



2012 Income Tax Returns

HADASSAH THE WOMEN'S ZIONIST ORG.
OF AMERICA INC
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2012 990 Returns Found in Account 2231

Total Record Count: 1

Report Date: 11/6/2013

***** - Federal Only**

Locator	Tax Type	Taxpayer Name	ClientCode	Alerts	Jurisdiction	FedForm	Federal Service Center	Filing Type	Filing Status	Date Sent	Date Ack	DCN	Debts***	PIN***	EIC***	Direct Debit From IRS***	Direct Debit In Locators	Create Date
57044T	990	HADASSAH THE WOMEN'S ZIONIST ORG.	2172100	N	FED			Return	Accepted	11/6/2013 10:25:00 AM	11/6/2013 10:58:00 AM						N	11/6/2013 8:54:01 AM

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20_____

2012

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization

HADASSAH THE WOMEN'S ZIONIST ORG.

Employer identification number

13-1656651

Name and title of officer

ELLYN LYONS, NATIONAL TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

- 1a Form 990 check here ▶ **b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b** 100945808.
- 2a Form 990-EZ check here ▶ **b Total revenue, if any (Form 990-EZ, line 9) 2b** _____
- 3a Form 1120-POL check here ▶ **b Total tax (Form 1120-POL, line 22) 3b** _____
- 4a Form 990-PF check here ▶ **b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b** _____
- 5a Form 8868 check here ▶ **b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b** _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP

ERO firm name

to enter my PIN

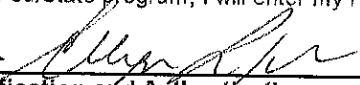
1 0 0 1 9

as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶

11/4/13

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1 3 4 0 7 3 1 1 6 4 6

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ 

Date ▶

11-5-13

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

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

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC Doing Business As			D Employer identification number 13-1656651	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (212) 355-7900	
	50 WEST 58TH STREET City or town, state or country, and ZIP + 4 NEW YORK, NY 10019			G Gross receipts \$ 110,312,009.	
	F Name and address of principal officer: JANICE WEINMAN, EXECUTIVE DIR. 50 WEST 58TH STREET, NEW YORK, NY 10019			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.HADASSAH.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
L Year of formation: 1922				M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>IN ISRAEL, WE SUPPORT HEALTHCARE, EDUCATION, YOUTH PROGRAMS AND LAND DEVELOPMENT. IN THE US, WE ENHANCE THE QUALITY OF AMERICAN AND JEWISH LIFE.</u>			
	2 Check this box <input type="checkbox"/> 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) 3 171.		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 171.		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 203.		
	6	Total number of volunteers (estimate if necessary) 6 285,458.		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 810,517.		
7b	Net unrelated business taxable income from Form 990-T, line 34 7b -8,024.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 35,122,652.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 7,604,792.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,038,388.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,405,332.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 46,171,164.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 46,171,164.	100,945,808.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 15,752,600.		
	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) 8,339,927.		7,984,193.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 10,037.		5,402.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 673,866.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 9,254,620.		8,540,082.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 33,357,184.		24,599,123.	
19	Revenue less expenses. Subtract line 18 from line 12 12,813,980.		76,346,685.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 146,237,124.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 9,890,746.		
	22	Net assets or fund balances. Subtract line 21 from line 20. 136,346,378.		221,629,201.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RAYMOND LY	Preparer's signature	Date 11/5/13	Check if self-employed <input type="checkbox"/>	PTIN P01205643
	Firm's name ▶ KPMG LLP	EIN ▶ 13-5565207		Phone no. ▶ 212-758-9700	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.	13-1656651
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	50 West 58th Street City, town or post office, state, and ZIP code. For a foreign address, see instructions. New York, NY 10019	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ HADASSAH

Telephone No. ▶ 212-355-7900 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 12 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	<small>Enter filer's identifying number, see instructions</small>	
	HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.	Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions.	13-1656651	
	50 West 58th Street	Social security number (SSN)	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	New York, NY 10019		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of HADASSAH
 Telephone No. 212-355-7900 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2013.
- 5 For calendar year 2012, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.		8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.		8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.		8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Joseph C. Miller Title Paid Preparer Date 7/19/13

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,993,073. including grants of \$ 3,859,403.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 4,833,530. including grants of \$ 2,690,543.) (Revenue \$ 2,974,483.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 5,384,039. including grants of \$ 1,500,750.) (Revenue \$ 730,385.)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 542,931. including grants of \$ 18,750.) (Revenue \$ 330,492.)

4e Total program service expenses 17,753,573.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (171), 1b (171), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JODI WECHTER LEVY, HADASSAH, 50 WEST 58TH STREET, NEW YORK, NY 10019 212-355-7900

