

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)

2011

Open to Public Inspection

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 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable:

<input type="checkbox"/>	Address change	C Name of organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	D Employer identification number 13-1656651
<input type="checkbox"/>	Name change	Doing Business As	E Telephone number (212) 355-7900
<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 WEST 58TH STREET	G Gross receipts \$ 47,053,172.
<input type="checkbox"/>	Terminated	City or town, state or country, and ZIP + 4 NEW YORK, NY 10019	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Amended return	F Name and address of principal officer: JANICE WEINMAN, EXECUTIVE DIR. 50 WEST 58TH STREET, NEW YORK, NY 10019	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Application pending		If "No," attach a list. (see instructions)

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

J Website: WWW.HADASSAH.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1922 **M** State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IN ISRAEL, WE SUPPORT HEALTHCARE, EDUCATION, YOUTH PROGRAMS AND LAND DEVELOPMENT. IN THE US, WE ENHANCE THE QUALITY OF AMERICAN AND JEWISH LIFE.		
	2 Check this box <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	167.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	166.
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	214.
	6 Total number of volunteers (estimate if necessary)	6	287,456.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	468,681.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	39,928,779.
	9 Program service revenue (Part VIII, line 2g)	Current Year	35,122,652.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,295,616.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		111,048.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,246,021.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,581,464.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		7,106,946.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		8,863,284.
	b Total fundraising expenses (Part IX, column (D), line 25) 638,104.		32,310.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		14,068,613.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		30,071,153.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12		33,357,184.
	20 Total assets (Part X, line 16)	Beginning of Current Year	20,510,311.
	21 Total liabilities (Part X, line 26)	End of Year	12,813,980.
	22 Net assets or fund balances. Subtract line 21 from line 20		130,960,868.
			146,237,124.
			7,383,589.
			123,577,279.

Part II Signature Block

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

Sign Here

Signature of officer: *Ellyn Lyons* Date: NOV. 13, 2017

Type or print name and title: **ELLYN LYONS, NATIONAL TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: KPMG LLP Preparer's signature: [Signature] Date: [Date]

Firm's name: KPMG LLP EIN: 13-5565207

Firm's address: 345 PARK AVENUE NEW YORK, NY 10154-0102 Phone no.: 212-758-9700

Check if self-employed PTIN: P00634378

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

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.	<input type="checkbox"/> 13-1656651
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
50 West 58th Street	<input type="checkbox"/>
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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 11 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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.	Enter filer's identifying number, see instructions	
	Number, street, and room or suite no. If a P.O. box, see instructions. 50 West 58th Street	<input type="checkbox"/> Employer identification number (EIN) or 13-1656651	<input type="checkbox"/> 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	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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, 20 12 .

5 For calendar year 2011 , 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 \$
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 and any amount paid previously with Form 8868.	8b \$
c 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 Title **AUTHORIZED AGENT** Date **7-12-12**

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 and section 4947(a)(1) trusts 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 \$ 7,008,310. including grants of \$ 4,813,812.) (Revenue \$)

MEMBERSHIP SERVICES - OFFERS SUPPORT AND ADVISORY SERVICES FOR NEARLY 300,000 MEMBERS/VOLUNTEERS THROUGHOUT 1,057 UNITS TO FURTHER THEIR CHARITABLE PROGRAMMING. IN THE UNITED STATES, HADASSAH MEMBERS ARE ENGAGED IN A VARIETY OF EDUCATIONAL, ADVOCACY, AND COMMUNITY SERVICE INITIATIVES.

4b (Code:) (Expenses \$ 14,009,178. including grants of \$ 9,978,813.) (Revenue \$ 7,515,671.)

YOUNG JUDAEA'S MISSION IS TO BUILD LEADERSHIP, JEWISH IDENTITY, AND ZIONIST COMMITMENT IN AS MANY YOUNG PEOPLE AS POSSIBLE, TO ENSURE THAT THE JEWISH COMMUNITY WILL GROW AND BE VIBRANT INTO THE NEXT GENERATIONS. YOUNG JUDAEA IS GEARED TO CHILDREN AND YOUNG ADULTS AGED EIGHT THROUGH THIRTY FIVE.

4c (Code:) (Expenses \$ 2,865,117. including grants of \$ 904,904.) (Revenue \$)

MARKETING AND COMMUNICATION - PROVIDE SUPPORT SERVICES FOR NATIONAL OFFICE INITIATIVES THROUGH CREATIVE SERVICES, PUBLIC RELATIONS, VIDEO AND MARKETING.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1

(Expenses \$ 2,740,013. including grants of \$ 55,071.) (Revenue \$ 576,326.)

4e Total program service expenses 26,622,618.

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; 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, XII, and XIII		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, XII, and XIII 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, Parts II, III, IV, and V, line 1.</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	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 11 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. X

Table with columns for question number, description, and Yes/No boxes. 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 4 columns: Question, Yes, No, and a column for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9). Contains questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with 4 columns: Question, Yes, No, and a column for line numbers (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Contains questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, document retention, and compensation.

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. [X] Own website [] Another's website [X] Upon request
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 X

