

HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.  
 40 WALL STREET, NEW YORK, NY 10005  
**ANNUAL FINANCIAL REPORT OF CHAPTER**  
**FOR THE FISCAL YEAR JANUARY 1, 2016 - DECEMBER 31, 2016**

REG / CHAP / GROUP NO.  NAME OF REGION:

FEDERAL I.D. NO.  NAME OF CHAPTER:

NO. OF EMPLOYEES <sup>(1)</sup>  NO. OF REAL ESTATE <sup>(2)</sup>

(1) Total no. employees on YOUR payroll per form W-3 filed.  
Do not include employees paid directly by National.

Owned  
Leased

(2) Total no. of real estate properties that are leased and owned,  
including thrift shops & groups (complete Part IX if not zero).

**PART I - BALANCE SHEET:**

**1. ASSETS, LIABILITIES & FUND BALANCE AT END OF PREVIOUS YEAR (12/31/2015)**

**ASSETS:**

- A. CASH
- B. INVESTMENTS
- C. FIXED ASSETS
- D. OTHER ASSETS (Enter details on Supporting Schedules, Part VII)
- E. TOTAL ASSETS (add lines 1A through 1D)

Fill in shaded areas	Nat'l Office Use Only
	11114
	15111
	17121
	12931

**LIABILITIES & FUND BALANCE:**

- F. ACCOUNTS PAYABLE AND OTHER LIABILITIES
- G. ENDING FUND BALANCE AT 12/31/2015 (previous year)
- H. TOTAL LIABILITIES AND FUND BALANCE (add lines 1F and 1G)

	21215
	33251

\*\*\*NOTE: LINE 1E MUST EQUAL LINE 1H \*\*\*

**2. ASSETS, LIABILITIES & FUND BALANCE AT DECEMBER 31, 2016:**

**ASSETS:**

- A. CASH
- B. INVESTMENTS
- C. FIXED ASSETS
- D. OTHER ASSETS (Enter details on Supporting Schedules, Part VII)
- E. TOTAL ASSETS (add lines 2A through 2D)

Fill in shaded areas	
	11114
	15111
	17121
	12931

**LIABILITIES & FUND BALANCE:**

- F. ACCOUNTS PAYABLE AND OTHER LIABILITIES
- G. ENDING FUND BALANCE AT 12/31/2016 (current year)
- H. TOTAL LIABILITIES AND FUND BALANCE (add lines 2F and 2G)

	21215
	33251

\*\*\*NOTE: LINE 2E MUST EQUAL LINE 2H \*\*\*

PLEASE ROUND TO NEAREST DOLLAR

**PART II - RECEIPTS AND REVENUE:**

**ANNUAL FINANCIAL REPORT FOR THE FISCAL YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016**

REGION / CHAPTER NO.

**1. MEMBERSHIP DUES & SUBVENTIONS:**

- A. ANNUAL MEMBERSHIP DUES (Received directly from Members)
- B. NEW LIFE MEMBERSHIP DUES (Received directly from Members)
- C. SUBVENTIONS &/OR REVENUE SHARING (Received from National Only)
- D. OTHER (Details on Supporting Schedules, Part VII)
- E. TOTAL (lines 1A. through 1D.)

Fill in shaded areas	Nat'l Office Use Only
	43111
	43121
	43721
	43164

**1a. TRANSACTIONS BETWEEN REGIONS, CHAPTERS & GROUPS:**

- A. MONIES RECEIVED FROM REGION & GROUPS

	43164
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**2. REVENUE FROM PROGRAM & FUNDRAISING EVENTS:**

- A. GROSS REVENUE FROM FUNDRAISING EVENTS (see instructions for definition of Fund Raising Event<sup>(\*)</sup>)
- B. THRIFT SHOP REVENUE (gross revenue only do not include sales tax)
- C. CARD SALES
- D. DONATIONS FOR CERTIFICATES
- E. DONATIONS FOR TREES
- F. BOUTIQUE REVENUE
- G. JOURNAL REVENUE
- H. SCRIP REVENUE (collected fr. members for food/other merchant certificates)
- I. REVENUE FROM TOURS AND TRIPS - NON FUND RAISING EVENT
- J. ENTERTAINMENT BOOKS
- K. OTHER - NON FUND RAISING EVENT (couvert's from meetings, bulletin or web advertising, gift wrap etc.<sup>(\*\*)</sup>)
- L. TOTAL (lines 2A through 2K)

	49318
	49930
	49211
	49935
	49936
	49940
	49111
	49945
	49411
	49112
	49950

<sup>(\*)</sup> Enter details on PART VIII - GROUP 990 SUPPLEMENTARY REPORTING. Amount should equal #1A + 2A - Total Receipts, Column 4