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCIE NATAN PRESIDENT	34.00	X		X				0	0	0
(2) ELLYN LYONS TREASURER	34.00	X		X				0	0	0
(3) ELLEN HERSHKIN SECR. ROTATED OFF 10/18/12	24.00	X		X				0	0	0
(4) JUDY SHERECK SECRETARY CAME ON 10/18/12	27.00	X		X				0	0	0
(5) SHERRY ALTURA VICE PRESIDENT	11.00	X		X				0	0	0
(6) MINDY BLOOM VICE PRES. CAME ON 10/18/12	11.00	X		X				0	0	0
(7) LISA DAVIDSON VICE PRES. CAME ON 10/18/12	11.00	X		X				0	0	0
(8) MARLENE KAPLAN VICE PRESIDENT	11.00	X		X				0	0	0
(9) DEBRA MAZON VP. ROTATED OFF 10/18/12	11.00	X		X				0	0	0
(10) HELAINE OHAYON VICE PRESIDENT	24.00	X		X				0	0	0
(11) SUSAN MOYE VICE PRESIDENT	11.00	X		X				0	0	0
(12) RONNIE ROSEN VP. ROTATED OFF 10/18/12	21.00	X		X				0	0	0
(13) BENITA ROSS VP. ROTATED OFF 10/18/12	11.00	X		X				0	0	0
(14) RONI SCHWARTZ VICE PRESIDENT	21.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) SHELLEY SHERMAN VICE PRESIDENT	24.00	X		X				0	0	0
16) NANCY FALCHUK HONORARY VICE PRESIDENT	21.00	X						0	0	0
17) CARMELA E. KALMANSON HONORARY VICE PRESIDENT	7.00	X						0	0	0
18) DEBORAH B. KAPLAN HONORARY VICE PRESIDENT	11.00	X						0	0	0
19) BONNIE LIPTON HONORARY VICE PRESIDENT	21.00	X						0	0	0
20) RUTH W. POPKIN HONORARY VICE PRESIDENT	7.00	X						0	0	0
21) MARLENE E. POST HONORARY VICE PRESIDENT	26.00	X						0	0	0
22) BERNICE S. TANNENBAUM HONORARY VICE PRESIDENT	17.00	X						0	0	0
23) BETH AARONSON NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
24) CHRIS ADLER NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
25) SANDRA ALFONSI NATIONAL BOARD MEMBER	9.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,226,139.	1,991,183.	397,017.
d Total (add lines 1b and 1c)								1,226,139.	1,991,183.	397,017.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **7**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) RENEE ALBERT ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(27) LIZ ALPERT ----- NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(28) HAIDI APPEL ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(29) MIRIAM ARON ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(30) SARA ARONSON ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(31) WENDY BACKELMAN ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(32) PHYLLIS BERLAS ----- NTNL BM ROTATED OFF 10/18/12	14.00	X					0	0	0	
(33) BETTYE BERLIN ----- NATIONAL BOARD MEMBER	14.00	X					0	0	0	
(34) PHYLLIS BERLOW ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(35) ESTHER YELEN BERMAN ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(36) RHODA BERNSTEIN ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) BINDER ELAINE ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(38) AILEEN BORMEL ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(39) PENNIE SESSLER BRANDEN ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(40) ROSALIND BROWN ----- NTL BD MEMBER UNITL JULY 2012	9.00	X						0	0	0
(41) SHARON CADOFF ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(42) RUTH G. COLE ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(43) SHEILA DERMAN ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(44) ROCHELLE EDELMAN ----- NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
(45) KATIE EDELSTEIN ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(46) SANDY EINBERG ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(47) MARSHA EISENBERG ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) KAREN EVERETT ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(49) KAREN EZRINE ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(50) SHERRI ADES FALCHUK ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(51) CAROL FEIN ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(52) JUDITH FELLNER-WEISS ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(53) DR. FRANCINE FETTMAN ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(54) BERVERLY FINE ----- NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(55) BARBARA FLEISCHER ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(56) ELIZABETH L. FOX ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(57) DEBBIE FRIEDMAN ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(58) LESLIE GAFFIN ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) DONNA GERSON ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(60) CLARA GILLMAN ----- NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(61) NORMA S. GINDES ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(62) LYNN GOLD-BENJAMIN ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(63) MICHELLE GOLDBERG ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(64) GOLDSMITH BEVERLY ----- NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(65) SANDRA GOLDSTEIN ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(66) JILL GOLDSTONE ----- NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(67) RITA GOTTLIEB ----- NTNL BM ROTATED OFF 10/18/12	9.00	X					0	0	0	
(68) ADELE GREENBLATT ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(69) JANICE GREENWALD ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) RUTH GROSSBERG ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(71) HAREN HABER ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(72) LINDA HAKEREM ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(73) RUTH HENDELMAN ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(74) JILL HERSHBEIN ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(75) KATHY HERSHFIELD ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(76) ELLEN HERSHKIN ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(77) LYNDA HEYMAN ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(78) BARBARA HORWITZ ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(79) DIANE ISSENBERG ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(80) PAULA JARNICKI ----- NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) ROZ KANTOR ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(82) MICHELLE KAPLAN ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(83) CAROL GOODMAN KAUFMAN ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(84) EDDYSE KESSLER ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(85) SANDRA KING ----- NATIONAL BOARD MEMBER	14.00	X						0	0	0
(86) BARBARA KRAFT ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(87) GLORIA KRAMER ----- NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
(88) SHARON KRISCHER ----- NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
(89) MARCIA GABRILOVE LADIN ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(90) LINDA LANDER ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(91) SHEILA LEBOWITZ ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) BARBARA LEVIN ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(93) PATRICIA LEVINSON ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(94) ANITA LEVY ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(95) VALERIE LOWENSTEIN ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(96) KAREN LUSTIG ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(97) SHEILA MACKS ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(98) MARCUS DALE ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(99) SUSAN MARK ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(100) MASTERS ELLEN ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(101) MAZON DEBRA ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(102) DOVIE MELNICK ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) DEBORAH MINKOFF ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(104) JULIE MORRIS ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(105) MIFFIE NAGORSKY ----- NTNL BM ROTATED OFF 10/18/12	9.00	X					0	0	0	
(106) MELANIE NASBERG ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(107) SORAYA NAZARIAN ----- NTNL BM ROTATED OFF 10/18/12	9.00	X					0	0	0	
(108) JANE NYCE ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(109) TOBEY R. OLKEN, ESQ. ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(110) BARBARA PAILET ----- NATIONAL BOARD MEMBER	1.00	X					0	0	0	
(111) JUDITH L. PALKOVITZ ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(112) HANNA POLLACK ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(113) JOY E. POLLOCK, ESQ. ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) JILL PROSKY NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(115) JOYCE RABIN NATIONAL BOARD MEMBER	24.00	X					0	0	0	
(116) LONYE RASCH NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(117) MYRNA RODKIN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(118) RENEE RESNIK NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(119) RONNIE ROSEN NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(120) ROSALIND ROSEN NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(121) FRIEDA ROSENBERG NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(122) CAROL ROSENTHAL NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(123) BENITA ROSS NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(124) BARBARA SABIN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) JUDITH SAXE ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(126) SHARON SCHNEIDER ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(127) RACHEL SCHONBERGER ----- NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(128) JUDI SCHRAM ----- NTNL BM ROTATED OFF 10/18/12	9.00	X					0	0	0	
(129) MAUREEN SCHULMAN ----- NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(130) SIMA SCHUSTER ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(131) CAROL ANN SCHWARTZ ----- NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(132) BETTY SHAPIRO ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(133) DEBORAH SHENDELMAN ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(134) JUDY SHERECK ----- NTNL BM ROTATED OFF 10/18/12	24.00	X					0	0	0	
(135) NANCY SHUMAN ----- NATIONAL BOARD MEMBER	9.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) BARBARA SHURBERG NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(137) DIANE SIGEL NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(138) NATALIE SILVERMAN NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(139) BELLE H. SIMON NATIONAL BOARD MEMBER	11.00	X					0	0	0	
(140) SHARON SISSELSKY NATIONAL BOARD MEMBER	11.00	X					0	0	0	
(141) RHODA SMOLOW NATIONAL BM CAME ON 10/18/12	9.00	X					0	0	0	
(142) ANNETTE SONDOCK NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(143) KACY SPIVACK NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(144) ELLEN STEINBERG NTNL BM ROTATED OFF 10/18/12	9.00	X					0	0	0	
(145) CECILE STERN NTNL BM ROTATED OFF 10/18/12	9.00	X					0	0	0	
