

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization: HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA INC % JODI WECHTER LEVY
 Doing business as: _____
 Number and street (or P O box if mail is not delivered to street address): 40 WALL STREET Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10005

D Employer identification number: 13-1656651
E Telephone number: (212) 355-7900
G Gross receipts \$ 45,725,322

F Name and address of principal officer: JANICE WEINMAN CEO 40 WALL STREET NEW YORK, NY 10005
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

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

J Website: WWW HADASSAH ORG

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 IN ISRAEL, WE SUPPORT HEALTHCARE EDUCATION, YOUTH PROGRAMS AND LAND DEVELOPMENT IN THE US, WE ENHANCE THE QUALITY OF AMERICAN AND JEWISH LIFE

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	53
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	53
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	203
6 Total number of volunteers (estimate if necessary)	6	280,627
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	734,154
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	38,856,605	16,889,443
9 Program service revenue (Part VIII, line 2g)	710,862	1,009,244
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,616,693	2,231,614
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	334,625	1,100,880
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,518,785	21,231,181
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,909,832	4,056,964
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,658,917	8,512,268

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 - 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 \$ 8,576,462 including grants of \$ 2,474,861) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 3,760,253 including grants of \$ 1,577,653) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 2,389,580 including grants of \$ 4,450) (Revenue \$ 406,859)
See Additional Data

(Code) (Expenses \$ 2,091,958 including grants of \$) (Revenue \$ 38,252)
HADASSAH MAGAZINE / YOUTH

4d Other program services (Describe in Schedule O)
(Expenses \$ 2,091,958 including grants of \$) (Revenue \$ 38,252)

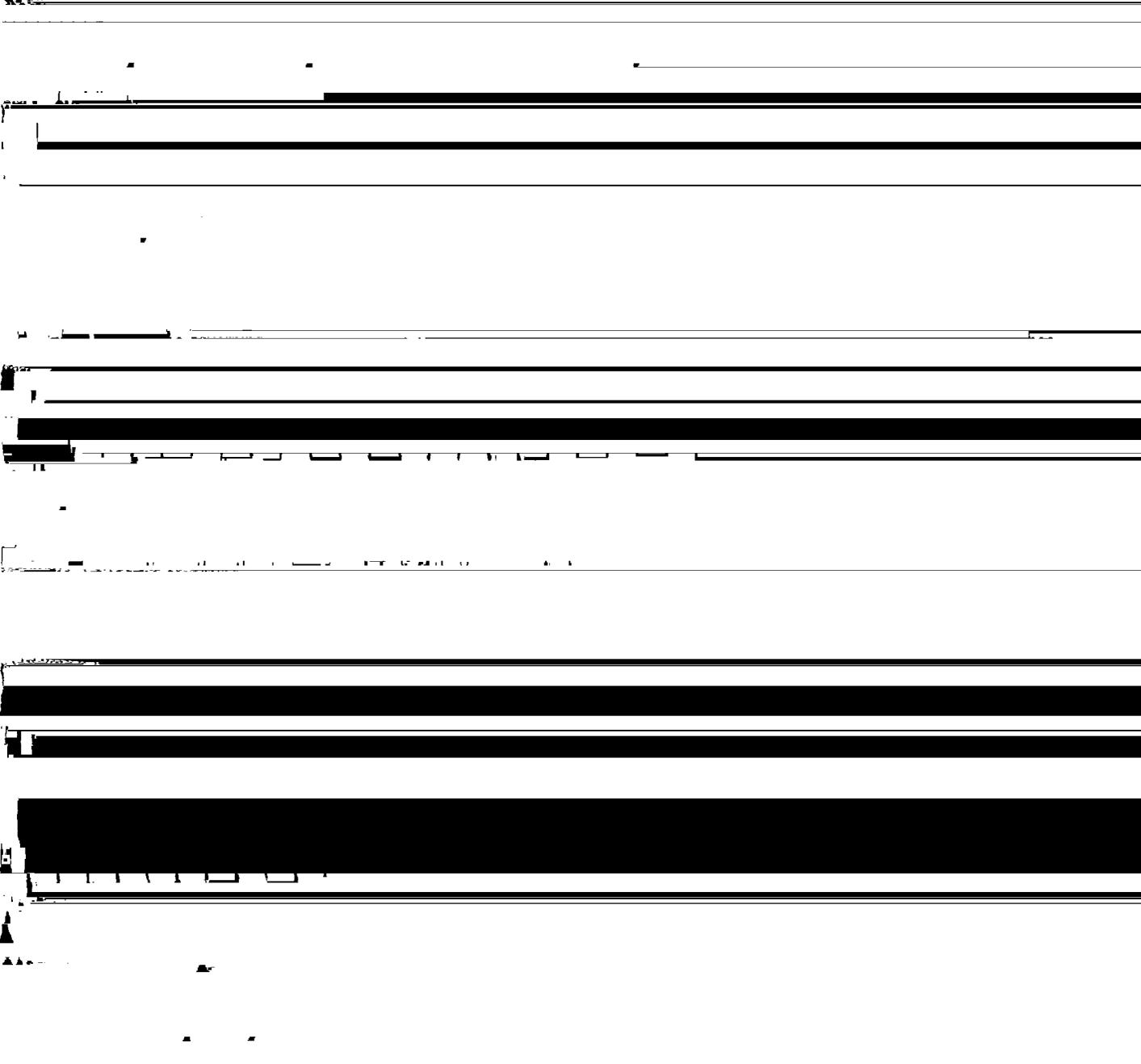
4e Total program service expenses ▶ 16,818,253

