

# 2013 Income Tax Returns

HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC (PUBLIC INSPECTION COPY)

## **Cumulative E-File History 2013**

#### **Federal**

Locator: 57044T

Taxpayer Name: HADASSAH THE WOMEN'S ZIONIST ORG.

Return Type: 990, 990

**Submitted Date** 11/4/2014 3:50:15 PM Acknowledgement Date 11/4/2014 4:26:22 PM

**Status** Accepted

**Submission ID** 13407320143085000001

> Print Close

# Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning \_\_\_\_\_, 2013, and ending \_

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

Department of the Treasury internal Revenue Service Name of exempt organization

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

HADASSAH THE WOMEN'S ZIONIST ORG.	13-1656651
Name and title of officer	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable and check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being fi leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered on the applicable line below. Do not complete more than 1 line in Part I.	led with this form was blank, then
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)  2a Form 990-EZ check here ► b Total revenue, if any (Form 990-EZ, line 9)  3a Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22)  4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 3c or Part II, line 8c)	2b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examorganization's 2013 electronic return and accompanying schedules and statements and to the best of are true, correct, and complete. I further declare that the amount in Part I above is the amount shown organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receive transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdraw financial institution account indicated in the tax preparation software for payment of the organization's return, and the financial institution to debit the entry to this account. To revoke a payment, I must cont Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also involved in the processing of the electronic payment of taxes to receive confidential information neces resolve issues related to the payment. I have selected a personal identification number (PIN) as my significance return and, if applicable, the organization's consent to electronic funds withdrawal.	my knowledge and belief, they on the copy of the ectronic return originator (ERO) seipt or reason for rejection of y refund. If applicable, I wal (direct debit) entry to the federal taxes owed on this tact the U.S. Treasury Financial authorize the financial institutions asary to answer inquiries and
Officer's PIN: check one box only	
X I authorize KPMG to enter my PIN Enter	0 0 1 9 as my signature r five numbers, but of enter all zeros
on the organization's tax year 2013 electronically filed return. If I have indicated within this retubeing filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, ERO to enter my PIN on the return's disclosure consent screen.	urn that a copy of the return is I also authorize the aforementioned
As an officer of the organization, I will enter my PIN as my signature on the organization's tax If I have indicated within this return that a copy of the return is being filed with a state agency (the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	year 2013 electronically filed return (ies) regulating charities as part of
Officer's signature ▶ Ally Date ▶ C	OCT 18, 2014
Part III Certification and Authentication	/
ero's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	4 0 7 3 1 1 6 4 6 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. Information for Authorized IRS e-ille Providers for Business Returns.	. 4163, Modernized e-File (MeF)
ERO's signature Date Date	11/4/14

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2013)

# Return of Organization Exempt From Income Tax

Form **990** 

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

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

OMB No. 1545-0047
2013

Open to Public Inspection

Form **990** (2013)

▶ Do not enter Social Security numbers on this form as it may be made public.