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 (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 3										
(1) MARCIE NATAN PRESIDENT FROM 2011	34.00	X	X					0	0	0
(2) ELLYN LYONS SECRETARY	34.00	X	X					0	0	0
(3) SANDY EINBERG VICE PRESIDENT UNTIL 07/12/11	11.00	X	X					0	0	0
(4) SHERRY ALTURA VICE PRESIDENT	11.00	X	X					0	0	0
(5) MARLENE KAPLAN VICE PRESIDENT	11.00	X	X					0	0	0
(6) DEBRA MAZON VICE PRESIDENT	11.00	X	X					0	0	0
(7) HELAINE OHAYON VICE PRESIDENT UNTIL 07/12/11	24.00	X	X					0	0	0
(8) SUSAN MOYE VICE PRESIDENT	11.00	X	X					0	0	0
(9) RONNIE ROSEN VICE PRESIDENT	21.00	X	X					0	0	0
(10) ROSALIND ROSEN VICE PRESIDENT UNTIL 07/12/11	21.00	X	X					0	0	0
(11) BENITA ROSS VICE PRESIDENT UNTIL 07/12/11	11.00	X	X					0	0	0
(12) RONI SCHWARTZ VICE PRESIDENT	21.00	X	X					0	0	0
(13) SHELLEY SHERMAN VICE PRESIDENT	24.00	X	X					0	0	0
(14) ELLEN HERSHKIN SECRETARY	27.00	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 (describe hours for related organizations in Schedule O)	(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) CARMELA E KALMANSON HONORARY VICE PRESIDENT	7.00	X						0	0	0
(16) DEBORAH B. KAPLAN HONORARY VICE PRESIDENT	11.00	X						0	0	0
(17) BONNIE LIPTON HONORARY VICE PRESIDENT	21.00	X						0	0	0
(18) RUTH W. POPKIN HONORARY VICE PRESIDENT	7.00	X						0	0	0
(19) MARLENE E POST HONORARY VICE PRESIDENT	26.00	X						0	0	0
(20) BERNICE S. TANNENBAUM HONORARY VICE PRESIDENT	17.00	X						0	0	0
(21) BETH AARONSON NATIONAL BOARD MEMBER	9.00	X						0	0	0
(22) CHRIS ADLER NATIONAL BOARD MEMBER	9.00	X						0	0	0
(23) SANDRA ADLER, DECEASED SEPT. 2011 NATIONAL BOARD MEMBER	9.00	X						0	0	0
(24) SANDRA ALFONSI NATIONAL BOARD MEMBER	9.00	X						0	0	0
(25) RENEE ALBERT NATIONAL BOARD MEMBER	19.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,241,539.	1,328,675.	326,732.
d Total (add lines 1b and 1c)								1,241,539.	1,328,675.	326,732.

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 **34**

	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 4		

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 (describe hours for related organizations in Schedule O)	(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) HAIDI APPEL NATIONAL BOARD MEMBER	9.00	X						0	0	0
(27) MIRIAM ARON NATIONAL BOARD MEMBER	9.00	X						0	0	0
(28) SARA ARONSON NATIONAL BOARD MEMBER	9.00	X						0	0	0
(29) WENDY BACKELMAN NATIONAL BOARD MEMBER	9.00	X						0	0	0
(30) PHYLLIS BERLAS NATIONAL BOARD MEMBER	14.00	X						0	0	0
(31) BETTYE BERLIN NATIONAL BOARD MEMBER	14.00	X						0	0	0
(32) PHYLLIS BERLOW NATIONAL BOARD MEMBER	9.00	X						0	0	0
(33) ESTHER YELEN BERMAN NATIONAL BOARD MEMBER	9.00	X						0	0	0
(34) RHODA BERNSTEIN NATIONAL BOARD MEMBER	19.00	X						0	0	0
(35) MINDY BLOOM NATIONAL BOARD MEMBER	11.00	X						0	0	0
(36) AILEEN BORMEL 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 ▶ 34

	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

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 (describe hours for related organizations in Schedule C)	(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) PENNIE SESSLER BRANDEN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(38) ROSALIND BROWN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(39) SHARON CADOFF NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(40) RUTH G. COLE NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(41) LISA DAVIDSON NATIONAL BOARD MEMBER	14.00	X					0	0	0	
(42) SHEILA DERMAN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(43) ROCHELLE EDELMAN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(44) KATIE EDELSTEIN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(45) SANDY EINBERG NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(46) MARSHA EISENBERG NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(47) KAREN EVERETT NATIONAL BOARD MEMBER	9.00	X					0	0	0	

1 b 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 ▶ 34

	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

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 (describe hours for related organizations in Schedule O)	(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 EZRINE NATIONAL BOARD MEMBER	9.00	X					0	0	0	
49) SHERRI ADES FALCHUK NATIONAL BOARD MEMBER	9.00	X					0	0	0	
50) CAROL FEIN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
51) DR. FRANCINE FETTMAN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
52) BARBARA FLEISCHER NATIONAL BOARD MEMBER	9.00	X					0	0	0	
53) ELIZABETH L. FOX NATIONAL BOARD MEMBER	9.00	X					0	0	0	
54) DEBBIE FRIEDMAN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
55) LESLIE GAFFIN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
56) DONNA GERSON NATIONAL BOARD MEMBER	9.00	X					0	0	0	
57) NORMA S. GINDES NATIONAL BOARD MEMBER	9.00	X					0	0	0	
58) LYNN GOLD-BENJAMIN 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 **34**

	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

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 (describe hours for related organizations in Schedule C)	(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) MICHELLE GOLDBERG NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(60) SANDRA GOLDSTEIN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(61) RITA GOTTLIEB NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(62) ADELE GREENBLATT NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(63) JANICE GREENWALD NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(64) RUTH GROSSBERG NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(65) HAREN HABER NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(66) RUTH HENDELMAN NATIONAL BOARD MEMBER	14.00	X					0	0	0	
(67) KATHY HERSHFIELD NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(68) BARBARA HORWITZ NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(69) DIANE ISSENBERG 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 **▶** 34

	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 (describe hours for related organizations in Schedule O)	(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) PAULA JARNICKI NATIONAL BOARD MEMBER	9.00	X						0	0	0
(71) ROZ KANTOR NATIONAL BOARD MEMBER	9.00	X						0	0	0
(72) MICHELLE KAPLAN NATIONAL BOARD MEMBER	9.00	X						0	0	0
(73) CAROL GOODMAN KAUFMAN NATIONAL BOARD MEMBER	9.00	X						0	0	0
(74) EDDYSE KESSLER NATIONAL BOARD MEMBER	9.00	X						0	0	0
(75) SANDRA KING NATIONAL BOARD MEMBER	14.00	X						0	0	0
(76) BARBARA KRAFT NATIONAL BOARD MEMBER	9.00	X						0	0	0
(77) GLORIA KRAMER NATIONAL BOARD MEMBER	9.00	X						0	0	0
(78) SHARON KRISCHER NATIONAL BOARD MEMBER	9.00	X						0	0	0
(79) LINDA LANDER NATIONAL BOARD MEMBER	9.00	X						0	0	0
(80) 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 ▶ 34

	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

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 (describe hours for related organizations in Schedule C)	(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) BARBARA LEVIN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(82) PATRICIA LEVINSON NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(83) ANITA LEVY NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(84) VALERIE LOWENSTEIN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(85) SHEILA MACKS NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(86) SUSAN MARK NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(87) DEBORAH MINKOFF NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(88) JULIE MORRIS NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(89) MIFFIE NAGORSKY NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(90) MELANIE NASBERG NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(91) SORAYA NAZARIAN 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 **▶** 34