(146) JUDITH H. SWARTZ NATIONAL BOARD MEMBER	19.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) DIANE TAUB ----- NATIONAL BOARD MEMBER	11.00	X						0	0	0
(148) ROSELLE UNGAR ----- NATIONAL BOARD MEMBER	14.00	X						0	0	0
(149) KAREN G.VENEZKY ----- NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
(150) SUSAN WEINBERG ----- NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
(151) JEAN WEITZ ----- NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
(152) LAURIE WEITZ ----- NATIONAL BM CAME ON 10/18/12	9.00	X						0	0	0
(153) LAURIE WERNER ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(154) NANCY WIADRO ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(155) SUSAN WILKOF ----- NTNL BM ROTATED OFF 10/18/12	9.00	X						0	0	0
(156) ELAINE WINOGRAD ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
(157) MONA WOOD ----- NATIONAL BOARD MEMBER	9.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) THEDA ZUCKERMAN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(159) GINNY BAIRD REGION PRESIDENT	22.00	X					0	0	0	
(160) JOAN BARON REG. PRES. CAME ON 5/6/12	22.00	X					0	0	0	
(161) JACQUIE BAYLEY REGION PRESIDENT	22.00	X					0	0	0	
(162) SUE BELLER REG.PRES. ROTATED OFF 5/6/12	22.00	X					0	0	0	
(163) JANICE BERNSTEIN REG. PRES. CAME ON 4/29/12	22.00	X					0	0	0	
(164) FREDI BROWN REGION PRESIDENT	22.00	X					0	0	0	
(165) CAREN CAPLAN REGION PRESIDENT	22.00	X					0	0	0	
(166) JANET DEIXLER REG. PRES. CAME ON 6/24/12	22.00	X					0	0	0	
(167) RHODA DOMBCHIK REG. PRES. CAME ON 6/10/12	22.00	X					0	0	0	
(168) MEREDITH DRENCH REG.PRES. ROTATED OFF 5/6/12	22.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) JUDY EDWARDS REG.PRES. ROTATED OFF 6/24/12	22.00	X					0	0	0	
(170) ANN EISENBERG REG.PRES. ROTATED OFF 4/29/12	22.00	X					0	0	0	
(171) CONNIE CIRILLO FREEMAN REGION PRESIDENT	22.00	X					0	0	0	
(172) KAREN GOLDMAN REG.PRES. ROTATED OFF 6/10/12	22.00	X					0	0	0	
(173) DIANNE GOTTLIEB REG.PRES. ROTATED OFF 5/6/12	22.00	X					0	0	0	
(174) CAROLE GREENFIELD REG. PRES. CAME ON 12/3/12	22.00	X					0	0	0	
(175) RAE GUREWITSCH REG. PRES. CAME ON 10/18/12	22.00	X					0	0	0	
(176) RUTH GURSKY REG.PRES. ROTATED OFF 10/18/12	22.00	X					0	0	0	
(177) GAIL HAMMERMAN REG.PRES. ROTATED OFF 6/6/12	22.00	X					0	0	0	
(178) PHYLLIS HARTSTEIN REG PRES. ROTATED OFF 12/14/12	22.00	X					0	0	0	
(179) BEATRICE JOHNSON REG. PRES. CAME ON 6/24/12	22.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) TERI JUNKER REGION PRESIDENT	22.00	X					0	0	0	
(181) LEE KANSAS REG. PRES. CAME ON 4/29/12	22.00	X					0	0	0	
(182) SHERRYL KAUFMAN REG. PRES. CAME ON 5/6/12	22.00	X					0	0	0	
(183) REBECCA KRASNEGOR REG. PRES. ROTATED OFF 6/10/12	22.00	X					0	0	0	
(184) VIVIANE KOVACS REGION PRESIDENT	22.00	X					0	0	0	
(185) SHEREE MIROCHNIK REG. PRES. ROTATED OFF 6/14/12	22.00	X					0	0	0	
(186) CAROLYN PLESSNER REGION PRESIDENT	22.00	X					0	0	0	
(187) SUE POLANSKY REG. PRES. CAME ON 5/6/12	22.00	X					0	0	0	
(188) LORRAINE RICHTER REGION PRESIDENT	22.00	X					0	0	0	
(189) SANDRA ROSE REG. PRES. ROTATED OFF 12/3/12	22.00	X					0	0	0	
(190) LOREN ROTH REG. PRES. CAME ON 5/10/12	22.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) MERNA SHAPIRO REGION PRESIDENT	22.00	X					0	0	0	
(192) RITA SHAPIRO REGION PRESIDENT	22.00	X					0	0	0	
(193) JANE G. STROM REG.PRES. ROTATED OFF 4/21/12	22.00	X					0	0	0	
(194) TERRI TANKEL REG. PRES. CAME ON 4/21/12	22.00	X					0	0	0	
(195) MINDY TUCKER REG. PRES. CAME ON 5/6/12	22.00	X					0	0	0	
(196) RUTHANNE WARNICK REGION PRESIDENT	22.00	X					0	0	0	
(197) DANA WAXLER REG.PRES. ROTATED OFF 4/29/12	22.00	X					0	0	0	
(198) CAROL WEISS REG.PRES. ROTATED OFF 5/6/12	22.00	X					0	0	0	
(199) DEBORAH WISKIND REG. PRES. CAME ON 12/14/12	22.00	X					0	0	0	
(200) JANET YOUNG REG. PRES. CAME ON 6/6/12	22.00	X					0	0	0	
(201) LESLIE ZIDE REGION PRESIDENT	22.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) JOAN CHERNOFF EPSTEIN BIG CHAPTER PRESIDENT	22.00	X					0	0	0	
(203) RUTH ANN FREEDMAN BIG CHAPTER PRES. UNTIL 11/15	22.00	X					0	0	0	
(204) ZANDRA GOLDBERG BIG CHAPTER PRESIDENT	22.00	X					0	0	0	
(205) ROZ HOLBERG BIG CHAPTER PRESIDENT	22.00	X					0	0	0	
(206) MICHELLE RUBIN BIG CHAPTER PRES. FROM 11/15	22.00	X					0	0	0	
(207) JILL SAPPERSTEIN BIG CHAPTER PRES. FROM 05/01	22.00	X					0	0	0	
(208) ANDREA SILAGI BIG CHAPTER PRES. FROM 10/18	22.00	X					0	0	0	
(209) ROBIN SHUMAN BIG CHAPTER PRES. UNTIL 05/14	22.00	X					0	0	0	
(210) IRIS TISHKOFF BIG CHAPTER PRESIDENT	22.00	X					0	0	0	
(211) LAURIE WEITZ BIG CHAPT. PRES. UNTIL 5/1/12	22.00	X					0	0	0	
(212) SUE URFRIG BIG CHAPTER PRES. UNTIL 10/18	22.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) ELLEN ZARROW-NISSENBAUM BIG CHAPTER PRES. FROM 05/14	22.00	X					0	0	0	
(214) LARRY R. BLUM L CHIEF OPERATING OFFICER	20.00 20.00			X			457,555.	457,555.	39,751.	
(215) RICHARD ANNIS CHIEF FINANCIAL OFFICER	20.00 20.00			X			198,856.	198,856.	40,076.	
(216) JANICE WEINMAN CHIEF EXECUTIVE OFFICER	20.00 20.00				X		100,094.	100,094.	16,423.	
(217) SHERYL ZELIGSON GENERAL COUNSEL	20.00 20.00				X		170,109.	170,109.	50,267.	
(218) MICHAEL OSTROFF NATIONAL DIR. OF DEVELP.	3.00 37.00				X		30,303.	348,485.	61,482.	
(219) ALAN TIGAY EXECUTIVE EDITOR	40.00					X	206,954.	0	50,255.	
(220) LORI B LASSON PLANNED GIVING	3.00 37.00					X	12,956.	148,993.	58,601.	
(221) NANCY WALKER DIRECTOR, MAJOR GIFTS	3.00 37.00					X	17,006.	195,569.	22,070.	
(222) GALIT S BRICHTA DEVELOPMENT	3.00 37.00					X	16,198.	186,276.	35,039.	
(223) ELIZABETH C MORRIS DEVELOPMENT	3.00 37.00					X	16,108.	185,246.	23,053.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	608,285.					
	c Fundraising events	1c						
	d Related organizations	1d	23,922,980.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	7,851,121.					
	g Noncash contributions included in lines 1a-1f: \$		30,000.					
	h Total. Add lines 1a-1f			32,382,386.				
Program Service Revenue	Business Code							
	2a REVENUE FROM YOUTH MOVEMENT/OTHER PROG.		611710	2,974,483.	2,974,483.			
	b REGISTRATION FEE INCOME		611710	311,570.	311,570.			
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			3,286,053.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			121,616.		80,132.	41,484.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			185,501.			185,501.	
	6a Gross rents	(i) Real	158,091.					
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)		158,091.				
	d Net rental income or (loss)			158,091.			158,091.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	131,786.	72,130,416.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		127,054.	9,239,147.			
		c Gain or (loss)		4,732.	62,891,269.			
	d Net gain or (loss)			62,896,001.			62,896,001.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
c Net income or (loss) from fundraising events			0					
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities			0					
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory			0					
Miscellaneous Revenue			Business Code					
11a CATALOG SALES		453220	124,510.	18,922.		105,588.		
b MAGAZINE ADVERTISING INCOME		511120	730,385.		730,385.			
c REGISTRATION AND SPONSORSHIP		523000	501,846.			501,846.		
d All other revenue		523000	559,419.			559,419.		
e Total. Add lines 11a-11d			1,916,160.					
12 Total revenue. See instructions			100,945,808.	3,304,975.	810,517.	64,447,930.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	4,410,860.	4,410,860.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	3,658,586.	3,658,586.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,057,444.		1,018,822.	38,622.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,320,052.	3,467,341.	1,563,336.	289,375.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	385,069.	251,165.	109,983.	23,921.
9 Other employee benefits	820,796.	491,817.	279,473.	49,506.
10 Payroll taxes	400,832.	191,103.	189,123.	20,606.
11 Fees for services (non-employees):				
a Management	447,780.	293,493.	152,733.	1,554.
b Legal	1,036,672.	7,972.	1,007,942.	20,758.
c Accounting	204,520.		204,520.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	5,402.			5,402.
f Investment management fees	1,163.		1,163.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	82,151.	28,048.	52,518.	1,585.
12 Advertising and promotion	0			
13 Office expenses	2,284,083.	1,672,230.	493,162.	118,691.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,387,818.	1,026,818.	334,768.	26,232.
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	605,369.	297,413.	276,106.	31,850.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	347,614.	180,048.	158,247.	9,319.
23 Insurance	571,313.	305,829.	251,362.	14,122.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PROVISION FOR BAD DEBTS</u>	523,623.	509,467.	14,156.	
b <u>PROGRAM & DEVELOPMENT</u>	592,482.	582,053.	10,429.	
c <u>PUBLIC RELATIONS</u>	404,993.	317,833.	82,470.	4,690.
d <u>OVERHEAD ALLOCATION</u>	-111,663.	-31,500.	-80,163.	
e All other expenses	162,164.	92,997.	51,534.	17,633.
25 Total functional expenses. Add lines 1 through 24e	24,599,123.	17,753,573.	6,171,684.	673,866.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	3,344,691.	2	704,362.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	2,066,041.	4	860,314.
	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	921,827.	9	472,780.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,351,446.		
	b Less: accumulated depreciation	10b 17,914,046.	10,769,458.	10c 2,437,400.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	293,120.	12	636,463.
	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	128,841,987.	15	216,517,882.
16 Total assets. Add lines 1 through 15 (must equal line 34)	146,237,124.	16	221,629,201.	
Liabilities	17 Accounts payable and accrued expenses	7,080,242.	17	8,827,417.
	18 Grants payable	0	18	0
	19 Deferred revenue	2,810,504.	19	88,878.
	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	9,890,746.	26	8,916,295.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	135,525,994.	27	211,833,489.
	28 Temporarily restricted net assets	805,384.	28	864,417.
	29 Permanently restricted net assets	15,000.	29	15,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	136,346,378.	33	212,712,906.	
34 Total liabilities and net assets/fund balances	146,237,124.	34	221,629,201.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	100,945,808.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,599,123.
3	Revenue less expenses. Subtract line 2 from line 1	3	76,346,685.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	136,346,378.
5	Net unrealized gains (losses) on investments	5	19,843.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	212,712,906.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Employer identification number
13-1656651