A For the 2013 calendar year, or tax year beginning 2013, and ending 20 D Employer identification number C Name of organization HADASSAH THE WOMEN'S ZIONIST ORG. B Check if applicable: OF AMERICA INC Doing Business As 13-1656651 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 50 WEST 58TH STREET (212) 355-7900Initial return City or town, state or province, country, and ZIP or foreign postal code Amended NEW YORK, NY 10019 G Gross receipts \$ 41,642,430. return Application pending JANICE WEINMAN, Name and address of principal officer: EXECUTIVE DIR. H(a) Is this a group return for Yes Nο X subordinates' 50 WEST 58TH STREET, NEW YORK, NY 10019 Yes No H(b) Are all subordinates included? X | 501(c)(3) 4947(a)(1) or If "No," attach a list. (see instructions) (insert no.) Website: ▶ WWW.HADASSAH.ORG H(c) Group exemption number Form of organization: X | Corporation L Year of formation: 1922 M State of legal domicile: NY Summary 1 Briefly describe the organization's mission or most significant activities: IN ISRAEL, WE SUPPORT HEALTHCARE EDUCATION, YOUTH PROGRAMS AND LAND DEVELOMENT. IN THE US, WE ENHANCE Governance THE QUALITY OF AMERICAN AND JEWISH LIFE if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 171. 171. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 199. 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 283,394. 7a Total unrelated business revenue from Part VIII, column (C), line 12 549,224. **b** Net unrelated business taxable income from Form 990-T, line 34 -737,975. **Current Year** Contributions and grants (Part VIII, line 1h) 4,997,390. 32,382,386 **COPY FOR** 687,454. Program service revenue (Part VIII, line 2g) 3,286,053. **PUBLIC INSPECTION** Investment income (Part VIII, column (A), lines 3, 4, and 7d) 63,017,617. 7,221,972. 10 2,259,752 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 664,154. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 100,945,808. 13,570,970. 12 8,069,446. 3,669,397. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 9,204,787. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,984,193 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 5,402. 1,900. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_ \_ \_ \_ \_ . 8,540,082. 7,045,474. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,599,123 19,921,558. 18 76,346,685. -6,350,588. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 221,629,201. 221,129,593. 20 Total assets (Part X, line 16) 8,643,392 21 Total liabilities (Part X, line 26) 8,916,295 212,712,906. 22 212,486,201 Net assets or fund balances. Subtract line 21 from line 20, 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 Signature of officer Date Here Type or print name and title Print/Type preparer's name Date PTIN Check Paid Jocelyne C. Miller 11/4/14 self-employed P00634378 Preparer Firm's name ► KPMG LLP Firm's EIN ▶ 13-5565207 Use Only Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102 212-758-9700 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

JSA 3E1065 2.000

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8868 (R	Rev. 1-2014)				Page 2							
	e filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part I	I and check this box								
-	complete Part II if you have already been gra											
-	re filing for an Automatic 3-Month Extension,			,								
Part II	Additional (Not Automatic) 3-Month Ex			ginal (no copies needed).								
	,			nter filer's identifying number, se	e instruction:							
-	Name of exempt organization or other filer, see in	structions.		Employer identification number (E								
Type or												
	print Hadassah, the women's zionist organization of america, inc. 13-1656651											
Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)												
File by the due date for	50 West 58th Street											
filing your	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.	I.								
return. See instructions. New York, NY 10019												
	Return code for the return that this application	is for (file a	senarate annlication for e	ach return)	. 0 1							
Application		Return	Application	acmetam)	Return							
Is For	) ii	Code	Is For		Code							
	an Farm 000 F7		is Foi		Code							
	or Form 990-EZ	01	E 4044 A									
Form 990-		02	Form 1041-A		08							
	0 (individual)	03	Form 4720 (other than in	ndividual)	09							
Form 990-		04	Form 5227		10							
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11							
	-T (trust other than above)	06	Form 8870		12							
-	not complete Part II if you were not already	granted ar	n automatic 3-month exter	nsion on a previously filed For	m 8868.							
	oks are in the care of ► HADASSAH											
	ne No. ► 212-355-7900	<del></del> -	Fax No. ▶	<u> </u>								
	ganization does not have an office or place of				▶							
	for a Group Return, enter the organization's for				nis is							
	ole group, check this box ▶ 🔃 . I		art of the group, check this	box ▶ and at	tach a							
list with the	e names and EINs of all members the extension	n is for.										
4 I requ	uest an additional 3-month extension of time ur	ntil <u>11/15</u>	j	, 20 <u>14</u> .								
5 For c	alendar year $2013$ , or other tax year beginni	ng	, 20 , ar	nd endi <u>ng</u> ,	20							
6 If the	tax year entered in line 5 is for less than 12 m	onths, ched	ck reason: Initial re	eturn Final return								
	Change in accounting period											
7 State	in detail why you need the extension INFORI	MATION	NECESSARY TO PREP.	ARE A COMPLETE AND								
ACC	URATE RETURN IS NOT YET AVAILA	BLE										
8a If this	s application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the ten	tative tax, less any								
nonre	efundable credits. See instructions.			8a  \$								
<b>b</b> If this	s application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any refur	ndable credits and								
estim	ated tax payments made. Include any pri	or year o	overpayment allowed as	a credit and any								
amou	unt paid previously with Form 8868.			8b \$								
	nce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requi									
	tronic Federal Tax Payment System). See instru			8c \$								
	Signature and Verifica		st be completed for P	• •								
	lities of perjury, I declare that I have examined that I have examined that I have and that I	nis form, in	cluding accompanying sched		best of my							
-	1.1 0 1121											
Signature >	Sou for C. Thille		Title ▶ Tax Prepar	rer <sub>Date</sub> ▶ 6/27,	/14							
				· · · · · · · · · · · · · · · · · · ·								

