This board-designated fund was inadvertently excluded from the 2012 and 2013 Form 990, Schedule D, Part V. In the current year's Form 990, this fund is properly reflected in Schedule D, Part V in columns a, b and c.
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. Taxes on disallowed expenses and Value Added Tax paid were included in the sections of the expenses on which the tax was imposed. As of December 31, 2014 and 2013, 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.

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number  
13-1656651

Part I

General Information on 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 its grants and other 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 its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) Middle East and North Africa			Grantmaking		1,143,963
( 2 ) Middle East and North Africa			Program Services	HMO & EDU	664,161
( 3 ) Europe (Including Iceland and Greenland)			Program Services	ZIONIST EDU,HMO,TRAVEL	9,611
( 4 )					
( 5 )					
3a Sub-total					1,817,735
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,817,735

**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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )			Middle East and North Africa	GENERAL SUPP	1,143,963				
( 2 )									
( 3 )									
( 4 )									

2

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

1

3

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



Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**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; do not file with Form 990)*

☐ 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, Information 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; do not file with Form 990)*

☐ Yes

☒ No

**Part V**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, 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

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

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

Employer identification number  
13-1656651

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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 . . . . .

36

3

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

**Part III**

**Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Additional Data

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HADASSAH SOUTHERN CALIFORNIA40 WALL STREET NEW YORK,NY 10005	95-1622480	501(C)(3)	358,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ATLANTIC REGION40 WALL STREET NEW YORK, NY 10005	59-2057880	501(C)(3)	221,020				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA CENTRAL REGION40 WALL STREET NEW YORK, NY 10005	59-3654842	501(C)(3)	181,575				GENERAL SUPPORT GENERAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DESERT MOUNTAIN REGION40 WALL STREET NEWYORK,NY 10005	84-1509842	501(C)(3)	180,473				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hadassah OF Greater Philadelphia40 WALL STREET NEW YORK,NY 10005	23-1538399	501(C)(3)	162,446				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Chicago-North Shore40 WALL STREET NEW YORK,NY 10005	33-3005699	501(C)(3)	155,297				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT PLAINS REGION40 WALL STREET NEW YORK, NY 10005	35-1805399	501(C)(3)	140,984				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER SOUTHWEST REGION40 WALL STREET NEW YORK, NY 10005	36-4573135	501(C)(3)	125,783				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hadassah of Greater Baltimore40 WALL STREET NEW YORK,NY 10005	52-0591573	501(C)(3)	123,706				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Detroit40 WALL STREET NEW YORK, NY 10005	38-1396062	501(C)(3)	107,016				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN NEW JERSEY40 WALL STREET NEW YORK, NY 10005	22-6017974	501(C)(3)	98,081				GENERAL SUPPORT GENERAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PACIFIC COAST 40 WALL STREET NEW YORK, NY 10005	23-7183220	501(C)(3)	96,476				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SEABOARD40 WALL STREET NEWYORK,NY 10005	30-0212774	501(C)(3)	96,460				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HADASSAH-SOUTHERN NEW JERSEY40 WALL STREET NEW YORK, NY 10005	22-3069434	501(C)(3)	69,631				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 REGION40 WALL STREET NEW YORK, NY 10005	54-2070226	501(C)(3)	69,609				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN REGION40 WALL STREET NEW YORK, NY 10005	57-1108518	501(C)(3)	69,133				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTCHESTER REGION40 WALL STREET NEW YORK,NY 10005	13-1878047	501(C)(3)	68,415				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL STATES REGION 40 WALL STREET NEW YORK, NY 10005	34-1922517	501(C)(3)	63,293				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MIAMI40 WALL STREET NEW YORK, NY 10005	59-1097043	501(C)(3)	60,713				GENERAL SUPPORT GENERAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WESTERN NEW ENGLAND 40 WALL STREET NEW YORK, NY 10005	05-0442537	501(C)(3)	57,595				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASSAU REGION40 WALL STREET NEWYORK,NY 10005	11-1844603	501(C)(3)	56,846				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN SEABOARD40 WALL STREET NEW YORK, NY 10005	14-1877886	501(C)(3)	48,173				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Washington Area CHAPTER40 WALL STREET NEW YORK, NY 10005	52-0211782	501(C)(3)	46,266				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LOWER NEW YORK STATE 40 WALL STREET NEW YORK, NY 10005	13-2725120	501(C)(3)	41,451				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER MIDWEST REGION 40 WALL STREET NEW YORK, NY 10005	45-0338351	501(C)(3)	40,997				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN NEW ENGLAND REGION40 WALL STREET NEW YORK, NY 10005	04-2294551	501(C)(3)	37,411				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA BROWARD REGION40 WALL STREET NEWYORK,NY 10005	59-1826857	501(C)(3)	36,883				GENERAL SUPPORT GENERAL SUPPORT