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
20b	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		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>	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>		No



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

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

1a Enter the number of voting members of the governing body at the end of the tax year	1a	53		Yes	No
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.					

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			
MELANIE NASBERG National Board Member	9 0 0 0	X						0	0	0
BENITA ROSS National Board Member	9 0 0 0	X						0	0	0
CAROL ANN SCHWARTZ National Board Member	9 0 0 0	X						0	0	0
MERNA SHAPIRO National Board Member	9 0 0 0	X						0	0	0
SHELLEY SHERMAN National Board Member	19 0 0 0	X						0	0	0
ROBIN SHUMAN National Board Member	9 0 0 0	X						0	0	0
BARBARA SHURBERG National Board Member	9 0 0 0	X						0	0	0
DIANE SIGEL National Board Member	9 0 1 0	X						0	0	0
JANE STROM National Board Member	9 0 1 0	X						0	0	0
FERN TANNENBAUM National Board Member	9 0 0 0	X						0	0	0

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	780,280		
	c Fundraising events . . .	1c			
	d Related organizations	1d	15,870,664		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	238,499		
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total. Add lines 1a-1f		16,889,443		
Other Revenue		Business Code			
	2a REVENUE FROM YOUTH MOVEMENT/OTHER PROG	611710	1,000	1,000	
	b CONFERENCE AND EVENT INCOME	611710	540,027	439,277	100,750
	c MAGAZINE	611710	468,217	2,600	465,617

- 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 | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year **▶** _____
- 4** Number of states where property subject to conservation easement is located **▶** _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶** _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 **▶** \$ _____
- b** Assets included in Form 990, Part X **▶** \$ _____

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,479,311	2,479,311		
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, line 15 and 16.	1,577,653	1,577,653		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	328,737		328,737	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	5,972,150	5,204,339	756,169	11,642
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	473,025	399,446	72,742	837
9 Other employee benefits.	1,250,188	1,041,939	206,063	2,186
10 Payroll taxes.	519,168	421,846	96,436	886
11 Fees for services (non-employees)				
a Management.	509,854	338,582	169,898	1,374
b Legal.	41,206	30,799	10,354	53
c Accounting.	132,600		132,583	17
d Lobbying.	77,584	70,307	7,273	4
e Professional fundraising services. See Part IV, line 17.	169			169
f Investment management fees.	232,985		232,985	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	355,636	243,702	110,744	1,190
12 Advertising and promotion.	114,318	112,920	1,069	329
13 Office expenses.	1,460,371	1,308,012	149,789	2,570
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	1,441,938	1,249,021	190,795	2,122
17 Travel.	460,223	396,134	63,289	800
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	985,910	942,148	43,199	563
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	419,750	338,789	79,995	966
23 Insurance.	227,514	183,631	43,359	524
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 PUBLIC RELATIONS	493,898	317,800	175,810	288
b OVERHEAD ALLOCATION	-50,709		-50,709	
c PROGRAM AND DEVELOPMENT	31,410	25,957	5,453	
d PROVISION FOR BAD DEBTS	2,790	2,790		
e All other expenses	209,130	133,127	75,430	573
25 Total functional expenses. Add lines 1 through 24e.	19,746,809	16,818,253	2,901,463	27,093
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	43,763,562	2	51,692,577
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	531,141	4	1,304,483
	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	416,210	9	535,660
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 26,615,806		
	b Less accumulated depreciation	10b 20,957,227	6,252,095	10c 5,658,579
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	682,764	12	692,429
	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	30,533,240	15	26,648,785
16 Total assets. Add lines 1 through 15 (must equal line 34)	82,179,012	16	86,532,513	
Liabilities	17 Accounts payable and accrued expenses	3,569,721	17	4,693,392
	18 Grants payable	0	18	0
	19 Deferred revenue	1,430,146	19	1,562,027
	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 Total liabilities. Add lines 17 through 25	4,999,867	26	6,255,419
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	75,885,064	27	78,826,038
	28 Temporarily restricted net assets	1,279,081	28	1,436,056
	29 Permanently restricted net assets	15,000	29	15,000
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	77,179,145	33	80,277,094
	34 Total liabilities and net assets/fund balances	82,179,012	34	86,532,513