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (94.61%); 15 Public support percentage from 2011 Schedule A, Part II, line 14 (93.78%); 16a 33 1/3% support test - 2012 (checked); 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
OTHER REVENUE	1,056,356.	137,989.	1,854,632.	2,147,914.	1,916,160.	7,113,051.
INCOME FROM AFFILIATES	108,335.					108,335.
TOTALS	<u>1,164,691.</u>	<u>137,989.</u>	<u>1,854,632.</u>	<u>2,147,914.</u>	<u>1,916,160.</u>	<u>7,221,386.</u>

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2012

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 23,922,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

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

▶ **See separate instructions.**

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B

HADASSAH INDIRECTLY ENGAGES IN LOBBYING BY:

- CO-SIGNING LETTERS AND/OR JOINING COALITIONS. THROUGH THIS, HADASSAH VOICES POSITIONS ON LEGISLATION, WHICH ARE THEN SHARED WITH ELECTED OFFICIALS, THE PRESS AND/OR POSTED ONLINE. STAFF TIME IS ALSO SPENT PARTICIPATING IN COALITION CONFERENCE CALLS.
- DISTRIBUTING EMAIL ACTION ALERTS TO HADASSAH'S MEMBERS, ASSOCIATES AND SUPPORTERS.
- UPDATING THE NATIONAL ACTION CENTER ON THE HADASSAH WEBSITE, WHICH PROVIDES ANY WEBSITE VISITOR WITH POLICY INFORMATION, DRAFT LETTERS, AND THE MECHANISM TO SEND DIRECT EMAIL COMMUNICATIONS TO THEIR ELECTED OFFICIALS.
- OCCASIONALLY SPONSORING CONGRESSIONAL TESTIMONY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

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

Employer identification number 13-1656651

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, total acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes rows for revenues and assets included in Form 990, Part VIII and Part X.