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC NORTHWEST REGION40 WALL STREET NEW YORK,NY 10005	91-0750738	501(C)(3)	32,937				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER MID-ATLANTIC40 WALL STREET NEW YORK,NY 10005	23-7198286	501(C)(3)	30,326				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 40 WALL STREET NEW YORK,NY 10005	25-1010299	501(C)(3)	28,273				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SUFFOLK REGION40 WALL STREET NEWYORK,NY 10005	23-7192160	501(C)(3)	28,216				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Boston40 WALL STREET NEW YORK, NY 10005	04-2103748	501(C)(3)	25,120				GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CONNECTICUT REGION40 WALL STREET NEWYORK,NY 10005	06-0846161	501(C)(3)	24,471				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK REGION40 WALL STREET NEW YORK, NY 10005	13-1628187	501(C)(3)	16,576				GENERAL SUPPORT GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 REGION40 WALL STREET NEW YORK, NY 10005	22-2538049	501(C)(3)	8,968				GENERAL SUPPORT GENERAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 North East40 WALL STREET NEW YORK, NY 10005	38-3861003	501(C)(3)	5,307				GENERAL SUPPORT GENERAL SUPPORT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD ANNIS, CHIEF FINANCIAL OFFICER	(i)	202,811	0	1,386	13,650	14,475	232,322	0
	(ii)	202,811	0	1,386	13,650	14,476	232,323	0
2 JANICE WEINMAN, CHIEF EXECUTIVE OFFICER	(i)	200,831	0	4,327	13,650	14,021	232,829	0
	(ii)	200,831	0	4,327	13,650	14,021	232,829	0
3 SHERYL ZELIGSON, GENERAL COUNSEL	(i)	179,092	0	483	13,650	14,483	207,708	0
	(ii)	179,092	0	483	13,650	14,484	207,709	0
4 MICHAEL OSTROFF, FMR-CHIEF DEVELOPMENT OFFICER	(i)	0	1,213	0	0	37	1,250	0
	(ii)	0	352,676	0	0	10,814	363,490	0
5 ALAN TIGAY, EXECUTIVE EDITOR	(i)	223,229	0	4,487	24,264	27,375	279,355	0
	(ii)	0	0	0	0	0	0	0
6 LORI B LASSON, PLANNED GIVING	(i)	658	0	5	73	147	883	0
	(ii)	191,395	0	1,308	21,333	42,846	256,882	0
7 JODI WECHTER-LEVY, FINANCE DIRECTOR	(i)	88,943	0	308	9,638	8,706	107,595	0
	(ii)	88,943	0	308	9,638	8,706	107,595	0
8 GALIT S BRICHTA, DEVELOPMENT	(i)	746	0	2	77	139	964	0
	(ii)	216,921	0	517	22,684	40,418	280,540	0
9 DAVID PASTERNAK, DEVELOPMENT	(i)	896	0	5	0	113	1,014	0
	(ii)	260,766	0	1,523	0	33,099	295,388	0

Part III Supplemental Information

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.

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4A	MICHAEL OSTROFF RECEIVED A TOTAL SEVERANCE PAYMENT OF \$353,889
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.
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.