Part XI Reconciliation of Net Assets

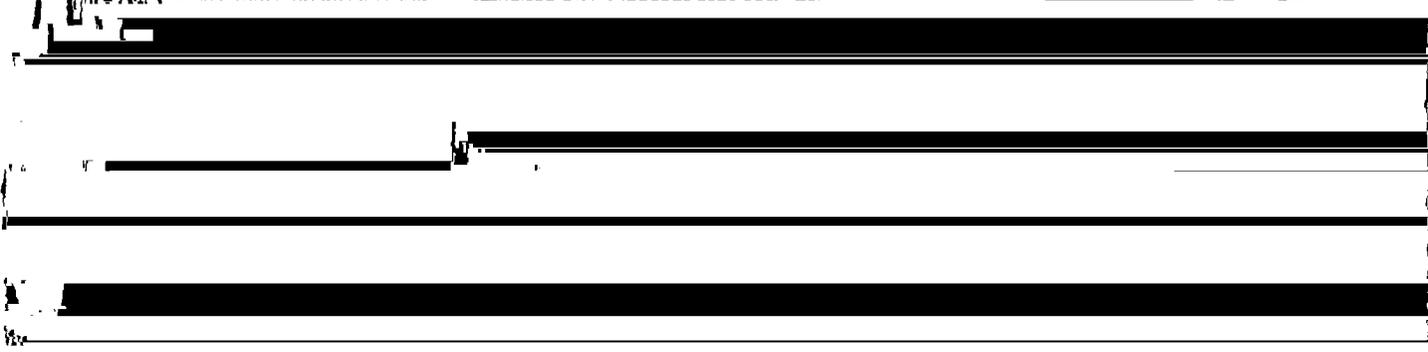
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,231,181
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,746,809
3	Revenue less expenses Subtract line 2 from line 1	3	1,484,372
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,179,145
5	Net unrealized gains (losses) on investments	5	1,613,577
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	80,277,094

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	2a		No
Were the organization's financial statements audited by an independent accountant?	2b	Yes	



Additional Data

Software ID:

Software Version:

EIN: 13-1656651

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

Form 990 (2016)

Form 990, Part III, Line 4a:

MEMBER & UNIT SERVICES - SEE SCHEDULE O

Form 990, Part III, Line 4b:

MARKETING & COMMUNICATIONS - SEE SCHEDULE O

Form 990, Part III, Line 4c:

EDUCATION AND PUBLIC POLICY - SEE SCHEDULE O

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			
NANCY FALCHUK Honorary Vice President	21 0 2 0	X						0	0	0
CARMELA E KALMANSON Honorary Vice President	7 0 0 0	X						0	0	0
DEBORAH B KAPLAN Honorary Vice President	7 0 0 0	X						0	0	0
BONNIE LIPTON Honorary Vice President	21 0 2 0	X						0	0	0
MARCIE NATAN Honorary Vice President	21 0 2 0	X						0	0	0
MARLENE E POST Honorary Vice President	26 0 0 0	X						0	0	0
LIZ ALPERT National Board Member	9 0 1 0	X						0	0	0
HAIDI APPEL National Board Member	9 0 0 0	X						0	0	0
MIRIAM ARON National Board Member	9 0 0 0	X						0	0	0
SUE BELLER 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			
MINDY BLOOM National Board Member	9 0 0 0	X						0	0	0
PENNIE SESSLER BRANDEN National Board Member	9 0 0 0	X						0	0	0
SHARON CADOFF National Board Member	9 0 1 0	X						0	0	0
SHEILA DERMAN National Board Member	9 0 0 0	X						0	0	0
KAREN EZRINE National Board Member	9 0 0 0	X						0	0	0
RENA FEUERSTEIN National Board Member	9 0 1 0	X						0	0	0
RUTH ANN FREEDMAN National Board Member	9 0 0 0	X						0	0	0
CLARA GILLMAN National Board Member	9 0 0 0	X						0	0	0
MICHELLE GOLDBERG National Board Member	9 0 1 0	X						0	0	0
PHYLLIS HARTSTEIN 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			
LYNDA HEYMAN National Board Member	9 0 0 0	X						0	0	0
ROZ KANTOR National Board Member	9 0 0 0	X						0	0	0
MARLENE KAPLAN National Board Member	9 0 1 0	X						0	0	0
REBECCA KRASNEGOR National Board Member	9 0 0 0	X						0	0	0
MARCIA GABRILOVE LADIN National Board Member	9 0 0 0	X						0	0	0
ANITA LEVY National Board Member	9 0 0 0	X						0	0	0
VALERIE LOWENSTEIN National Board Member	9 0 0 0	X						0	0	0
MARCUS DALE National Board Member	9 0 0 0	X						0	0	0
SHEREE MOROCHNIK National Board Member	9 0 0 0	X						0	0	0
SUSAN MOYE 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			
MELANIE NASBERG National Board Member	90 00	X						0	0	0
BENITA ROSS National Board Member	90 00	X						0	0	0
CAROL ANN SCHWARTZ National Board Member	90 00	X						0	0	0
MERNA SHAPIRO National Board Member	90 00	X						0	0	0
SHELLEY SHERMAN National Board Member	190 00	X						0	0	0
ROBIN SHUMAN National Board Member	90 00	X						0	0	0
BARBARA SHURBERG National Board Member	90 00	X						0	0	0
DIANE SIGEL National Board Member	90 10	X						0	0	0
JANE STROM National Board Member	90 10	X						0	0	0
FERN TANNENBAUM National Board Member	90 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
DIANE TAUB National Board Member	9 0 0 0	X						0	0	0	
CAROL WEISS - END 82016 National Board Member	9 0 0 0	X						0	0	0	
JEAN WEITZ National Board Member	9 0 1 0	X						0	0	0	
LAURIE WERNER National Board Member	9 0 0 0	X						0	0	0	
RICHARD ANNIS CHIEF FINANCIAL OFFICER	10 0 30 0			X				98,380	311,879	61,799	
JANICE WEINMAN CHIEF EXECUTIVE OFFICER	10 0 30 0			X				98,274	311,543	61,468	
SHERYL ZELIGSON GENERAL COUNSEL	10 0 30 0				X			86,847	275,314	60,032	
NAOMI BRUNNELHEIM PRAZE	40 0 0 0					X		159,190	0	67,723	
LORI B LASSON PLANNED GIVING	1 0 39 0					X		576	212,622	74,018	
JODI WECHTER-LEVY FINANCE DIRECTOR	10 0 30 0					X		46,516	147,463	39,877	