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

Schedule D (Form 990) 2012

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 [X] Public exhibition
b [] Scholarly research
c [X] 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 [X] No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [] Yes [] No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

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

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Temporarily restricted endowment %

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	216,496,632.
(2) SECURITY DEPOSITS	21,250.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	216,517,882.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

SCHEDULE D, PART III, LINE 4

HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC'S WORK OF ART REFLECTS THE MISSION AND SPIRIT OF THE ORGANIZATION. THE SHLOMO KOREN SCULPTURE IS DISPLAYED AT THE HADASSAH ACADEMIC COLLEGE IN JERUSALEM, ISRAEL WHERE THE COLLEGE COMMUNITY CONGREGATES.

SCHEDULE D, PART V

HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA'S (HWZOA) ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED NET ASSETS SUBJECT TO DONOR-IMPOSED RESTRICTIONS, WHICH STIPULATE THAT THE PRINCIPAL BE MAINTAINED PERMANENTLY BUT PERMIT HWZOA TO EXPEND PART OR ALL OF THE INCOME AND GAINS DERIVED THERE FROM. THESE FUNDS WILL BE USED TO ENHANCE HWZOA'S MISSION, WHICH IS TO SUPPORT HEALTHCARE, EDUCATION, YOUTH PROGRAMS AND THE QUALITY OF AMERICAN AND JEWISH LIFE IN THE UNITED STATES AND ISRAEL.

UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX PROVISIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. AS OF DECEMBER 31, 2012, THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED INCOME TAX LIABILITY WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Employer identification number
13-1656651

Part I **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) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		3,658,586.
(2) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES		1,188,065.
(3) EUROPE			FUNDRAISING		21,545.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					4,868,196.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,868,196.

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

Schedule F (Form 990) 2012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	14,000.				
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	2,191,836.				
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	1,500,750.				
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities.

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

GRANTMAKERS

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.

ACCOUNTING PROCEDURES

SCHEDULE F, PART I, LINE 3

ACCORDING TO THE IRS' TIPS AND FAQs OF REPORTING OF CERTAIN ACTIVITIES OUTSIDE OF THE UNITED STATES, THE ORGANIZATION MAY USE THE METHOD IT USED FOR ITS FINANCIAL STATEMENTS TO REPORT EXPENDITURES FOR SCHEDULE F, PART I, COLUMN (F). THE ORGANIZATION'S CURRENT ACCOUNTING PROCEDURES DO NOT SEPARATELY TRACK SUCH EXPENDITURES OTHER THAN GRANTS, AND SUCH EXPENDITURES ARE THEREFORE NOT REQUIRED TO BE INCLUDED IN PART I, COLUMN (F).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Employer identification number
13-1656651

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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
(1)	CAMP JUDAEA, INC. 2700 NORTHEAST EXPRESSWAY, ATLANTA, GA 30345	58-6014651	501(C)(3)	71,000.				GENERAL SUPPORT
(2)	CAMP YOUNG JUDAEA MIDWEST 50 WEST 58TH STREET NEW YORK, NY 10019	39-1672846	501(C)(3)	11,000.				GENERAL SUPPORT
(3)	YOUNG JUDAEA (CAMP TEL YEHUDA) 4711 GOLF ROAD SUITE 600 SKOKIE, IL 60076	13-2830437	501(C)(3)	176,562.				GENERAL SUPPORT
(4)	CAMP YOUNG JUDAEA TEXAS 50 WEST 58TH STREET NEW YORK, NY 10019	74-1189680	501(C)(3)	41,000.				GENERAL SUPPORT
(5)	YOUNG JUDAEA GLOBAL 575 8TH AVENUE NEW YORK, NY 10018	45-2640858	501(C)(3)	173,713.				GENERAL SUPPORT
(6)	YOUNG JUDAEA SPROUT LAKE CAMP, INC. 50 WEST 58TH STREET NEW YORK, NY 10019	13-2830437	501(C)(3)	33,380.				GENERAL SUPPORT
(7)	HADASSAH SOUTHERN CALIFORNIA 50 WEST 58TH STREET NEW YORK, NY 10019	95-1622480	501(C)(3)	964,391.				GENERAL SUPPORT
(8)	FLORIDA ATLANTIC REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-2057880	501(C)(3)	261,230.				GENERAL SUPPORT
(9)	HADASSAH OF GREATER PHILADELPHIA 50 WEST 58TH STREET NEW YORK, NY 10019	23-1538399	501(C)(3)	182,166.				GENERAL SUPPORT
(10)	CHICAGO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	36-2244896	501(C)(3)	236,741.				GENERAL SUPPORT
(11)	NASSAU REGION 50 WEST 58TH STREET NEW YORK, NY 10019	11-1844603	501(C)(3)	113,007.				GENERAL SUPPORT
(12)	GREATER MIAMI 50 WEST 58TH STREET NEW YORK, NY 10019	59-1097043	501(C)(3)	103,763.				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Employer identification number
13-1656651

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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
(1)	GREATER WASHINGTON AREA CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	52-0211782	501(C)(3)	184,404.				GENERAL SUPPORT
(2)	HADASSAH OF GREATER BALTIMORE 50 WEST 58TH STREET NEW YORK, NY 10019	52-0591573	501(C)(3)	249,137.				GENERAL SUPPORT
(3)	WESTCHESTER REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13-1878047	501(C)(3)	6,411.				GENERAL SUPPORT
(4)	GREAT PLAINS REGION 50 WEST 58TH STREET NEW YORK, NY 10019	35-1805399	501(C)(3)	139,345.				GENERAL SUPPORT
(5)	FLORIDA BROWARD REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	57,580.				GENERAL SUPPORT
(6)	CONNECTICUT REGION 50 WEST 58TH STREET NEW YORK, NY 10019	06-0846161	501(C)(3)	49,451.				GENERAL SUPPORT
(7)	SOUTHEASTERN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	57-1108518	501(C)(3)	68,369.				GENERAL SUPPORT
(8)	SOUTHERN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	54-2070226	501(C)(3)	94,777.				GENERAL SUPPORT
(9)	SOUTHERN NEW ENGLAND REGION 50 WEST 58TH STREET NEW YORK, NY 10019	22-2538049	501(C)(3)	17,863.				GENERAL SUPPORT
(10)	UPPER MIDWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	45-0338351	501(C)(3)	41,053.				GENERAL SUPPORT
(11)	CENTRAL STATES REGION 50 WEST 58TH STREET NEW YORK, NY 10019	34-1922517	501(C)(3)	15,257.				GENERAL SUPPORT
(12)	NORTH SHORE 50 WEST 58TH STREET NEW YORK, NY 10019	33-3005699	501(C)(3)	48,380.				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Employer identification number
13-1656651