Form **8868** (Rev. 1-2014)

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

➤ File a separate application for each return.
➤ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

<ul> <li>If you are</li> </ul>	Filing for an Automatic 3-Month Extension, Filing for an Additional (Not Automatic) 3-M polete Part II unless you have already been gra	onth Exter	nsion, complete only P	art II (on page 2 of this	form).						
8868 to red Return for instructions)	iling (e-file). You can electronically file Form in required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the tomatic 3-Month Extension of Time. Or	nal (not au forms liste al Benefit nis form, vi:	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus sit www.irs.gov/efile an	nsion of time. You can a ith the exception of Fo t be sent to the IRS d click on e-file for Char	electronical orm 8870, in paper f	lly file Form Information format (see					
A corporatio	n required to file Form 990-T and requesting	an autom:	atic 6-month extension	- check this how and cor	mnlete						
Part Lonly			and a month extension	- Officer this box and cor	iibiete	$\Box$					
All other cor	porations (including 1120-C filers), partnersh	ine REMIC	Te and truete must use i	Form 7004 to request on	ovtonajon.	of time					
	e tax returns.	1100, 1121111C	o, and adold most use i								
Name of exempt organization or other filer, see instructions.											
Type or				Embioses identification to	ntirper (E1M) (	or .					
print	HADASSAH, THE WOMEN'S ZIONIST ORGANIZ	AMIAN OF	AMEDICA TWO	10 1050							
File by the	Number, street, and room or suite no. If a P.O. bo	v can instru	AMERICA, INC.	13-16566							
due date for		A, 300 IIISU U	CUOTIS.	Social security number (S	SN)						
filing your return. See	50 West 58th Street City, town or post office, state, and ZIP code. For	a foreign ad	dross con instructions	<u> </u>							
instructions.		a lutely i au	dress, see manucuons.								
	New York, NY 10019			<u> </u>		- T					
	eturn code for the return that this application	· -	separate application fo	r each return)	• • • • • •	. [0 1					
Application		Return	Application			Return					
ls For		Code	Is For			Code					
	Form 990-EZ	01	Form 990-T (corporat	ion)		07					
Form 990-BL	<u></u>	02	Form 1041-A			08					
Form 4720 (	(individual)	03	Form 4720 (other tha	n individual)		09					
Form 990-PF		04	Form 5227	<u> </u>		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					
Telephone If the orga If this is for the whole a list with the	s are in the care of ► HADASSAH  No. ► 212-355-7900  Initiation does not have an office or place of the area of t	ousiness in ur digit Gro it is for pa on is for.	up Exemption Number ( art of the group, check ti	GEN) his box , , , ▶	. If thi	is is					
until 08 for the ► X	st an automatic 3-month (6 months for a con $3/15$ , to file the corganization's return for: calendar year $20\underline{13}$ or tax year beginning	exempt org	ganization return for the	organization named al		xtension is					
<u>  c</u>	nx year entered in line 1 is for less than 12 min hange in accounting period application is for Form 990-BL, 990-PF, 99				1 <del></del>						
	indable credits. See instructions,	- 1, 1/20,	, vovo, enter the t	omanie tak, less ally	3.	0.00					
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any re	fundable credite and	3a \$	0.00					
estimat	ed tax payments made. Include any prior year	Trev, VI	ent allowed as a credit	inimanie menira aud	125/6	0.00					
c Balance	due. Subtract line 3b from line 3a. Include y	vour naum	ent with this form if me	uired by using ECTO	3b \$	0.00					
	onic Federal Tax Payment System). See instruc		encario una totto, il rec	juneo, by using EP1PS		A ===					
			A	<b>F</b>	3c  \$	0.00					
caution, it you instructions.	are going to make an electronic funds withdrawal	(direct debit	ı) with this Form 8868, şei	e Horm 8453-EO and Form	6879-EO for	r payment					