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			
LISA KANNER LEGAL	10 0 30 0					X		41,176	130,532	33,478
DAVID PASTERNAK DEVELOPMENT	1 0 39 0					X		857	316,488	75,692

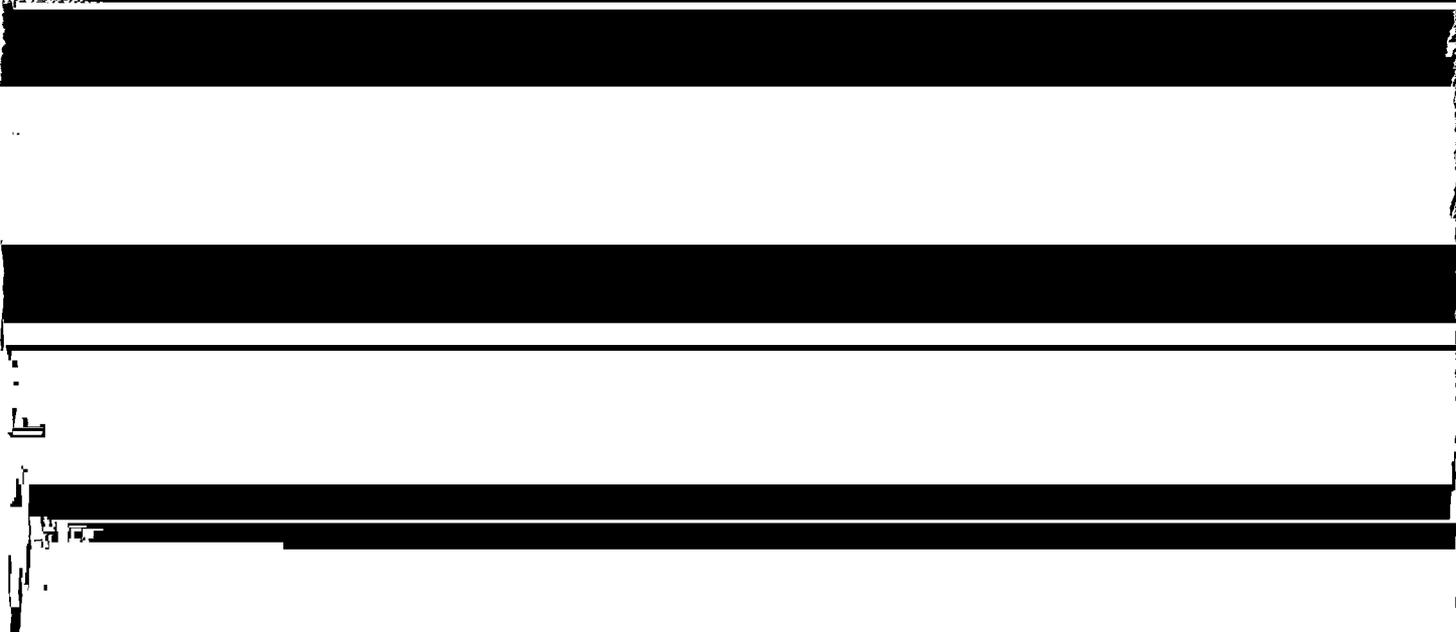
SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2016



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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	32,382,386	4,997,390	804,838	38,856,605	16,889,443	93,930,662
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	32,382,386	4,997,390	804,838	38,856,605	16,889,443	93,930,662
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						93,930,662