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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
(1)	FLORIDA CENTRAL REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-3654842	501(C)(3)	160,019.				GENERAL SUPPORT
(2)	GREAT SOUTHWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	36-4573135	501(C)(3)	167,065.				GENERAL SUPPORT
(3)	PACIFIC NORTH WEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	91-0750738	501(C)(3)	10,022.				GENERAL SUPPORT
(4)	HOUSTON 50 WEST 58TH STREET NEW YORK, NY 10019	23-7201570	501(C)(3)	30,186.				GENERAL SUPPORT
(5)	NORTHERN NEW ENGLAND REGION 50 WEST 58TH STREET NEW YORK, NY 10019	04-2294551	501(C)(3)	22,520.				GENERAL SUPPORT
(6)	DESERT MOUNTAIN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	84-1509842	501(C)(3)	115,399.				GENERAL SUPPORT
(7)	SUFFOLK REGION 50 WEST 58TH STREET NEW YORK, NY 10019	23-7192160	501(C)(3)	18,521.				GENERAL SUPPORT
(8)	SAN FRANCISCO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	94-1279801	501(C)(3)	12,682.				GENERAL SUPPORT
(9)	WESTERN NEW ENGLAND 50 WEST 58TH STREET NEW YORK, NY 10019	05-0442537	501(C)(3)	47,992.				GENERAL SUPPORT
(10)	BROOKLYN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	11-1733456	501(C)(3)	20,617.				GENERAL SUPPORT
(11)	SOUTHERN SEABOARD 50 WEST 58TH STREET NEW YORK, NY 10019	30-0212774	501(C)(3)	24,894.				GENERAL SUPPORT
(12)	GREATER ATLANTA CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	58-6032056	501(C)(3)	15,200.				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Employer identification number
13-1656651

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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
(1)	NEW YORK REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13-1628187	501(C)(3)	35,604.				GENERAL SUPPORT
(2)	COLUMBUS OHIO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	23-7199433	501(C)(3)	16,268.				GENERAL SUPPORT
(3)	NORTHERN SEABOARD 50 WEST 58TH STREET NEW YORK, NY 10019	14-1877886	501(C)(3)	23,158.				GENERAL SUPPORT
(4)	ST. LOUIS CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	43-0761469	501(C)(3)	10,090.				GENERAL SUPPORT
(5)	HADASSAH GREATER PITTBURGH 50 WEST 58TH STREET NEW YORK, NY 10019	25-1010299	501(C)(3)	92,592.				GENERAL SUPPORT
(6)	HADASSAH-SOUTHERN NEW JERSEY 50 WEST 58TH STREET NEW YORK, NY 10019	22-3069434	501(C)(3)	89,802.				GENERAL SUPPORT
(7)	NORTHERN NEW JERSEY 50 WEST 58TH STREET NEW YORK, NY 10019	22-6017974	501(C)(3)	88,491.				GENERAL SUPPORT
(8)	LOWER NEW YORK STATE 50 WEST 58TH STREET NEW YORK, NY 10019	13-2725120	501(C)(3)	34,294.				GENERAL SUPPORT
(9)	CENTRAL PACIFIC COAST 50 WEST 58TH STREET NEW YORK, NY 10019	23-7183220	501(C)(3)	32,526.				GENERAL SUPPORT
(10)	YOUNG JUDAEA (CAMP TEL YEHUDA) 575 8TH AVENUE 11TH FLOOR	13-2830437	501(C)(3)	20,000.				GENERAL SUPPORT
(11)	INDIANAPOLIS 50 WEST 58TH STREET NEW YORK, NY 10019	23-7202967	501(C)(3)	6,002.				GENERAL SUPPPORT
(12)	NORTHERN NEW ENGLAND CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	04-2294551	501(C)(3)	18,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ ----- 9

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

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTMAKERS

SCHEDULE I, PART I, LINE 2

ALL GRANTEES ARE REQUIRED TO PROVIDE WRITTEN DOCUMENTATION ON THE USE OF THE FUNDS AND ANNUAL FINANCIAL STATEMENTS. THERE IS ONGOING COMMUNICATION BETWEEN ALL GRANTEES AND MANAGEMENT INCLUDING PERIODIC SITE VISITS. GRANTS ARE AWARDED AFTER BOARD APPROVAL. CRITERIA INCLUDE OVERALL FIT INTO HADASSAH'S MISSION AND AVAILABLE RESOURCES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number
13-1656651

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a	<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ADDITIONAL DISCLOSURES

SCHEDULE J

PART II COLUMN C CONSISTS ONLY OF CONTRIBUTIONS TO COMPANY RETIREMENT PLANS. PART II COLUMN D INCLUDES NOT ONLY EMPLOYER PROVIDED BENEFITS, BUT ALSO EMPLOYEE CONTRIBUTIONS FOR HEALTH INSURANCE, MEDICAL AND/OR CHILDCARE FLEXIBLE SPENDING ACCOUNTS, AND QUALIFIED TRANSPORTATION FRINGE BENEFITS.

COMPENSATION

SCHEDULE J

OFFICERS AND KEY EMPLOYEES' SALARIES AND RELATED BENEFITS ARE ALSO ALLOCATED TO HADASSAH MEDICAL RELIEF ASSOCIATION [HMRA, EIN: 13-6110872].THE HWZOA'S CURRENT ACCOUNTING PROCEDURES DO NOT SEPARATELY TRACK SUCH EXPENDITURES FOR EACH ORGANIZATION. FOR PURPOSES OF PART VII AND SCHEDULE J, SALARIES ARE ALLOCATED BETWEEN HWZOA AND HMRA IN A MANNER CONSISTENT WITH THE ALLOCATION OF THE EXPENSES BETWEEN THE TWO ORGANIZATIONS. HMRA RELIES ON HWZOA FOR ESTABLISHING COMPENSATION OF THE TOP MANAGEMENT OFFICIAL THROUGH THE USE OF AN INDEPENDENT COMPENSATION COMMITTEE, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION COMMITTEE.

SEVERANCE PAYMENT

SCHEDULE J, PART I, LINE 4A

LARRY BLUM \$ 731,356 TWO YEARS SEVERANCE PAY PURSUANT TO AN EMPLOYMENT

AGREEMENT SETTLEMENT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

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

Employer identification number
13-1656651

Part I Types of Property

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1 .