	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 (describe hours for related organizations in Schedule O)	(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) JANE NYCE NATIONAL BOARD MEMBER	19.00	X						0	0	0
(93) HELAINE OHAYON NATIONAL BOARD MEMBER	19.00	X						0	0	0
(94) TOBEY R. OLKEN, ESQ. NATIONAL BOARD MEMBER	19.00	X						0	0	0
(95) BARBARA PALLET NATIONAL BOARD MEMBER	1.00	X						0	0	0
(96) JUDITH L PALKOVITZ NATIONAL BOARD MEMBER	19.00	X						0	0	0
(97) HANNA POLLACK NATIONAL BOARD MEMBER	19.00	X						0	0	0
(98) JOY E POLLOCK ESQ. NATIONAL BOARD MEMBER	19.00	X						0	0	0
(99) JOYCE RABIN NATIONAL BOARD MEMBER	24.00	X						0	0	0
(100) LONYE RASCH NATIONAL BOARD MEMBER	19.00	X						0	0	0
(101) MYRNA RODKIN NATIONAL BOARD MEMBER	9.00	X						0	0	0
(102) ROSALIND ROSEN 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 ▶ 34

	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

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 (describe hours for related organizations in Schedule C)	(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) FRIEDA ROSENBERG NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(104) CAROL ROSENTHAL NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(105) BARBARA SABIN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(106) JUDITH SAXE NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(107) SHARON SCHNEIDER NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(108) JUDI SCHRAM NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(109) MAUREEN SCHULMAN NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(110) SIMA SCHUSTER NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(111) BETTY SHAPIRO NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(112) DEBORAH SHENDELMAN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(113) JUDY SHERECK NATIONAL BOARD MEMBER	24.00	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 **34**

	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

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 (describe hours for related organizations in Schedule O)	(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) NANCY SHUMAN NATIONAL BOARD MEMBER	9.00	X						0	0	0
(115) DIANE SIGEL NATIONAL BOARD MEMBER	9.00	X						0	0	0
(116) NATALIE SILVERMAN NATIONAL BOARD MEMBER	19.00	X						0	0	0
(117) BELLE H. SIMON NATIONAL BOARD MEMBER	11.00	X						0	0	0
(118) SHARON SISSELSKY NATIONAL BOARD MEMBER	11.00	X						0	0	0
(119) ANNETTE SONDOCK NATIONAL BOARD MEMBER	24.00	X						0	0	0
(120) KACY SPIVACK NATIONAL BOARD MEMBER	9.00	X						0	0	0
(121) ELLEN STEINBERG NATIONAL BOARD MEMBER	9.00	X						0	0	0
(122) CECILE STERN NATIONAL BOARD MEMBER	9.00	X						0	0	0
(123) JUDITH H. SWARTZ NATIONAL BOARD MEMBER	19.00	X						0	0	0
(124) DIANE TAUB NATIONAL BOARD MEMBER	11.00	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 ▶ 34

	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

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 (describe hours for related organizations in Schedule C)	(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) ROSELLE UNGAR NATIONAL BOARD MEMBER	14.00	X					0	0	0	
(126) KAREN G. VENEZKY NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(127) SUSAN WEINBERG NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(128) ELAINE WEISER, DECEASED DEC. 2011 NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(129) JUDITH WEISS NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(130) JEAN WEITZ NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(131) LAURIE WERNER NATIONAL BOARD MEMBER	19.00	X					0	0	0	
(132) NANCY WIADRO NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(133) SUSAN WILKOF NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(134) ELAINE WINOGRAD NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(135) 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 ▶ 34

	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

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 (describe hours for related organizations in Schedule C)	(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) THEDA ZUCKERMAN NATIONAL BOARD MEMBER	9.00	X					0	0	0	
(137) GINNY BAIRD REGION PRESIDENT	22.00	X					0	0	0	
(138) JACQUIE BAYLEY REGION PRESIDENT	22.00	X					0	0	0	
(139) SUE BELLER REGION PRESIDENT	22.00	X					0	0	0	
(140) FREDI BROWN REGION PRESIDENT	22.00	X					0	0	0	
(141) CAREN CAPLAN REGION PRESIDENT	22.00	X					0	0	0	
(142) MEREDITH DRENCH REGION PRESIDENT	22.00	X					0	0	0	
(143) JUDY EDWARDS REGION PRESIDENT	22.00	X					0	0	0	
(144) ANN EISENBERG REGION PRESIDENT	22.00	X					0	0	0	
(145) CONNIE CIRILLO FREEMAN REGION PRESIDENT	22.00	X					0	0	0	
(146) KAREN GOLDMAN 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 ▶ 34

	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

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 (describe hours for related organizations in Schedule C)	(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) DIANNE GOTTLIEB REGION PRESIDENT	22.00	X					0	0	0	
(148) RUTH GURSKY REGION PRESIDENT	22.00	X					0	0	0	
(149) GAIL HAMMERMAN REGION PRESIDENT	22.00	X					0	0	0	
(150) PHYLLIS HARTSTEIN REGION PRESIDENT	22.00	X					0	0	0	
(151) TERI JUNKER REGION PRESIDENT	22.00	X					0	0	0	
(152) REBECCA KRASNEGOR REGION PRESIDENT	22.00	X					0	0	0	
(153) VIVIANE KOVACS REGION PRESIDENT	22.00	X					0	0	0	
(154) SHEREE MIROCHNIK REGION PRESIDENT	22.00	X					0	0	0	
(155) CAROLYN PLESSNER REGION PRESIDENT	22.00	X					0	0	0	
(156) LORRAINE RICHTER REGION PRESIDENT	22.00	X					0	0	0	
(157) SANDRA ROSE 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 **34**