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	32,382,386	4,997,390	804,838	38,856,605	16,889,443	93,930,662
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	465,208	3,311,927	1,708,355	802,057	831,889	7,119,436
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.)	1,916,160	390,339	337,993	181,214	959,920	3,785,626
11 Total support. Add lines 7 through 10						104,835,724
12 Gross receipts from related activities, etc. (see instructions)					12	4,430,038
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	89.598%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	90.670%

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. 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 **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 12a or 12b 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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 I of Schedule L (Form 990 or 990-EZ).		
	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 Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) 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 Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

		Yes	No
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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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)		

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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

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 on 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		

Include description of lobbying activity (include committee or campaign committee) on lines 1a through 1i

70 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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

▶ Complete if the organization answered "Yes," on 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.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-1656651

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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



BLACKBAUD, PO BOX 930256 ATLANTA, GA 90074	CONSULTANTS	154,962
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 7

Part 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
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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 |
|--|--------|
| 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	69,765,383	71,277,174	83,362,568	70,774,000	15,000
b Contributions					70,759,000
c Net investment earnings, gains, and losses	3,511,768	-1,511,791	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	73,277,151	69,765,383	71,277,174	83,362,568	70,774,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 99 975 %
 - b** Permanent endowment ▶ 0 020 %
 - c** Temporarily restricted endowment ▶ 0 005 %
- The percentages on 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
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on 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	1,459,103	1,242,846
c Leasehold improvements		2,419,971	303,730	2,116,241
d Equipment		16,842,380	15,438,210	1,404,170
e Other		4,350,027	3,756,184	593,843
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,658,579

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

Complete if the organization answered 'Yes' on 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	



Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-1656651

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

Supplemental 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

Supplemental Information

Return Reference	Explanation
ENDOWMENT FUNDS	<p>SCHEDULE D, PART V, LINE 4 Hadassah, The Womens Zionist Organization of America, Inc s (HWZOA) endowment funds represented in Schedule D, Part V are comprised of Permanently Restricted, Temporarily Restricted and Board Designated Net Assets 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 therefrom The income and gains are Temporarily Restricted Net Assets Board Designated Net Assets are Unrestricted Net Assets subject to self-imposed limits by action of the governing board and make up the vast majority of HWZOAs endowment funds These funds will be used to enhance HWZOAs 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 \$7 1,500,000 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</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>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, 2016 and 2015, 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.</p>

**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. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**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** Activities 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) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					2,465,059
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,465,059

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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* 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).

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

Additional Data

Software ID:

Software Version:

EIN: 13-1656651

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Middle East and North Africa			Grantmaking		1,577,653
Middle East and North Africa			Program Services	HMO & Education	874,778
Europe (Including Iceland and Greenland)			Program Services	Zionist Edu HMO Travel	8,509

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America and the Caribbean			Program Services	Zionist Edu HMO Travel	4,119