Additional Data

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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD ANNIS, CHIEF FINANCIAL OFFICER	(i)	202,811	0	1,386	13,650	14,475	232,322	0
	(ii)	202,811	0	1,386	13,650	14,476	232,323	0
1 JANICE WEINMAN, CHIEF EXECUTIVE OFFICER	(i)	200,831	0	4,327	13,650	14,021	232,829	0
	(ii)	200,831	0	4,327	13,650	14,021	232,829	0
2 SHERYL ZELIGSON, GENERAL COUNSEL	(i)	179,092	0	483	13,650	14,483	207,708	0
	(ii)	179,092	0	483	13,650	14,484	207,709	0
3 MICHAEL OSTROFF, FMR-CHIEF DEVELOPMENT OFFICER	(i)	0	1,213	0	0	37	1,250	0
	(ii)	0	352,676	0	0	10,814	363,490	0
4 ALAN TIGAY, EXECUTIVE EDITOR	(i)	223,229	0	4,487	24,264	27,375	279,355	0
	(ii)	0	0	0	0	0	0	0
5 LORI B LASSON, PLANNED GIVING	(i)	658	0	5	73	147	883	0
	(ii)	191,395	0	1,308	21,333	42,846	256,882	0
6 JODI WECHTER-LEVY, FINANCE DIRECTOR	(i)	88,943	0	308	9,638	8,706	107,595	0
	(ii)	88,943	0	308	9,638	8,706	107,595	0
7 GALIT S BRICHTA, DEVELOPMENT	(i)	746	0	2	77	139	964	0
	(ii)	216,921	0	517	22,684	40,418	280,540	0
8 DAVID PASTERNAK, DEVELOPMENT	(i)	896	0	5	0	113	1,014	0
	(ii)	260,766	0	1,523	0	33,099	295,388	0

**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 990-EZ or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC	Employer identification number  13-1656651
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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 ORGANIZATION'S MISSION FORM 990, PART III, LINE 1 HWZOA IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT UNDER 501(C)(3) OF THE US INTERNAL REVENUE CODE IN ISRAEL, HADASSAH INITIATES AND SUPPORTS PACE-SETTING HEALTH CARE, EDUCATION AND YOUTH INSTITUTIONS, AND LAND DEVELOPMENT TO MEET THE COUNTRY'S CHANGING NEEDS IN THE UNITED STATES, HADASSAH ENHANCES THE QUALITY OF AMERICAN AND JEWISH LIFE THROUGH ITS EDUCATION AND ZIONIST YOUTH PROGRAMS, PROMOTES HEALTH AWARENESS, AND PROVIDES PERSONAL ENRICHMENT AND GROWTH FOR ITS MEMBERS

Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>LINE 4A MEMBERS AND UNIT SERVICES 330,000 Members, donors and Associates strong, Hadassah is the largest women's Zionist membership organization in the U S , with members in every congressional district Hadassah members, donors and Associates enjoy access to personal development opportunities, missions to Israel, and destinations world-wide, professional netw orking opportunities, and health and Jew ish education programs Hadassah's 927 local chapters and groups allow for members to actively participate and support programs and home and abroad Hadassah provides marketing assistance to their chapters and groups to help them engage members using printed materials, web/online communications and local and national public relations opportunities</p> <p>PROGRAMMING, ADVOCACY, ZIONIST EDUCATION Across the country, Hadassah Members are engaged in a variety of educational, advocacy and community service programs In the US, Hadassah educates women and men on the risks, signs and symptoms of many diseases, as well as preventative measures Every Beat Counts, Hadassah's Heart Health Program is teaching women everyw here about heart health In its first year, 2014, the Every Beat Counts Hadassah's Heart Health Program nationwide held 95 events and reached thousands of women In addition, Hadassah Associates are educating men about heart disease, and prostate and lung cancer The Hadassah Leadership Fellows is a tw o-year program designed to inspire and cultivate future female leaders, providing opportunities to grow , advocate and affect change Hadassah provides opportunities to study Judaism, Zionism, and Jew ish history, Hebrew , literature and culture Hadassah Members, Associates Donors advocate for issues of importance to women and the Jew ish 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 programs in the form of collateral materials, web/online communication, and public relations</p>

Return Reference	Explanation
LINE 4B - MARKETING AND COMMUNICATIONS	<p>All Divisions, as well as 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, branding, and public relations. Projects and programmatic marketing includes but are not limited to Every Beat Counts Hadassah's Heart Health Program, Hadassah Medical Organization, Young Judaea, Youth Aliyah, Hadassah Missions, Hadassah Leadership fellows, Jewish Advocacy and Education, Membership promotion, Annual Business Meeting and National Conventions, volunteer leadership updates and more. After launching Hadassah's rebranding in 2014, campaigns were developed to create awareness of our new look and focus, internally to our members and externally, via print and digital advertising. The goal was to update our look and our language to more effectively communicate with a younger Jewish population. We have increased member engagement with online education programs and use social media extensively to support an ongoing conversation with a new and even wider audience. And we have created eMembership for women who are short on time. Hadassah's new tagline-the power of women who DO-expresses who and what we are. It speaks to a century of "practical Zionism" and captures the dynamism and spirit of Hadassah women.</p>