<sup>(\*\*)</sup> Enter details on Supporting Schedules, Part VII (show bulletin/web advertising separately)

**3. CONTRIBUTIONS:**

- A. GIFTS FROM DONORS (Enter details on Supporting Schedules, Part VII)
- B. ASSOCIATE MEMBERS (Life membership fee)
- C. TOTAL (lines 3A through 3B)

	41311
	43161

**4. MISCELLANEOUS RECEIPTS**

- A. INTEREST INCOME (EXPLAIN SOURCE IF MORE THAN \$1,000)
- B. OTHER MISC. RECEIPTS (Enter details on Part VII)
- C. TOTAL (lines 4A through 4B)

	48111
	49911

**5. TOTAL RECEIPTS & REVENUE** ( lines 1E, 1a, 2L, 3C and 4C. )

( Enter in Section V "Reconciliation", page 4, line 1.)

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**PLEASE ROUND TO NEAREST DOLLAR**

**PART III - EXPENDITURES:**

**ANNUAL FINANCIAL REPORT FOR THE FISCAL YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016**

REGION / CHAPTER NO.

**1. PROGRAM AND MEMBER SERVICES:**

- A. HOSPITALITY (food, catering and beverage for meetings)
- B. PRINTING AND POSTAGE (bulletins, notices, programs)
- C. MEETING ROOM EXPENSES (room rental, speakers, etc.)
- D. ADVERTISING & PROMOTION
- E. OTHER (If over \$1,000, enter details on Supporting Schedules, Part VII)
- F. TOTAL ( lines 1A through 1E)

Fill in shaded areas	Nat'l Office Use Only
	57321
	53336
	58121
	53111
	59995

**2. MANAGEMENT AND GENERAL EXPENSES:**

- A. EMPLOYEE SALARIES
- B. PENSION PLAN CONTRIBUTIONS
- C. OTHER EMPLOYEE BENEFITS (Enter details on Supp. Schedules, Part VII)
- D. PAYROLL TAXES
- E. ACCOUNTING FEES (fees paid to accountants for accounting/review services)
- F. LEGAL FEES
- G. STATIONERY AND SUPPLIES
- H. TELEPHONE, FAXES, E-MAIL
- I. POSTAGE AND COURIER
- J. OCCUPANCY (rent, utilities, custodial, etc.)
- K. EQUIPMENT RENTAL & MAINTENANCE
- L. TRAVEL
- M. ANNUAL CONVENTION
- N. MID-WINTER CONVENTION
- O. OTHER GENERAL MEETINGS & CONFERENCES
- P. DEPRECIATION
- Q. INSURANCE & BONDING
- R. ADVERTISING
- S. LOBBYING (See instructions for definition of lobbying)
- T. OTHER (bank, ADP, credit card fees, temps, etc.) (Enter details on Part VII)
- U. TOTAL ( lines 2A through 2T )

	51111
	51571
	51551
	51211
	52221
	52251
	55111
	55321
	55211
	56111
	56311
	57121
	58163
	58111
	58142
	71116
	56171
	53125
	55991

**3. FUNDRAISING EVENT AND ACTIVITY EXPENSES:**

- A. {this line is not currently in use}
- B. HOSPITALITY (food, beverage & catering)
- C. JOURNAL EXPENSES
- D. MERCHANDISE (thrift shop, boutique, auction, raffles, etc.)
- E. THEATER TICKETS
- F. RENTAL OF FACILITIES
- G. PRINTING AND POSTAGE (invitations, direct mail, etc.)
- H. ENTERTAINMENT, SPEAKERS FEES, & INSURANCE
- I. SCRIP EXPENSES (amounts paid to merchants)
- J. COST OF TOURS AND TRIPS
- K. COST OF ENTERTAINMENT BOOKS
- L. ADVERTISING
- M. OTHER (cards, certificates, flowers, etc.) (Enter details on Part VII)
- N. TOTAL (add lines 3A through 3M.)

	52111
	57311
	53118
	53251
	55956
	56113
	53346
	58171
	53126
	61135
	61175
	53140
	55998

**4. TOTAL EXPENDITURES (add lines 1F, 2U, and 3N)**

( Enter in Section V "Reconciliation", page 4, line 2.)

**PLEASE ROUND TO NEAREST DOLLAR**

**PART IV - DISBURSEMENTS:**

**ANNUAL FINANCIAL REPORT FOR THE FISCAL YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016**

REGION / CHAPTER NO.