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

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

Schedule M (Form 990) (2012)

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 4A:

MEMBERS AND UNIT SERVICES:

330,000 MEMBERS, DONORS AND ASSOCIATES STRONG, HADASSAH IS THE LARGEST

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	Employer identification number 13-1656651
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WOMEN'S ZIONIST JEWISH MEMBERSHIP ORGANIZATION IN THE U.S., WITH MEMBERS IN EVERY CONGRESSIONAL DISTRICT. IN 2011-12, IN HONOR OF HADASSAH'S CENTENNIAL YEAR, 60,000 NEW LIFE MEMBERS JOINED. HADASSAH MEMBERS, DONORS AND ASSOCIATES ENJOY ACCESS TO PERSONAL DEVELOPMENT OPPORTUNITIES, MISSIONS TO ISRAEL, AND DESTINATIONS WORLD-WIDE, PROFESSIONAL NETWORKING OPPORTUNITIES, AND HEALTH AND JEWISH EDUCATION PROGRAMS. HADASSAH'S 935 CHAPTERS AND GROUPS ALLOW FOR MEMBERS TO ACTIVELY PARTICIPATE AND SUPPORT PROGRAMS AT HOME AND ABROAD. HADASSAH PROVIDES MARKETING ASSISTANCE TO ENGAGE MEMBERS VIA PRINTED MATERIALS, WEB/ONLINE COMMUNICATIONS AND LOCAL AND NATIONAL PUBLIC RELATIONS OPPORTUNITIES.

PROGRAMING, ADVOCACY, ZIONIST EDUCATION:

ACROSS THE COUNTRY, HADASSAH MEMBERS ARE ENGAGED IN A VARIETY OF EDUCATIONAL, ADVOCACY AND COMMUNITY SERVICE PROGRAMS. "EVERY BEAT COUNTS: HADASSAH'S HEART HEALTH PROGRAM", RAISES PUBLIC AWARENESS AND EDUCATES WOMEN ABOUT THE RISK FACTORS FOR HEART DISEASE AND HOW TO REDUCE THEM. THE HADASSAH LEADERSHIP FELLOWS IS A TWO-YEAR PROGRAM DESIGNED TO INSPIRE AND CULTIVATE FUTURE FEMALE LEADERS, PROVIDING OPPORTUNITIES TO GROW, ADVOCATE AND EFFECT CHANGE. HADASSAH PROVIDES OPPORTUNITIES TO STUDY JUDAISM, ZIONISM, JEWISH HISTORY, HEBREW, LITERATURE AND CULTURE. HADASSAH MEMBERS, ASSOCIATES AND DONORS ADVOCATE FOR ISSUES OF IMPORTANCE TO WOMEN AND THE JEWISH COMMUNITY AT THE LOCAL, STATE AND NATIONAL LEVELS. HADASSAH'S EMAIL ACTION NETWORK PROVIDES PUBLIC POLICY UPDATES AND TIMELY INFORMATION ABOUT CRITICAL NATIONAL AND INTERNATIONAL ISSUES. HADASSAH PROVIDES MARKETING CAMPAIGNS FOR THESE PROGRAM IN THE FORM OF

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	Employer identification number 13-1656651
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COLLATERAL MATERIALS, WEB/ONLINE COMMUNICATIONS, AND PUBLIC RELATIONS.

LINE 4B:

YOUTH AND EDUCATION; SCHOLARSHIP:

YOUNG JUDAEA, THE PREMIERE ZIONIST YOUTH MOVEMENT, INSTILLS A LOVE OF ISRAEL AND A STRONG COMMITMENT TO JEWISH IDENTITY WHILE DEVELOPING THE NEXT GENERATION OF VIBRANT JEWISH LEADERS. OVER THE PAST 10 YEARS, YOUNG JUDAEA HAS SENT APPROXIMATELY 15,000 YOUNG ADULTS, AGE 17-35, TO ISRAEL. LAST YEAR, SOME 500 YOUNG MEN AND WOMEN RECEIVED SCHOLARSHIPS TO PARTICIPATE IN YOUNG JUDAEA CAMPS AND ISRAEL PROGRAMS. AFTER 70-PLUS YEARS OF SUPPORT, IN 2012, YOUNG JUDAEA BECAME AN INDEPENDENT ORGANIZATION; HOWEVER, HADASSAH STILL PLAYS AN IMPORTANT ROLE, PROVIDING TRANSITION FUNDING, LEADERSHIP GUIDANCE AND SCHOLARSHIPS.

LINE 4C:

MARKETING AND COMMUNICATIONS:

ALL DIVISIONS INCLUDING SPECIFIC PROJECTS AND PROGRAMS ARE SUPPORTED BY STRATEGIC MARKETING PLANS THAT COULD INCLUDE SUCH TACTICS AS EMAIL COMMUNICATIONS, WEBSITE ARTICLES/PROMOTIONS, SOCIAL MEDIA, COLLATERAL MATERIALS, DIRECT MAIL, VIDEOS, AND PUBLIC RELATIONS. PROJECTS AND PROGRAMMATIC MARKETING INCLUDES BUT ARE NOT LIMITED TO EVERY BEAT COUNTS: HADASSAH'S HEART HEALTH PROGRAM, CHECK IT OUT (BREAST CANCER AWARENESS/EDUCATION), JEWISH HOLIDAYS EDUCATION, HADASSAH MEDICAL ORGANIZATION, YOUNG JUDAEA, YOUTH ALIYAH VILLAGES, HADASSAH LEADERSHIP FELLOWS, TRAVEL & MISSIONS, LIFE MEMBERSHIP PROMOTIONS, HADASSAH'S ANNUAL

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	Employer identification number 13-1656651
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REPORT, LOCAL EVENTS, ANNUAL BUSINESS/BOARD MEETING AND NATIONAL CONVENTIONS, VOLUNTEER LEADERSHIP UPDATES, AND MORE. HADASSAH MAGAZINE IS A FEATURE MAGAZINE PUBLISHED BY HWZOA THAT COVERS CULTURE, POLITICAL, SOCIAL, RELIGIOUS AND LIFESTYLE TRENDS FROM A JEWISH POINT OF VIEW. OVER THE PAST 25 YEARS, HADASSAH MAGAZINE HAS WON MORE THAN 250 AWARDS FOR EXCELLENCE IN JOURNALISM AND DESIGN.

BUSINESS OR FAMILY RELATIONSHIPS

FORM 990, PART VI, LINE 2

OFFICER/DIRECTOR	RELATED PERSON	RELATIONSHIP
RHODA BERNSTEIN	LAURIE WERNER	FAMILY RELATIONSHIP
RHODA BERNSTEIN	CAROL ROSENTHAL	FAMILY RELATIONSHIP
ELLEN STEINBERG	LINDA FLEISHMAN	FAMILY RELATIONSHIP
RENEE RESNIK	SEEMA LISTON	FAMILY RELATIONSHIP
DEBORAH KAPLAN	MIRIAM ARON	FAMILY RELATIONSHIP
RUTH ANN FREEDMAN	ARLENE FREEDMAN	FAMILY RELATIONSHIP
JILL A.HERSHBEIN	EDDYSE KESSLER	FAMILY RELATIONSHIP
EDDYSE KESSLER	BETH SALTZMAN AARONSON	FAMILY RELATIONSHIP
SHERRI FALCHUK	NANCY FALCHUK	FAMILY RELATIONSHIP
JEAN WEITZ	LAURIE WEITZ	FAMILY RELATIONSHIP
CAROL ROSENTHAL	RUTH HENDELMAN	FAMILY RELATIONSHIP
LAUREN ROTH	MARK ROTH	FAMILY RELATIONSHIP
NANCY G. WIADRO	JANE G. STROM	FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 4 - SEE SCHEDULE O, PART III, LINE 3 DISCLOSURE.