Return Reference	Explanation
Line 4c	HADASSAH MAGAZINE IS A BI-MONTHLY PUBLICATION THAT COVERS POLITICAL, CULTURAL AND SOCIAL ISSUES THAT AFFECT - AND ARE AFFECTED BY - THE LIVES OF OUR READERS MOSTLY FEMALE, MOSTLY JEWISH WITH AN INVOLVING MIX OF THE SERIOUS AND THE ENTERTAINING, PRIZE-WINNING JOURNALISM, COMMENTARY AND FICTION, BEAUTIFUL - SOMETIMES HEART-RENDING - PHOTOGRAPHY AND GRAPHICS, THE MAGAZINE REPRESENTS ALL THE ASPECTS OF OUR READERS' DIVERSE INTERESTS AND LIFESTYLES

Return Reference	Explanation
FORM 990, PART VI, LINE 2	OFFICER/DIRECTOR RELATED PERSON RELATIONSHIP RHODA BERNSTEIN LAURIE WERNER FAMILY RELATIONSHIP NANCY GOLIN WIADRO JANE GOLIN STROM FAMILY RELATIONSHIP DEBORAH B KAPLAN MIRIAM ARON FAMILY RELATIONSHIP SHERRI FALCHUCK NANCY FALCHUCK FAMILY RELATIONSHIP CAROL ROSENTHAL RUTH HENDELMAN FAMILY RELATIONSHIP JEAN WEITZ LAURIE WEITZ FAMILY RELATIONSHIP

Return Reference	Explanation
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

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>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.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A AND 15B	<p>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.</p>

Return Reference	Explanation
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)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number  
  
13-1656651

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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 40 WALL STREET NEW YORK, NY 10005 20-3603057	SELL GIFTS	DE			NA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						



Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARIT REMAINDER ANNUITY TRUSTS (111)	INVESTMENTS	NY	HWZOA	Trust					
(2) CHARITABLE REMAINDER UNITRUSTS (14)	INVESTMENTS	NY	HWZOA	Trust					
(3) POOLED INCOME FUND (10)	INVESTMENTS	NY	HWZOA	Trust					

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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

No

1d

No

1e

No

1f

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HADASSAH MEDICAL RELIEF ASSOCIATION INC	I	15,148,448	COST

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) HADASSAH MEDICAL RELIEF ASSOCIATION INC  40 WALL STREET NEW YORK, NY 10005 13-6110872	CHARITABLE	NY	501(C)(3)	7	NA	Yes	
(1) THE HADASSAH FOUNDATION  40 WALL STREET NEW YORK, NY 10005 13-4022483	CHARITABLE	NY	501(C)(3)	11, I	NA	Yes	
(2) HADASSAH OFFICE IN ISRAEL  C/O 40 WALL STREET NEW YORK, NY 10005 99-99999999	CHARITABLE	IS	N/A	N/A	NA	Yes	
(3) HADASSAH INTERNATIONAL LTD  C/O 40 WALL STREET NEW YORK, NY 10005 99-99999999	CHARITABLE	BR	N/A	N/A	NA	Yes	
(4) HADASSAH MEXICO AC    99-99999999	CHARITABLE	MX	N/A	N/A	NA	Yes	
(5) HADASSAH MEDICAL ORGANIZATION    99-99999999	MEDICAL	IS	N/A	N/A	NA	Yes	
(6) HADASSAH YOUTH SERVICES AMUTA  C/O 40 WALL STREET NEW YORK, NY 10005 99-99999999	CHARITABLE	IS	N/A	N/A	NA	Yes	
(7) HADASSAH WUJS ARAD LTD  C/O 40 WALL STREET NEW YORK, NY 10005 99-99999999	CHARITABLE	IS	N/A	N/A	NA	Yes	
(8) MEIR SHFEYAH FOR PROMOTION OF EDUCATION  C/O 40 WALL STREET NEW YORK, NY 10005 99-99999999	CHARITABLE	IS	N/A	N/A	NA	Yes	