**1. CONTRIBUTIONS FORWARDED TO NATIONAL:**

- A. HADASSAH MEDICAL ORGANIZATION (HMO)
- B. TOWER - HMO BUILDING AND DEVELOPMENT
- C. YOUNG JUDAEA
- D. YOUNG JUDAEA SCHOLARSHIPS
- E. YOUNG JUDAEA CAMPS
- F. HADASSAH COLLEGE OF JERUSALEM (HCJ)
- G. {this line is not currently in use}
- H. YOUTH ALIYAH/CHILDREN AT RISK
- I. JEWISH NATIONAL FUND (JNF)
- J. UNRESTRICTED FUNDS
- K. TOTAL (lines 1A through 1J)

Fill in shaded areas	Nat'l Office Use Only
	75005
	75010
	75025
	75030
	75035
	75050
	75055
	75015
	75020
	75090

**2. DUES FORWARDED TO NATIONAL:**

- A. NEW ANNUAL
- B. NEW LIFE AND ASSOCIATES
- C. RENEWAL
- D. TOTAL (lines 2A through 2C)

	76005
	76010
	76015

**3. MONIES SENT TO REGION AND GROUPS:**

	76025
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**4. OTHER DISBURSEMENTS:**

- A. LOCAL AND REGIONAL YOUTH COMMISSIONS / CLUBS
- B. LOCAL JNF COUNCILS
- C. OTHER (Enter details on Supporting Schedules, Part VII)
- D. TOTAL (lines 4A through 4C)

	78005
	78010
	78015

**5. TOTAL DISBURSEMENTS** ( lines 1K, 2D, 3, and 4D)

( Enter in Section V "Reconciliation" below, line 3.)

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**PART IVa - U.S. SANCTIONS - OFAC AND ANTI CORRUPTION COMPLIANCE:**

THIS CHAPTER CERTIFIES THAT IT HAS NOT (1) ENGAGED IN ACTIVITY IN VIOLATION OF HADASSAH'S ANTI CORRUPTION POLICY (HAS NOT PROMISED, OFFERED, MADE OR AUTHORIZED ANY PAYMENT, BENEFIT OR GIFT TO ANY FOREIGN GOVERNMENT OFFICIAL TO OBTAIN OR RETAIN ANY BUSINESS OF BENEFIT ON BEHALF OF HADASSAH). AND (2) ENGAGED IN ANY TRANSACTIONS WITH ANY VENDOR OR OTHER THIRD PARTY OR ACCEPTED A DONATION FROM ANY PERSON, ENTITY OR COUNTRY THAT IS LISTED ON THE SDN LIST.

[www.treasury.gov/resource-center/sanctions/SDN-List](http://www.treasury.gov/resource-center/sanctions/SDN-List)

**PLEASE CHECK THIS BOX TO CERTIFY**

**PART V - RECONCILIATION:**

1. **TOTAL RECEIPTS & REVENUE** ( enter from Part II, page 2, line 5)

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2. **TOTAL EXPENDITURES** ( enter from Part III, page 3, line 4)

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3. **TOTAL DISBURSEMENTS** ( enter from Part IV above, line 5)

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4. **TOTAL DEDUCTIONS** (add lines 2 and 3)

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5. **NET FISCAL YEAR SURPLUS [DEFICIT]**

(Subtract line 4 from line 1; place [brackets] around a negative number. )

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6. **BEGINNING FUND BALANCE** ( enter from Part 1, page 1, line 1G)

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7. **ENDING FUND BALANCE** (add lines 5 and 6.)

(NOTE: Line 7 above must equal Part I, page 1, line 2G.)

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**PLEASE ROUND TO NEAREST DOLLAR**

**PART VI - DECLARATION:**

**ANNUAL FINANCIAL REPORT FOR THE FISCAL YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016**

**REGION / CHAPTER NO.**

**NAME OF CHAPTER**

THE UNDERSIGNED HEREBY DECLARE, UNDER PENALTIES OF PERJURY, THAT THE INFORMATION ABOVE IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF, THAT THE UNIT COMPLIES IN GOOD FAITH WITH NATIONAL HADASSAH'S POLICIES IN ALL MATERIAL RESPECTS, AND HEREBY AUTHORIZE HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. TO INCLUDE THIS INFORMATION IN THE ANNUAL GROUP IRS FORM 990 FILED ON BEHALF OF ITS AFFILIATES.