**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," on 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.

OMB No 1545-0047

2016

**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" on 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

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 33
- 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" on 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HADASSAH SOUTHERN CALIFORNIA 40 WALL STREET NEW YORK, NY 10005	95-1622480	501(C)(3)	256,682				GENERAL SUPPORT
HADASSAH FLORIDA ATLANTIC 40 WALL STREET NEW YORK, NY 10005	59-2057880	501(C)(3)	210,667				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 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 DESERT-MOUNTAIN 40 WALL STREET NEW YORK, NY 10005	84-1509842	501(C)(3)	136,233				GENERAL SUPPORT
Hadassah Greater Philadelphia 40 WALL STREET NEW YORK, NY 10005	23-1538399	501(C)(3)	91,906				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 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 Shore 40 WALL STREET NEW YORK, NY 10005	36-3005699	501(C)(3)	181,636				GENERAL SUPPORT
HADASSAH GREAT PLAINS 40 WALL STREET NEW YORK, NY 10005	35-1805399	501(C)(3)	83,675				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 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 SOUTHWEST 40 WALL STREET NEW YORK, NY 10005	36-4573135	501(C)(3)	68,444				GENERAL SUPPORT
Hadassah of Greater Baltimore 40 WALL STREET NEW YORK, NY 10005	52-0591573	501(C)(3)	110,095				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 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 Detroit 40 WALL STREET NEW YORK, NY 10005	38-1396062	501(C)(3)	89,108				GENERAL SUPPORT
HADASSAH NORTHERN NEW JERSEY 40 WALL STREET NEW YORK, NY 10005	22-6017974	501(C)(3)	112,761				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 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 CENTRAL PACIFIC COAST 40 WALL STREET NEW YORK, NY 10005	23-7183220	501(C)(3)	51,821				GENERAL SUPPORT
HADASSAH SOUTHERN SEABOARD 40 WALL STREET NEW YORK, NY 10005	30-0212774	501(C)(3)	84,384				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 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 JERSEY 40 WALL STREET NEW YORK, NY 10005	22-3069434	501(C)(3)	101,135				GENERAL SUPPORT
HADASSAH SOUTHERN 40 WALL STREET NEW YORK, NY 10005	54-2070226	501(C)(3)	29,335				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 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 SOUTHEASTERN 40 WALL STREET NEW YORK, NY 10005	57-1108518	501(C)(3)	35,301				GENERAL SUPPORT
HADASSAH WESTCHESTER 40 WALL STREET NEW YORK, NY 10005	13-1878047	501(C)(3)	64,166				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 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 CENTRAL STATES 40 WALL STREET NEW YORK, NY 10005	34-1922517	501(C)(3)	58,047				GENERAL SUPPORT
HADASSAH GREATER MIAMI 40 WALL STREET NEW YORK, NY 10005	59-1097043	501(C)(3)	84,533				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 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 NASSAU 40 WALL STREET NEW YORK, NY 10005	11-1844603	501(C)(3)	72,478				GENERAL SUPPORT
HADASSAH GREATER WASHINGTON 40 WALL STREET NEW YORK, NY 10005	52-0211782	501(C)(3)	33,821				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 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 LOWER NEW YORK STATE 40 WALL STREET NEW YORK, NY 10005	13-2725120	501(C)(3)	32,178				GENERAL SUPPORT
HADASSAH UPPER MIDWEST 40 WALL STREET NEW YORK, NY 10005	45-0338351	501(C)(3)	26,074				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 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 NORTHERN NEW ENGLAND 40 WALL STREET NEW YORK, NY 10005	04-2294551	501(C)(3)	48,574				GENERAL SUPPORT
HADASSAH FLORIDA BROWARD 40 WALL STREET NEW YORK, NY 10005	59-1826857	501(C)(3)	54,634				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 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 PACIFIC NORTHWEST 40 WALL STREET NEW YORK, NY 10005	91-0750738	501(C)(3)	33,468				GENERAL SUPPORT
Hadassah Greater Pittsburgh 40 WALL STREET NEW YORK, NY 10005	25-1010299	501(C)(3)	26,133				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 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 Boston 40 WALL STREET NEW YORK, NY 10005	04-2103748	501(C)(3)	20,303				GENERAL SUPPORT
HADASSAH CONNECTICUT 40 WALL STREET NEW YORK, NY 10005	06-0846161	501(C)(3)	58,320				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 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 NEW YORK 40 WALL STREET NEW YORK, NY 10005	13-1628187	501(C)(3)	36,428				GENERAL SUPPORT
HADASSAH SOUTHERN NEW ENGLAND 40 WALL STREET NEW YORK, NY 10005	22-2538049	501(C)(3)	37,167				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 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 SUFFOLK 50 WEST 58TH STREET NEW YORK, NY 10019	23-7192160	501(C)(3)	21,400				GENERAL SUPPORT
HADASSAH BROOKLYN 50 WEST 58TH STREET NEW YORK, NY 10019	11-1733456	501(C)(3)	19,699				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 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 FLORIDA CENTRAL 40 WALL STREET NEW YORK, NY 10005	59-3654842	501(C)(3)	111,012				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.

2015
Open to Public Inspection

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

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

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>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.</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>7 For persons listed on 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.</p>	7	No
<p>8 Were any amounts reported on 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.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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	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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number