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

	Yes	No
3		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

	Yes	No
4	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

	Yes	No
5		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 (describe hours for related organizations in Schedule C)	(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) MERNA SHAPIRO REGION PRESIDENT	22.00	X					0	0	0	
(159) RITA SHAPIRO REGION PRESIDENT	22.00	X					0	0	0	
(160) JANE G. STROM REGION PRESIDENT	22.00	X					0	0	0	
(161) RUTHANNE WARNICK REGION PRESIDENT	22.00	X					0	0	0	
(162) DANA WAXLER REGION PRESIDENT	22.00	X					0	0	0	
(163) CAROL WEISS REGION PRESIDENT	22.00	X					0	0	0	
(164) LESLIE ZIDE REGION PRESIDENT	22.00	X					0	0	0	
(165) JOAN CHERNOFF EPSTEIN BIG CHAPTER PRESIDENT	22.00	X					0	0	0	
(166) RUTH ANN FREEDMAN BIG CHAPTER PRESIDENT	22.00	X					0	0	0	
(167) ZANDRA GOLDBERG BIG CHAPTER PRESIDENT	22.00	X					0	0	0	
(168) ROZ HOLBERG BIG CHAPTER 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 **34**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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 (describe hours for related organizations in Schedule O)	(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) ROBIN SHUMAN BIG CHAPTER PRESIDENT	22.00	X						0	0	
(170) IRIS TISHKOFF BIG CHAPTER PRESIDENT	22.00	X						0	0	
(171) LAURIE WEITZ BIG CHAPTER PRESIDENT	22.00	X						0	0	
(172) SUE URFRIG BIG CHAPTER PRESIDENT	22.00	X						0	0	
(173) LIZ ALPERT REGION PRES. UNTIL 7/12/11	22.00	X						0	0	
(174) LEONA COHEN REGION PRES. UNTIL 7/12/11	22.00	X						0	0	
(175) BARBARA EXTEIN NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	
(176) BEVERLY FINE BIG CHAPTER PRES UNTIL 7/12/11	22.00	X						0	0	
(177) CLARA GILLMAN NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	
(178) JILL B. GOLDSTONE BIG CHAPTER PRES UNTIL 7/12/11	22.00	X						0	0	
(179) ELISSA GREBBER REGION PRES UNTIL 7/12/11	22.00	X						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 **34**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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 (describe hours for related organizations in Schedule O)	(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) LYNDA HEYMAN BIG CHAPTER PRES UNTIL 7/12/11	22.00	X						0	0	
(181) MARCIA GABRILOVE LADIN NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	
(182) DEBORAH JEWETT, NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	
(183) ESTIE LIPSIT NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	
(184) SHEILA MAGERMAN REGION PRES. UNTIL 7/12/11	22.00	X						0	0	
(185) DALE MARCUS REGION PRES. UNTIL 7/12/11	22.00	X						0	0	
(186) TRISHA S. MARGULIES NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	
(187) ELLEN K MASTERS REGION PRES. UNTIL 7/12/11	22.00	X						0	0	
(188) JILL PROSKY NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	
(189) RENEE RESNIK NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	
(190) MARILYN ROSENTHAL REGION PRES. UNTIL 7/12/11	22.00	X						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 **▶** 34

	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 (describe hours for related organizations in Schedule C)	(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) ALECIA SACHS NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	0
(192) RACHEL SCHONBERGER REGION PRES. UNTIL 7/12/11	22.00	X						0	0	0
(193) CAROL ANN SCHWARTZ REGION PRES. UNTIL 7/12/11	22.00	X						0	0	0
(194) BARBARA SHURBERG REGION PRES. UNTIL 7/12/11	22.00	X						0	0	0
(195) ANDREA SILAGI NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	0
(196) AMY SLOANE BIG CHAPTER PRES UNTIL 7/12/11	22.00	X						0	0	0
(197) RHODA SMOLOW REGION PRES. UNTIL 7/12/11	22.00	X						0	0	0
(198) BARBARA SPACK NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	0
(199) TEMA STERNBERG BIG CHAPTER PRES UNTIL 7/12/11	22.00	X						0	0	0
(200) LAURIE WEITZ NATL. BD MEMBER UNTIL 7/12/11	9.00	X						0	0	0
(201) NANCY FALCHUK PRESIDENT UNTIL 07/2011	21.00	X		X				60,886.	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 **34**

	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

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(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 (describe hours for related organizations in Schedule O)	(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) NANCY FALCHUK HONORARY VP FROM 07/2011	21.00	X						0	0	0
(203) LARRY R. BLUM I CHIEF OPERATING OFFICER	20.00			X				205,905.	205,905.	53,140.
(204) RICHARD ANNIS CHIEF FINANCIAL OFFICER	20.00			X				208,733.	208,733.	40,552.
(205) SHERYL ZELIGSON GENERAL COUNSEL	20.00				X			169,216.	169,216.	42,052.
(206) MICHAEL OSTROFF CHIEF DEV. OFFICER SINCE 05/11	3.00				X			18,196.	209,254.	28,588.
(207) ALAN TIGAY EXECUTIVE DIRECTOR	40.00					X		194,750.	0	46,926.
(208) STEVEN J. GOLDBERG DIRECTOR, EXECUTIVE DIV.	20.00					X		160,659.	160,659.	34,430.
(209) NANCY WALKER DIRECTOR, MAJOR GIFTS	3.00					X		14,449.	166,163.	16,252.
(210) ROGER V MEIER DIRECTOR OF IT	20.00					X		129,006.	129,006.	30,202.
(211) JODI WECHTER LEVY FINANCE DIRECTOR	20.00					X		79,739.	79,739.	34,590.
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 **34**

	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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 613, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	5,759,521.				
	c	Fundraising events	1c					
	d	Related organizations	1d	22,324,156.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,038,975.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		35,122,652.				
Program Service Revenue	2a	REVENUE FROM YOUTH MOVEMENT/OTHER PROG.	Business Code 611710	7,515,671.	7,515,671.			
	b	REGISTRATION FEE INCOME		89,121.	89,121.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		7,604,792.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,149.			6,149.	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		218,881.			218,881.	
	6a	Gross rents	(i) Real	56,247.				
			(ii) Personal					
	b	Less: rental expenses						
	c	Rental income or (loss)		56,247.				
	d	Net rental income or (loss)		56,247.			56,247.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,148,279.				
			(ii) Other	748,258.				
	b	Less: cost or other basis and sales expenses		864,298.				
	c	Gain or (loss)		283,981.	748,258.			
	d	Net gain or (loss)		1,032,239.			1,032,239.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	5,550.				
	b	Less: direct expenses	b	17,710.				
c	Net income or (loss) from fundraising events		-12,160.				-12,160.	
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	118,136.	18,524.		99,612.	
b	MAGAZINE ADVERTISING INCOME		511120	468,681.		468,681.		
c	OTHER		523000	1,555,547.			1,555,547.	
d	All other revenue							
e	Total. Add lines 11a-11d			2,142,364.				
12	Total revenue. See instructions			46,171,164.	7,623,316.	468,681.	2,956,515.	