**INDEPENDENT PERSON  
WHO REVIEWED THIS REPORT**

**REVIEWER'S SIGNATURE** (above line)

**NAME AND SIGNATURE OF PRESIDENT** (above line)

**REVIEWER'S NAME (PRINT)** (above line)

**NAME AND SIGNATURE OF TREASURER** (above line)

**REVIEWER'S ADDRESS** (above line)

**TREASURER'S ADDRESS** (above line)

**REVIEWER'S TELEPHONE #** (above line)

**TREASURER'S TELEPHONE #** (above line)

**TREASURER'S EMAIL ADDRESS** (above line)

**DATE:** \_\_\_\_\_

**PART VII - SUPPORTING SCHEDULES:**

**ANNUAL FINANCIAL REPORT FOR THE FISCAL YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016**

REG./ CHAP./ GROUP NO.

REGION NAME:

FEDERAL I. D. NO.

CHAPTER NAME:

GROUP NAME:  {groups only}

Section	Line #	Amount	Description
<b>Total</b>			

Section	Line #	Amount	Description
<b>Total</b>			

Section	Line #	Amount	Description
<b>Total</b>			

Section	Line #	Amount	Description
<b>Total</b>			

Section	Line #	Amount	Description
<b>Total</b>			

Section	Line #	Amount	Description
<b>Total</b>			

**LOBBYING:**

- 1) Media Advertisements
- 2) Mailings to members, legislators, or the public
- 3) Publications, or published or broadcast statements
- 4) Grants to other organizations for lobbying purposes
- 5) Direct contact with legislators, their staffs, government officials or a legislative body
- 6) Rallies, demonstrations, seminars, conventions, speeches, lectures, or similar means (but only to the extent lobbying as defined has occurred)
- 7) Other activities

Amount	
<b>Total</b>	<b>0</b>

**Total (must equal part III Expenditures Line 2S)**

**Total**

**PLEASE ROUND TO NEAREST DOLLAR**

**ANNUAL FINANCIAL REPORT FOR THE FISCAL YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016**

REG / CHAP / GROUP NO.  NAME OF REGION:

FEDERAL I.D. NO.  NAME OF CHAPTER:

	Column 1	Column 2	Column 3	Column 4
<b>1. FUNDRAISING EVENTS</b>	<b>Event # 1 (*)</b>	<b>Event # 2 (*)</b>	<b>All Other Events (*)</b>	<b>Total Events</b>
	<b>\$5,000 or more</b>	<b>\$5,000 or more</b>	<b>Including under \$5,000</b>	
Type of Event				
Number of Events				0
A. TOTAL RECEIPTS				0
B. COUVERT				0
C. NET CONTRIBUTION (A-B)	0	0	0	0
D. CASH PRIZES				0
E. DIRECT EXPENSES				0
F. TOTAL EXPENSES (D+E)	0	0	0	0
G. NET EVENT INCOME (B-F)	0	0	0	0

(\*) Columns 1 and 2 are for the top two events with Total Receipts of \$5,000 or higher, respectively. If no event has Gross Receipts of \$5,000 or more, complete Column 3 only. If the types of events are varied, input "Various."

<b>2. GAMING</b>	<b>Bingo</b>	<b>Pull Tabs / Instant / Progressive Bingo</b>	<b>Other Gaming ie: Raffles</b>	<b>Total Gaming</b>
A. GROSS RECEIPTS				0
B. GROSS REVENUES (A)	0	0	0	0
C. CASH PRIZES				0
D. DIRECT EXPENSES				0
E. TOTAL EXPENSES (C+D)	0	0	0	0
F. NET INCOME (B-E)	0	0	0	0

- G. Enter the State(s) in which you operate gaming activities.
- a Is the organization licensed to operate gaming activities in each of these states? Yes or No
- b If no explain
- H. Were any of the organizations gaming licenses revoked, suspended or terminated during the year? Yes or no
- If yes explain
- I. Does the organization operate gaming activities with non members? Yes or No
- J. Indicate the percentage of gaming activity operated in the
  - a. organizations facility
  - b. an outside facility
- K.a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes or No
- b If yes enter amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
- c If yes enter name & address of third party:
  - Name:
  - Address
- L. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes or No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

**PART VIII - GROUP 990 SUPPLEMENTARY REPORTING: Page 2**

**ANNUAL FINANCIAL REPORT FOR THE FISCAL YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016**

REG / CHAP / GROUP NO.  NAME OF REGION:

FEDERAL I.D. NO.  NAME OF CHAPTER:

Column 1	Column 2	Column 3	Column 4
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3. GRANTS / ASSISTANCE TO USA ORGANIZATIONS	Name of Organization (*)	Federal ID# (EIN #) of Organization (*)	Purpose of Grant (*)	Amount of Cash Grant in \$ (*)
Recipient # 1				
Recipient # 2				
Recipient # 3				
Recipient # 4				
Attach additional schedules, if there are more recipients. Summary of additional grants attached:				

(\*) Columns pertain to organizations in the United States who received grants/assistance of \$5,000 or higher.  
If no one recipient received \$5,000 or more, leave this section blank.