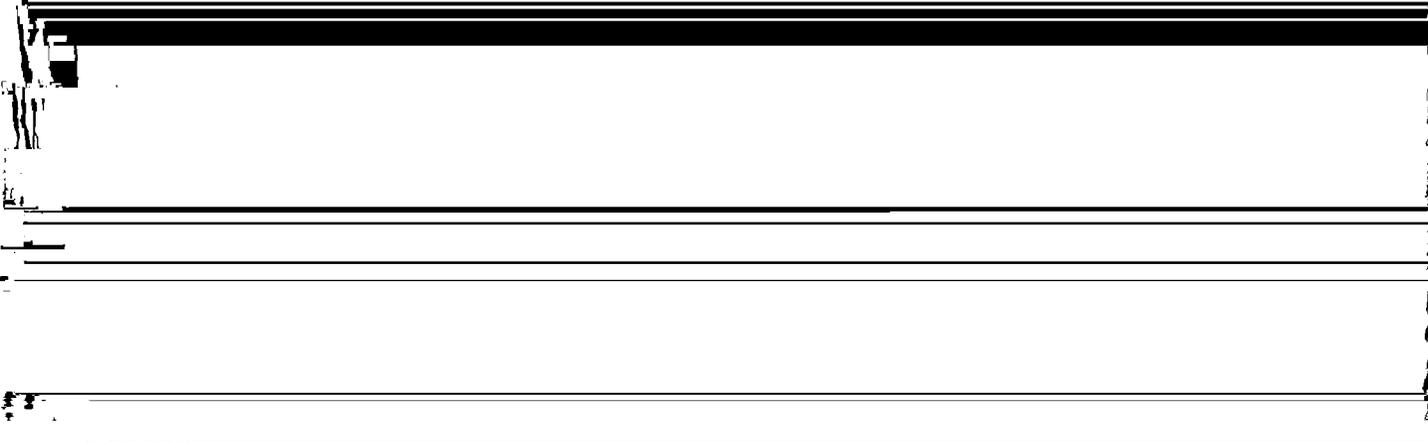
13-1656651

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, HADASSA H 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 NETWORKING OPPORTUNITIES, AND HEALTH AND JEWISH EDUCATION PROGRAMS HADASSAH'S 900+ LOCAL UNITS (CHAPTERS AND GROUPS) ALLOW FOR MEMBERS TO ACTIVELY PARTICIPATE AND SUPPORT PROGRAMS AT IN THEIR COMMUNITY AND IN ISRAEL HADASSAH PROVIDES MARKETING ASSISTANCE TO ENGAGE CURRENT AND PROSPECTIVE MEMBERS VIA PRINTED MATERIALS, DIGITAL COMMUNICATIONS, SOCIAL MEDIA, AND LOCAL/NATIONAL PUBLIC RELATIONS OPPORTUNITIES PROGRAMMING, ADVOCACY, ZIONIST EDUCATION HADASSAH PROVIDES OPPORTUNITIES TO STUDY JUDAISM ZIONISM AND JEWISH HISTORY HEBREW</p>



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)

- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or

990 Schedule O, Supplemental Information

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, AND PUBLIC RELATIONS ARTICLE/STORIES/OP-EDS PROJECTS AND PROGRAMMATIC MARKETING INCLUDES BUT ARE NOT LIMITED TO EVERY BEAT COUNTS HADASSAH'S HEART HEALTH PROGRAM, EVERY STEP COUNTS HADASSAH'S WALKING PROGRAM, EVERY BITE COUNTS, HADASSAH'S NUTRITION PROGRAM, DEFINING ZIONISM, 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</p> <p>A NEW ADVERTISING CAMPAIGN WAS DEVELOPED TO CONTINUE THE CONSISTENCY OF THE BRAND WITH THE NEW TAGLINE HADASSAH, THE POWER OF WOMEN WHO DO INTERNALLY TO OUR MEMBERS AND EXTERNALLY</p> <p>, VIA PRINT AND DIGITAL ADVERTISING THE GOAL WAS TO UPDATE OUR LOOK, OUR LANGUAGE AND TO MORE EFFECTIVELY PROMOTE OUR WORK IN THE U S AND IN ISRAEL WITH A TARGETED YOUNGER (AGE 40+) POPULATION WE HAVE INCREASED MEMBER ENGAGEMENT WITH ONLINE EDUCATION PROGRAMS AND USE SOCIAL MEDIA EXTENSIVELY TO ENGAGE WITH A NEW AND EVEN WIDER AUDIENCE IN ADDITION TO OUR CURRENT MEMBERS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
LINE 4C - EDUCATION AND PUBLIC POLICY	AS PART OF HADASSAH'S DOMESTIC ADVOCACY EFFORTS, HADASSSAH BROUGHT TOGETHER 23 NATIONAL OR GANIZATIONS TO ADVOCATE ON CAPITOL HILL FOR GREATER EQUITY IN WOMEN'S HEALTH IN 2016, HAD ASSSAH HAD A CONGRESSIONAL BRIEFING LAUNCHING THE COALITION AND GREW IT FROM AN INITIAL GR OUP OF 13 ORGANIZATIONS TO THE CURRENT 23 FOR MORE INFORMATION, VISIT HTTP //WWW HADASSAH ORG/ADVOCATE/COALITION-FOR-WOMENS-HEALTH HTML AS PART OF HEALTH AND WELLNESS PROGRAMS, W HICH WAS CREATED FOR OUR OVER 300 AMERICAN HADASSAH CHAPTERS, HADASSSAH BEGAN PRODUCING ED UCATIONAL MATERIALS HIGHLIGHTING 4 DISEASES WHICH COINCIDED WITH RESEARCH HAPPENING AT HAD ASSAH'S HOSPITALS IN JERUSALEM AND WHICH ARE THE FOCUS OF FUNDRAISING EFFORTS HADASSAH AL SO LAUNCHED, FOR THE SECOND YEAR, A NATIONAL WALKING PROGRAM THAT WAS AN EXPANSION OF THE HEART HEALTH PROGRAM FOR ZIONIST EDUCATION PROGRAM, HADASSAH EXPANDED THE DEFINING ZIONIS M IN THE 21ST CENTURY ONLINE SPEAKER SERIES HADASSAH CONTINUES TO VIDEO RECORD ALL NATION AL GUEST SPEAKERS THE VIRTUAL LIBRARY IS NOW QUITE EXTENSIVE AND CAN BE FOUND AT www hada ssah org/definingzionism HADASSAH ALSO LAUNCHED A NEW PLATFORM FOR THE ONLINE NATIONAL AC TION CENTER THIS NOW ALLOWS MEMBERS TO SEND LETTERS TO CONGRESS AND THE WHITE HOUSE FROM ANY MOBILE DEVICE INCLUDING THEIR TELEPHONE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	OFFICER/DIRECTOR RELATED PERSON RELATIONSHIP DEBORAH B KAPLAN MIRIAM ARON FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	A COPY OF THE CONFLICT OF INTEREST POLICY IS GIVEN TO THE NATIONAL BOARD MEMBERS AND ALL NATIONAL STAFF ONCE EACH YEAR, AND IS ALSO AVAILABLE YEAR-ROUND ON OUR INTRANET AND IN THE PERSONNEL POLICY MANUAL. A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS OBTAINED ANNUALLY FROM ALL NATIONAL BOARD MEMBERS AND ALL NATIONAL STAFF WHO ARE CURRENTLY SERVING THE ORGANIZATION. WHEN A CONFLICT ARISES FOR ANY NATIONAL BOARD MEMBER, THAT NATIONAL BOARD MEMBER SHALL REPORT IT IN WRITING TO THE CHAIR OF THE ETHICS COMMITTEE. WHEN A CONFLICT OF INTEREST ARISES FOR ANY NATIONAL STAFF MEMBER, THAT STAFF MEMBER SHALL REPORT IT IN WRITING TO THEIR DIRECT SUPERVISOR AND TO THE DIRECTOR OF HUMAN RESOURCES. THE POTENTIAL CONFLICT IS THEN BROUGHT TO THE CHAIR OF THE ETHICS COMMITTEE. THE ETHICS COMMITTEE REVIEWS EACH DISCLOSURE AT A MEETING CONVENED FOR THAT PURPOSE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A AND 15B	WHEN AN OFFICER OR KEY EMPLOYEE IS HIRED, THE ORGANIZATION CONDUCTS A REVIEW OF VARIOUS COMPARABILITY DATA FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, WITH THE ASSISTANCE OF OUTSIDE COUNSEL AND THE SEARCH FIRM. THE ORGANIZATION SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE. THE COMPENSATION AMOUNT IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE REVIEW OR DECISION. THESE PROCEDURES ARE DOCUMENTED CONTEMPORANEOUSLY. IN SUBSEQUENT YEARS, AN INDIVIDUAL MAY RECEIVE A SALARY INCREASE AS APPROVED BY THE COMPENSATION COMMITTEE. BONUSES ARE GENERALLY NOT AWARDED. FOR PURPOSES OF PART VII AND SCHEDULE J, SALARIES ARE ALLOCATED BETWEEN HWZOA AND HMRA IN A MANNER CONSISTENT WITH THE ALLOCATION OF THE EXPENSES BETWEEN THE TWO ORGANIZATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAIL- ABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