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) but are not required to complete columns (B), (C), and (D).

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	5,241,995.	5,241,995.		
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.	10,510,605.	10,510,605.		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees	646,367.		623,078.	23,289.
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	5,734,468.	3,426,196.	1,991,438.	316,834.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	457,702.	280,962.	149,377.	27,363.
9 Other employee benefits	985,930.	570,259.	361,636.	54,035.
10 Payroll taxes	515,460.	291,815.	195,225.	28,420.
11 Fees for services (non-employees):				
a Management	735,438.	504,699.	221,531.	9,208.
b Legal	672,938.	16,766.	635,366.	20,806.
c Accounting	217,146.	2,332.	214,814.	
d Lobbying	23,822.	23,822.		
e Professional fundraising services. See Part IV, line 17	10,037.			10,037.
f Investment management fees	1,612.		1,612.	
g Other	125,926.	23,228.	102,640.	58.
12 Advertising and promotion	0			
13 Office expenses	2,469,680.	1,762,506.	652,046.	55,128.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	831,643.	487,417.	317,320.	26,906.
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,009,758.	694,933.	301,925.	12,900.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	445,852.	267,644.	167,004.	11,204.
23 Insurance	589,104.	380,596.	195,399.	13,109.
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 MEMBERSHIP SERVICES	432.			432.
b PROGRAM & DEVELOPMENT	1,539,175.	1,521,963.	17,212.	
c PUBLIC RELATIONS	488,012.	480,063.	3,450.	4,499.
d OVERHEAD ALLOCATION	-137,199.		-137,199.	
e All other expenses	241,281.	134,817.	82,588.	23,876.
25 Total functional expenses. Add lines 1 through 24e	33,357,184.	26,622,618.	6,096,462.	638,104.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	649,465.	2	3,344,691.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	2,381,823.	4	2,066,041.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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)	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	755,893.	9	921,827.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,167,068.		
	b Less: accumulated depreciation	10b 24,397,610.	11,433,143.	10c 10,769,458.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	1,101,486.	12	293,120.
	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	114,639,058.	15	128,841,987.
16 Total assets. Add lines 1 through 15 (must equal line 34)	130,960,868.	16	146,237,124.	
Liabilities	17 Accounts payable and accrued expenses	4,302,345.	17	7,080,242.
	18 Grants payable	0	18	0
	19 Deferred revenue	3,081,244.	19	2,810,504.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	7,383,589.	26	9,890,746.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	122,553,798.	27	135,525,994.
	28 Temporarily restricted net assets	1,008,481.	28	805,384.
	29 Permanently restricted net assets	15,000.	29	15,000.
	Organizations that do not follow SFAS 117, 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	123,577,279.	33	136,346,378.
	34 Total liabilities and net assets/fund balances	130,960,868.	34	146,237,124.

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	46,171,164.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,357,184.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,813,980.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	123,577,279.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-44,881.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	136,346,378.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

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 - Other
- 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?

	Yes	No
(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?	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 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) 2011

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,104,670.	19,814,552.	26,381,837.	39,928,779.	35,122,652.	134,352,490.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	13,104,670.	19,814,552.	26,381,837.	39,928,779.	35,122,652.	134,352,490.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						134,352,490.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	13,104,670.	19,814,552.	26,381,837.	39,928,779.	35,122,652.	134,352,490.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,540,188.	227,372.	259,763.	300,952.	281,277.	2,609,552.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	990,554.	1,164,691.	137,989.	1,854,632.	2,147,914.	6,295,780.
11 Total support. Add lines 7 through 10						143,257,822.
12 Gross receipts from related activities, etc. (see instructions)					12	38,757,245.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	93.78 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	93.43 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 7b 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; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 3 columns: Line number, Description, Percentage. Rows: 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2010 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2011. 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. 19b 33 1/3% support tests - 2010. 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	2007	2008	2009	2010	2011	TOTAL
OTHER REVENUE	688,770.	1,056,356.	137,989.	1,854,632.	2,147,914.	5,885,661.
INCOME FROM AFFILIATES	301,784.	108,335.				410,119.
TOTALS	<u>990,554.</u>	<u>1,164,691.</u>	<u>137,989.</u>	<u>1,854,632.</u>	<u>2,147,914.</u>	<u>6,295,780.</u>

Schedule of Contributors

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

2011

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	Employer identification number 13-1656651
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation <input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation <input type="checkbox"/> 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
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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		\$ 21,783,482.	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.)

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

Department of the Treasury
Internal Revenue Service

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) 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. OF AMERICA INC	Employer identification number 13-1656651
---	--

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2011

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="font-size: x-small;">If the amount on line 1e, column (a) or (b) is:</th> <th style="font-size: x-small;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td style="font-size: x-small;">Not over \$500,000</td> <td style="font-size: x-small;">20% of the amount on line 1e.</td> </tr> <tr> <td style="font-size: x-small;">Over \$500,000 but not over \$1,000,000</td> <td style="font-size: x-small;">\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td style="font-size: x-small;">Over \$1,000,000 but not over \$1,500,000</td> <td style="font-size: x-small;">\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td style="font-size: x-small;">Over \$1,500,000 but not over \$17,000,000</td> <td style="font-size: x-small;">\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td style="font-size: x-small;">Over \$17,000,000</td> <td style="font-size: x-small;">\$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) 2008	(b) 2009	(c) 2010	(d) 2011	(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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		933.
e Publications, or published or broadcast statements?	X		155.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			1,092.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; 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 ENGAGES THE SERVICES OF A LOBBYIST AND PROVIDES FUNDS FOR THE GOVERNMENT GRANTS CHAIR (VOLUNTEER) TO ATTEND MEETINGS WITH LEGISLATORS AND THEIR STAFF TO LOBBY FOR GRANTS ISSUED THROUGH THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT.