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

FORM 990, PART VI, LINES 6, 7A AND 7B

HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. ("HADASSAH") IS A VOLUNTEER AND A MEMBERSHIP WOMEN'S ORGANIZATION, WHOSE MEMBERS ARE MOTIVATED AND INSPIRED TO STRENGTHEN THEIR PARTNERSHIP WITH ISRAEL, ENSURE JEWISH CONTINUITY, AND REALIZE THEIR POTENTIAL AS A DYNAMIC FORCE IN AMERICAN SOCIETY. HADASSAH'S MEMBERS ELECT THE ELECTED DIRECTORS OF THE NATIONAL BOARD ANNUALLY AT THEIR NATIONAL BUSINESS MEETING WHILE OTHER DIRECTORS SERVE BY VIRTUE OF THEIR POSITION IN THE ORGANIZATION. AT THE NATIONAL MEETING, THE MEMBERS ALSO MAY APPROVE THE ANNUAL BUDGET PREPARED BY THE NATIONAL BOARD, AND DETERMINE GENERAL POLICIES AND TRANSACT OTHER BUSINESS.

990 REVIEW POLICY

FORM 990, PART VI, LINE 11

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

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

A COPY OF THE CONFLICT OF INTEREST POLICY IS GIVEN TO THE NATIONAL BOARD MEMBERS AND ALL NATIONAL STAFF ONCE EACH YEAR, AND IS ALSO AVAILABLE

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

COMPENSATION REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 15A AND 15B

WHEN AN OFFICER OR KEY EMPLOYEE IS HIRED, THE ORGANIZATION CONDUCTS A REVIEW OF VARIOUS COMPARABILITY DATA FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, WITH THE ASSISTANCE OF OUTSIDE COUNSEL AND THE SEARCH FIRM. THE ORGANIZATION SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE. THE COMPENSATION AMOUNT IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE REVIEW OR DECISION. THESE PROCEDURES ARE DOCUMENTED CONTEMPORANEOUSLY. IN SUBSEQUENT YEARS, AN INDIVIDUAL MAY RECEIVE A SALARY INCREASE AS APPROVED BY THE COMPENSATION COMMITTEE. BONUSES ARE GENERALLY NOT AWARDED. FOR

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

AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EDUCATION/PUBLIC POLICY	750.	524,931.	330,492.
GRANTS	18,000.		
MAGAZINE			
TOTALS	<u>18,750.</u>	<u>524,931.</u>	<u>330,492.</u>

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

FL, GA, IL, KS, KY, MD, MI,

MN, MS, NH, NJ, NM, OH, OK, OR, PA,

SC, TN, UT, VA, WA, WV,

ATTACHMENT 3

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	Employer identification number 13-1656651
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RR DONNELLEY RECEIVABLES PO BOX 13654 NEWARK, NJ 07188	PRINTING	625,383.
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP FOUR TIMES SQUARE NEW YORK, NY 10036	LEGAL	872,635.
KIPJOE INC DBA STEINER CONSTRUCTION 5525 OAKLAND AVE, SUITE 450 WEEDLAND HILLS, CA 91364	CONSTRUCTION	259,497.
NATIONAL PUBLIC SAFETY STRATEGY GRP, LLC 4 ORCHARD DRIVE CREAM RIDGE, NJ 08514	SECURITY	210,362.
CRC MEDIA 333 W 52ND ST NEW YORK, NY 10019	MEDIA CONSULTING	230,630.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FABULOUS FINDS LLC 20-3603057 50 WEST 58TH STREET NEW YORK, NY 10019	SELL GIFTS	DE	0	0	N/A
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HADASSAH MEDICAL RELIEF ASSOCIATION, INC 13-6110872 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	7	N/A	X	
(2) THE HADASSAH FOUNDATION INC. 13-4022483 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	11, I	N/A	X	
(3) HADASSAH OFFICE IN ISRAEL C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	N/A	X	
(4) HADASSAH INTERNATIONAL LTD. C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	BD	N/A	N/A	N/A	X	
(5) YOUNG JUDAEA, INC. D/B/A CAMP TEL YEHUDA 13-5654375 50 WEST 58TH STREET NEW YORK, NY 10019	CAMP	NY	501(C)(3)	9	N/A	X	
(6) YOUNG JUDAEA SPROUT LAKE CAMP 13-2830437 50 WEST 58TH STREET NEW YORK, NY 10019	CAMP	NY	501(C)(3)	9	N/A	X	
(7) YOUNG JUDAEA CAMPS, INC. 93-1272665 50 WEST 58TH STREET NEW YORK, NY 10019	CAMP	OR	501(C)(3)	9	N/A	X	

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

Schedule R (Form 990) 2012

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HADASSAH MEXICO, A.C. HACIENDA EL CIERVO 7A-JR2 5276 HUIXQUILUCAN,	CHARITABLE	MX	N/A	N/A	N/A	X	
(2) HADASSAH BELGIQUE ASBL (BELGIUM) AMBASSADOR RESIDENCES, 164 100 BRUXELLES,	CHARITABLE	BE	N/A	N/A	N/A	X	
(3) HADASSAH MEDICAL ORGANIZATION KIRYAT HADASSAH, P.O. BOX 1200 JERUSALEM,	MEDICAL	IS	N/A	N/A	N/A	X	
(4) HADASSAH YOUTH SERVICES AMUTA C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	N/A	X	
(5) HADASSAH WUJS ARAD, LTD C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	N/A	X	
(6) AMUTAT CHILDREN'S VILLAGE MEIER SHFEYAH C/O 50 WEST 58TH STREET NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	N/A	X	
(7) -----							

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

Schedule R (Form 990) 2012

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

(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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(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 (125) -----	INVESTMENTS	NY	HWZOA	TRUST					
(2) CHARITABLE REMAINDER UNITRUSTS (15) -----	INVESTMENTS	NY	HWZOA	TRUST					
(3) POOLED INCOME FUND (12) -----	INVESTMENTS	NY	HWZOA	TRUST					
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

	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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	C	23,922,980.	COST
(2) HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	L	13,905,293.	COST
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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

PART IV, COLUMN(H):

HWZOA HAS A GREATER THAN 50% BENEFICIAL INTEREST IN ALL THE REMAINDER TRUSTS.