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

Employer identification number

13-1656651

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

(a) Name, address, and EIN (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.

See Additional Data Table

(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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CHARIT REMAINDER ANNUITY TRUSTS (89)	INVESTMENTS	NY	HWZOA	Trust					
(2) CHARITABLE REMAINDER UNITRUSTS (14)	INVESTMENTS	NY	HWZOA	Trust					
(3) POOLED INCOME FUND (8)	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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	C	15,870,664	COST
(2)HADASSAH MEDICAL RELIEF ASSOCIATION INC	N	18,296,737	COST

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) 40 WALL STREET NEW YORK, NY 10005 13-6110872	CHARITABLE	NY	501(C)3	7	NA	Yes	
(1) 40 WALL STREET NEW YORK, NY 10005 13-4022483	CHARITABLE	NY	501(C)3	12, I	NA	Yes	
(2) C/O 40 WALL STREET NEW YORK, NY 10005 99-9999999	CHARITABLE	IS	N/A	N/A	NA	Yes	
(3) C/O 40 WALL STREET NEW YORK, NY 10005 99-9999999	CHARITABLE	BR	N/A	N/A	NA	Yes	
(4) HACIENDA EL CIERVO 7A-JR2 HUIXQUILUCAN MX 99-9999999	CHARITABLE	MX	N/A	N/A	NA	Yes	
(5) KIRYAT HADASSAH PO BOX 12000 JERUSALEM IS 99-9999999	MEDICAL	IS	N/A	N/A	NA	Yes	
(6) C/O 40 WALL STREET NEW YORK, NY 10005 99-9999999	CHARITABLE	IS	N/A	N/A	NA	Yes	
(7) C/O 40 WALL STREET NEW YORK, NY 10005 99-9999999	CHARITABLE	IS	N/A	N/A	NA	Yes	
(8) C/O 40 WALL STREET NEW YORK, NY 10005 99-9999999	CHARITABLE	IS	N/A	N/A	NA	Yes	
(9) HAMORSTRABE 16 NEUSS 41460 GM 99-9999999	CHARITABLE	GM	N/A	N/A	NA	Yes	