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 SUPPORTER.
- 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

2011

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2011

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,000.	15,000.	15,000.	17,843.	
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				2,843.	
f Administrative expenses					
g End of year balance	15,000.	15,000.	15,000.	15,000.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ 100.0000 %
 - 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:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,001,479.		2,001,479.
b Buildings		15,987,721.	7,773,325.	8,214,396.
c Leasehold improvements				
d Equipment		13,733,708.	13,262,274.	471,434.
e Other		3,444,160.	3,362,011.	82,149.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,769,458.

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	128,815,737.
(2) SECURITY DEPOSITS	26,250.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	128,841,987.

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 XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII 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 XIV.)	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 XIV.)	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 XIII 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 XIV.)	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 XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)	5

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

 SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

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 THEREFROM. 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, 2011, 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

2011

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		10,510,605.
(2) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATIONAL PROGRAMS	448,507.
(3) EUROPE			FUNDRAISING		16,702.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,					10,975,814.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					10,975,814.

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

Schedule F (Form 990) 2011

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. Check this box if no one recipient 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 /GEN SUPPORT	32,000.				
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP /GEN SUPPORT	9,573,701.				
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP /GEN SUPPORT	904,904.				
(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 3.

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

Name of the organization
OF AMERICA INC

HADASSAH THE WOMEN'S ZIONIST ORG.

Employer identification number
13-1656651

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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. Yes No

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. Check this box if no one recipient 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)	57,000.				GENERAL SUPPORT
(2)	CAMP YOUNG JUDAEA MIDWEST 50 WEST 58TH STREET NEW YORK, NY 10019	39-1672846	501(C)(3)	28,400.				GENERAL SUPPORT
(3)	YOUNG JUDAEA (CAMP TEL YEHUDA) 4741 GOLF ROAD SUITE 600 SKOKIE, IL 60076	13-2830437	501(C)(3)	91,687.				GENERAL SUPPORT
(4)	CAMP YOUNG JUDAEA TEXAS 50 WEST 58TH STREET NEW YORK, NY 10019	74-11189680	501(C)(3)	61,000.				GENERAL SUPPORT
(5)	YOUNG JUDAEA GLOBAL 9647 HILCROFT HOUSTON, TX 77096	45-2640858	501(C)(3)	151,000.				GENERAL SUPPORT
(6)	YOUNG JUDAEA SPROUT LAKE CAMP, INC. 50 WEST 58TH STREET NEW YORK, NY 10019	13-2830437	501(C)(3)	40,000.				GENERAL SUPPORT
(7)	HADASSAH SOUTHERN CALIFORNIA 50 WEST 58TH STREET NEW YORK, NY 10019	95-1622480	501(C)(3)	1,462,689.				GENERAL SUPPORT
(8)	FLORIDA ATLANTIC REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-2057880	501(C)(3)	413,514.				GENERAL SUPPORT
(9)	HADASSAH OF GREATER PHILADELPHIA 50 WEST 58TH STREET NEW YORK, NY 10019	23-1538399	501(C)(3)	278,329.				GENERAL SUPPORT
(10)	CHICAGO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	36-2244896	501(C)(3)	258,172.				GENERAL SUPPORT
(11)	NASSAU REGION 50 WEST 58TH STREET NEW YORK, NY 10019	11-1844603	501(C)(3)	192,908.				GENERAL SUPPORT
(12)	NORTHERN NEW JERSEY 50 WEST 58TH STREET NEW YORK, NY 10019	22-6017974	501(C)(3)	170,852.				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) (2011)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
OF AMERICA INC

**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

2011

**Open to Public
Inspection**

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. Yes No

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. Check this box if no one recipient 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 MIAMI 50 WEST 58TH STREET NEW YORK, NY 10019	59-1097043	501(C)(3)	157,815.				GENERAL SUPPORT
(2)	SOUTHERN NEW JERSEY REGION 50 WEST 58TH STREET NEW YORK, NY 10019	22-3069434	501(C)(3)	150,589.				GENERAL SUPPORT
(3)	GREATER WASHINGTON AREA CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	52-0211782	501(C)(3)	120,366.				GENERAL SUPPORT
(4)	HADASSAH OF GREATER BALTIMORE 50 WEST 58TH STREET NEW YORK, NY 10019	52-0591573	501(C)(3)	112,040.				GENERAL SUPPORT
(5)	WESTCHESTER REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13-1878047	501(C)(3)	93,055.				GENERAL SUPPORT
(6)	BOSTON 50 WEST 58TH STREET NEW YORK, NY 10019	04-2103748	501(C)(3)	84,068.				GENERAL SUPPORT
(7)	GREAT PLAINS REGION 50 WEST 58TH STREET NEW YORK, NY 10019	35-1805399	501(C)(3)	80,488.				GENERAL SUPPORT
(8)	FLORIDA BROWARD REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	79,278.				GENERAL SUPPORT
(9)	GREATER PITTSBURGH CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	25-1010299	501(C)(3)	78,936.				GENERAL SUPPORT
(10)	CONNECTICUT REGION 50 WEST 58TH STREET NEW YORK, NY 10019	06-0846161	501(C)(3)	67,709.				GENERAL SUPPORT
(11)	SOUTHEASTERN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	57-1108518	501(C)(3)	62,985.				GENERAL SUPPORT
(12)	SOUTHERN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	54-2070226	501(C)(3)	60,575.				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) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
OF AMERICA INC