4. GRANTS / ASSISTANCE TO USA INDIVIDUALS	Name of Individual (*)	Purpose of Grant (*)	Number of Individuals (*)	Amount of Cash Grant in \$ (*)
Recipient # 1				
Recipient # 2				
Recipient # 3				
TOTAL GRANTS TO INDIVIDUALS			0	0

(\*) Columns pertain to individuals in the United States who received grants/assistance. Col. 3 counts the # of recipients.  
Attach additional page if necessary. Recipients who received small amounts may be combined into "All Other Recipients"



**PART IX - REAL ESTATE PROPERTIES: LEASED, USED OR OCCUPIED**

**ANNUAL FINANCIAL REPORT FOR THE FISCAL YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016**

REG./ CHAP./ GROUP NO.

REGION NAME:

FEDERAL I. D. NO.

CHAPTER NAME:

GROUP NAME: {for groups only}

**Property #1:**

Your unit name:

Owner of property (landlord name, if lease):

Address of owner or, if leased, address of landlord

Address of property (physical address):

Monthly rent (if applicable):

\$ -

Annual rent (if applicable):

term of lease or occupancy (start date, termination date):

Amount of insurance coverage (how much it is insured for):

\$ -

**Property #2:**

Your unit name:

Owner of property (landlord name, if lease):

Address of owner or, if leased, address of landlord

Address of property (physical address):

Monthly rent (if applicable):

\$ -

Annual rent (if applicable):

term of lease or occupancy (start date, termination date):

Amount of insurance coverage (how much it is insured for):

\$ -

If unit leases, uses or occupies more than two real estate properties, attach additional schedules, as required.  
Include all properties associated with the unit (including thrift shops and groups).

**PART X -THRIFT STORE(S)**

**ANNUAL FINANCIAL REPORT FOR THE FISCAL YEAR: JANUARY 1, 2016 - DECEMBER 31, 2016**

REG./ CHAP./ GROUP NO.

REGION NAME:

FEDERAL I. D. NO.

CHAPTER NAME:

GROUP NAME: {for groups only}

#1 Thrift Shop Name:

#2 Thrift Shop Name:

*Fill in shaded areas*

*Fill in shaded areas*

**RECEIPTS & REVENUES**

**RECEIPTS & REVENUES**

Thrift Shop Gross Receipts  
(Do not include sales tax collected)

Thrift Shop Gross Receipts  
(Do not include sales tax collected)

**Total Receipts & Revenues \*\***

**Total Receipts & Revenues \*\***

**EXPENDITURES**

**EXPENDITURES**

Employee Salaries	<input type="text"/>
Employee Benefits <i>(pension, medical, etc.)</i>	<input type="text"/>
Payroll Taxes	<input type="text"/>
Professional Accounting & Legal Fees	<input type="text"/>
Stationary & Supplies	<input type="text"/>
Telephone, Faxes and Email	<input type="text"/>
Postage & Courier	<input type="text"/>
Occupancy <i>(rent, utilities, maintenance)</i>	<input type="text"/>
Insurance & Bonding	<input type="text"/>
Advertising	<input type="text"/>
Merchandise	<input type="text"/>
Thrift Shop Pick-up & Delivery	<input type="text"/>
Other: _____	<input type="text"/>
Other: _____	<input type="text"/>
All Other Misc. Expenses	<input type="text"/>

Employee Salaries	<input type="text"/>
Employee Benefits <i>(pension, medical, etc.)</i>	<input type="text"/>
Payroll Taxes	<input type="text"/>
Professional Accounting & Legal Fees	<input type="text"/>
Stationary & Supplies	<input type="text"/>
Telephone, Faxes and Email	<input type="text"/>
Postage & Courier	<input type="text"/>
Occupancy <i>(rent, utilities, maintenance)</i>	<input type="text"/>
Insurance & Bonding	<input type="text"/>
Advertising	<input type="text"/>
Merchandise	<input type="text"/>
Thrift Shop Pick-up & Delivery	<input type="text"/>
Other: _____	<input type="text"/>
Other: _____	<input type="text"/>
All Other Misc. Expenses	<input type="text"/>

**Total Expenditures**

**Total Expenditures**

**Net Fiscal Year Surplus (Deficit)**

**Net Fiscal Year Surplus (Deficit)**

\*\* Should Equal AFR PART II line 2B

\*\* Should Equal AFR PART II line 2B

**PLEASE ROUND TO NEAREST DOLLAR**