**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

2011

**Open to Public
Inspection**

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. Yes No

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. Check this box if no one recipient 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)	SOUTHERN NEW ENGLAND REGION 50 WEST 58TH STREET NEW YORK, NY 10019	22-2538049	501(C)(3)	56,831.				GENERAL SUPPORT
(2)	UPPER MIDWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	45-0338351	501(C)(3)	52,521.				GENERAL SUPPORT
(3)	CENTRAL STATES REGION 50 WEST 58TH STREET NEW YORK, NY 10019	34-1922517	501(C)(3)	51,885.				GENERAL SUPPORT
(4)	NORTH SHORE 50 WEST 58TH STREET NEW YORK, NY 10019	33-3005699	501(C)(3)	51,641.				GENERAL SUPPORT
(5)	FLORIDA CENTRAL REGION 50 WEST 58TH STREET NEW YORK, NY 10019	59-3654942	501(C)(3)	50,546.				GENERAL SUPPORT
(6)	GREAT SOUTHWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	36-4573135	501(C)(3)	50,069.				GENERAL SUPPORT
(7)	PACIFIC NORTH WEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019	91-0750738	501(C)(3)	49,249.				GENERAL SUPPORT
(8)	HOUSTON 50 WEST 58TH STREET NEW YORK, NY 10019	23-7201570	501(C)(3)	44,166.				GENERAL SUPPORT
(9)	NORTHERN NEW ENGLAND REGION 50 WEST 58TH STREET NEW YORK, NY 10019	04-2294551	501(C)(3)	43,393.				GENERAL SUPPORT
(10)	DESERT MOUNTAIN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	84-1509842	501(C)(3)	43,134.				GENERAL SUPPORT
(11)	CENTRAL PACIFIC REGION 50 WEST 58TH STREET NEW YORK, NY 10019	23-7183220	501(C)(3)	42,627.				GENERAL SUPPORT
(12)	SUFFOLK REGION 50 WEST 58TH STREET NEW YORK, NY 10019	23-7192160	501(C)(3)	40,564.				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) (2011)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization
**HADASSAH THE WOMEN'S ZIONIST ORG.
OF AMERICA INC**

Employer identification number
13-1656651

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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. Yes No

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. Check this box if no one recipient 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)	WEST NYACK REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13-2725120	501(C)(3)	33,910.				GENERAL SUPPORT
(2)	HADASSAH VALLEY OF THE SUN 50 WEST 58TH STREET NEW YORK, NY 10019	86-0982552	501(C)(3)	29,978.				GENERAL SUPPORT
(3)	SAN FRANCISCO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	94-1279801	501(C)(3)	27,730.				GENERAL SUPPORT
(4)	WESTERN NEW ENGLAND 50 WEST 58TH STREET NEW YORK, NY 10019	05-0442537	501(C)(3)	27,345.				GENERAL SUPPORT
(5)	GREATER DETROIT 50 WEST 58TH STREET NEW YORK, NY 10019	38-1396062	501(C)(3)	24,065.				GENERAL SUPPORT
(6)	BROOKLYN REGION 50 WEST 58TH STREET NEW YORK, NY 10019	11-1733456	501(C)(3)	23,071.				GENERAL SUPPORT
(7)	SOUTHERN SEABOARD 50 WEST 58TH STREET NEW YORK, NY 10019	30-0212774	501(C)(3)	21,841.				GENERAL SUPPORT
(8)	GREATER ATLANTA CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	58-6032056	501(C)(3)	21,623.				GENERAL SUPPORT
(9)	NEW YORK REGION 50 WEST 58TH STREET NEW YORK, NY 10019	13-1628187	501(C)(3)	20,541.				GENERAL SUPPORT
(10)	COLUMBUS OHIO CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	23-7199433	501(C)(3)	19,445.				GENERAL SUPPORT
(11)	CAMP JUDAEA ATLANTA 50 WEST 58TH STREET NEW YORK, NY 10019	58-6014601	501(C)(3)	17,891.				GENERAL SUPPORT
(12)	NORTHERN SEABOARD 50 WEST 58TH STREET NEW YORK, NY 10019	14-1877886	501(C)(3)	15,307.				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) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
OF AMERICA INC

HADASSAH THE WOMEN'S ZIONIST ORG.

Employer identification number
13-1656651

**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

2011

**Open to Public
Inspection**

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. Check this box if no one recipient 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)	ST. LOUIS CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	43-0761469	501(C)(3)	12,532.				GENERAL SUPPORT
(2)	SEATTLE CHAPTER 50 WEST 58TH STREET NEW YORK, NY 10019	91-6076833	501(C)(3)	12,294.				GENERAL SUPPORT
(3)	UPPER MID-ATLANTIC 50 WEST 58TH STREET NEW YORK, NY 10019	23-7198286	501(C)(3)	11,121.				GENERAL SUPPORT
(4)	GREATER KANSAS CITY 50 WEST 58TH STREET NEW YORK, NY 10019	44-0579374	501(C)(3)	6,795.				GENERAL SUPPORT
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table
- For Paperwork Reduction Act Notice, see the instructions for Form 990.

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, appraised, 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, and any other additional information.

GRANTMAKERS

SCHEDULE I, PART I, LINE 2

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-1656651

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. Explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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	(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 I.	(i) 204,439.	0	1,466.	12,863.	13,707.	232,475.	0
	(ii) 204,439.	0	1,466.	12,863.	13,707.	232,475.	0
2 RICHARD ANNIS	(i) 207,743.	0	990.	12,863.	7,413.	229,009.	0
	(ii) 207,743.	0	990.	12,863.	7,413.	229,009.	0
3 SHERYL ZELIGSON	(i) 168,876.	0	340.	12,863.	8,163.	190,242.	0
	(ii) 168,876.	0	340.	12,863.	8,163.	190,242.	0
4 MICHAEL OSTROFF	(i) 18,108.	0	88.	0	2,287.	20,483.	0
	(ii) 208,232.	0	1,022.	0	26,301.	235,555.	0
5 ALAN TIGAY	(i) 193,092.	0	1,658.	18,868.	28,058.	241,676.	0
	(ii) 0	0	0	0	0	0	0
6 STEVEN J. GOLDBERG	(i) 110,780.	0	49,879.	11,221.	5,994.	177,874.	0
	(ii) 110,780.	0	49,879.	11,221.	5,994.	177,874.	0
7 NANCY WALKER	(i) 14,315.	0	134.	1,223.	78.	15,750.	0
	(ii) 164,625.	0	1,538.	14,059.	892.	181,114.	0
8 ROGER V MEIER	(i) 82,533.	0	46,473.	4,368.	10,733.	144,107.	0
	(ii) 82,533.	0	46,473.	4,368.	10,733.	144,107.	0
9 JODI WECHTER LEVY	(i) 79,461.	0	278.	8,755.	8,540.	97,034.	0
	(ii) 79,461.	0	278.	8,755.	8,540.	97,034.	0
10							
11							
12							
13							
14							
15							
16							

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.

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

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, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER

ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR

COMPENSATION COMMITTEE.

SEVERANCE PAYMENT

SCHEDULE J, PART I, LINE 4A

ROGER MEIER \$ 92,615 SEVERANCE PAY

STEVEN GOLDBERG \$ 99,250 SEVERANCE PAY

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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.

BUSINESS OR FAMILY RELATIONSHIPS

FORM 990, PART VI, LINE 2

OFFICER/DIRECTOR	RELATED PERSON	RELATIONSHIP
BARBARA SPACK	BETH SPACK	FAMILY RELATIONSHIP

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	Employer identification number 13-1656651
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KAREN EISLER	JARED WHITE	FAMILY RELATIONSHIP
SHARON KRISCHER	JOAN DENISON	FAMILY RELATIONSHIP
CAROL ROSENTHAL	MADLYN BARNETT	FAMILY RELATIONSHIP
CAROL ROSENTHAL	RHODA BERNSTEIN	FAMILY RELATIONSHIP
CAROL ROSENTHAL	LAURIE WERNER	FAMILY RELATIONSHIP
ELLEN STEINBERG	LINDA FLEISHMAN	FAMILY RELATIONSHIP
RENEE RESNIK	SEEMA LISTON	FAMILY RELATIONSHIP
DEBORAH KAPLAN	MIRIAM ARON	FAMILY RELATIONSHIP
DEBORAH SHENDELMAN	TRISHA S. MARGULIES	FAMILY RELATIONSHIP
RUTH ANN FREEDMAN	ARLENE FREEDMAN	FAMILY RELATIONSHIP
EDDYSE KESSLER	JILL A. HERSHBEIN	FAMILY RELATIONSHIP
EDDYSE KESSLER	BETH SALTZMAN AARONSON	FAMILY RELATIONSHIP
CAROL ROSENTHAL	RUTH HENDELMAN	FAMILY RELATIONSHIP

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.

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

Employer identification number
13-1656651

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 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

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

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

Employer identification number
13-1656651

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

UNREALIZED LOSS (44,881)

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ATTACHMENT 1FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EDUCATION/PUBLIC POLICY	1,250.	859,419.	386,187.
GRANTS	53,821.		
MAGAZINE		1,880,594.	190,139.
TOTALS	<u>55,071.</u>	<u>2,740,013.</u>	<u>576,326.</u>

ATTACHMENT 2FORM 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 3FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

<u>NAME AND TITLE</u>	<u>HOURS DEVOTED FOR RELATED ORGANIZATION</u>
NANCY FALCHUK PRESIDENT UNTIL 07/2011	2.00
NANCY FALCHUK HONORARY VP FROM 07/2011	2.00
LARRY R. BLUM L CHIEF OPERATING OFFICER	20.00
RICHARD ANNIS CHIEF FINANCIAL OFFICER	20.00

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)

SHERYL ZELIGSON GENERAL COUNSEL	20.00
MICHAEL OSTROFF CHIEF DEV. OFFICER SINCE 05/11	37.00
STEVEN J. GOLDBERG DIRECTOR, EXECUTIVE DIV.	20.00
NANCY WALKER DIRECTOR, MAJOR GIFTS	37.00
ROGER V MEIER DIRECTOR OF IT	20.00
JODI WECHTER LEVY FINANCE DIRECTOR	20.00

ATTACHMENT 4

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	AUDITING/TAX	397,788.
SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP FOUR TIMES SQUARE NEW YORK, NY 10036	LEGAL	276,658.
KPMG LLP 345 PARK AVENUE NEWYORK, NY 10154	AUDITING/TAX	231,188.
NATIONAL PUBLIC SAFETY STRATEGY GRP, LLC 4 ORCHARD DRIVE CREAM RIDGE, NJ 08514	SECURITY	186,793.
GLOBAL CONCEPTS, INC. PO BOX 7247-6038 PHILADELPHIA, PA 19170-6038	CONSULTANT	158,809.
TOTAL COMPENSATION		<u>1,251,236.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
OF AMERICA INC

HADASSAH THE WOMEN'S ZIONIST ORG.

Employer identification number
13-1656651

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047
2011
Open to Public Inspection

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FABULOUS FINDS LLC 50 WEST 58TH STREET NEW YORK, NY 10019 20-3603057	SELL GIFTS	DE	0	5,201.	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 50 WEST 58TH STREET NEW YORK, NY 10019 13-6110872	CHARITABLE	NY	501(C)(3)	7	N/A		X
(2) THE HADASSAH FOUNDATION INC. 50 WEST 58TH STREET NEW YORK, NY 10019 13-4022483	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 JUDAFA, INC. D/B/A CAMP TEL YEHUDA 50 WEST 58TH STREET NEW YORK, NY 10019 13-5654375	CAMP	NY	501(C)(3)	9	N/A		X
(6) YOUNG JUDAFA SPROUT LAKE CAMP 50 WEST 58TH STREET NEW YORK, NY 10019 13-2830437	CAMP	NY	501(C)(3)	9	N/A		X
(7) YOUNG JUDAFA CAMPS, INC. 50 WEST 58TH STREET NEW YORK, NY 10019 93-1272665	CAMP	OR	501(C)(3)	9	N/A		X

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

Schedule R (Form 990) 2011

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
OF AMERICA INC

HADASSAH THE WOMEN'S ZIONIST ORG.

▶ Attach to Form 990.

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

2011

Open to Public
Inspection

Employer identification number
13-1656651

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

(1)	(a) Name, address, and EIN 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.)

(1)	(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 MELBER SHEFYAH 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) 2011

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
(1) CHARIT. REMAINDER ANNUITY TRUSTS (134)	INVESTMENTS	NY	HWZOA	TRUST			
(2) CHARITABLE REMAINDER UNITRUSTS (16)	INVESTMENTS	NY	HWZOA	TRUST			
(3) POOLED INCOME FUND (14)	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, 35, 35a, 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	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Sale of assets to related organization(s)	1f	X
g	Purchase of assets from related organization(s)	1g	X
h	Exchange of assets with related organization(s)	1h	X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X
n	Sharing of paid employees with related organization(s)	1n	X
o	Reimbursement paid to related organization(s) for expenses	1o	X
p	Reimbursement paid by related organization(s) for expenses	1p	X
q	Other transfer of cash or property to related organization(s)	1q	X
r	Other transfer of cash or property from related organization(s)	1r	X

		(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	HADASSAH THE WOMEN'S ZIONIST ORG.	HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	C	21,783,482.	COST
(2)	HADASSAH THE WOMEN'S ZIONIST ORG.	HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	K	13,636,272.	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.