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

HADASSAH THE WOMEN'S ZIONIST ORG. Form 990 (2013) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 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? 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 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ SEE SCHEDULE O 4b (Code: ) (Expenses \$  $_{2.753.790}$  including grants of \$  $_{736.892}$  ) (Revenue \$ SEE SCHEDULE O 2,102,802. including grants of \$ ) (Expenses \$ 4c (Code: SEE SCHEDULE O ATTACHMENT 1 4d Other program services (Describe in Schedule O.) 807,254. including grants of \$ 50,662. ) (Revenue \$ **4e** Total program service expenses ▶ 13,516,651. Form **990** (2013)

57044T 2231 V 13-7.5F 2172100 PAGE 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	4	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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
′	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<b>-</b> '-		- 21
8		8	X	
_	complete Schedule D, Part III	-	Δ.	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١		
	complete Schedule D, Part VI	11a	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	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b>⊢</b>		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	''		
13		19		Х
20 -	If "Yes," complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Λ
р	n res to ine zoa, did the organization attach a copy of its addited infancial statements to this fetum?	ı∠UD	ı l	

Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17 /ff "Yes" complete Schedule I, Parts I and /ff.  22 Did the organization report more than \$5.000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 /ff "Yes" complete Schedule I, Parts I and III.  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustess, key employees, and highest compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensation of the organization and former officers, directors, trustees, key employees, and highest compensation of the organization and an 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? If "Yes," answer lines 24b through 24d and completes Schedule IA ""A" "go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  c Did the organization area as an 'on behalf of issuer for bonds outstanding at any time during the year?  24d Uses a section \$901(c)(3) and \$901(c)(4) organizations. Did the organization area for use of the organization area as an 'on behalf of issuer for bonds outstanding at any time during the year?  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25c If Yes," complete Schedule L, Part II, If Yes, "Complete Schedule L, Part II, If Yes," organizes completes Schedule L, Part II, If Yes," organizes completes Schedule In Part II, If Yes, "Complete Schedule L, Part II, If Yes," complete Schedule L, Part II, If Yes," complete Schedule L, Part II, If Yes, "Complete Schedule II, Part II, If Yes, "Complete Schedule II, Part II, II, II, II,	Part I	V Checklist of Required Schedules (continued)			
government on Part IX, column (A), line 17 If "Yes," complete Schedule I. Parts I and II				Yes	No
government on Part IX, column (A), line 17 If "Yes," complete Schedule I. Parts I and II	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if "vas," compoles Schedule J. Parts I and III			21	Х	
on Part IX, column (A), line 27 if "res," complete Schedule I, Parts I and III.  22 Did the organization swere "res" 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? If "res," complete Schedule J, and III.  23 X 24 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? If "Yes," answer lines 24b through 24d and complete Schedule K II "No." go to line 25a,	22				
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officiers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25a.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Did the organization waver that it engaged in an excess benefit transaction with a disqualified person in a point of the program of the programization of the properties of the program of the program of the organization of the properties of the program of the programization of the organization of the program of the programization of the program of the progr		· · · · · · · · · · · · · · · · · · ·	22		Х
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year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I.  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.  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? If "Yes," complete Schedule L, Part III.  A current or former officer, director, trustee, or key employee?  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director or indirect owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III.  Was the organization have a contr			25a		X
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disqualified persons? If so, complete Schedule L, Part II.  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? If "Yes," complete Schedule L, Part III	26				
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? If "Yes," complete Schedule L, Part II					
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  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? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization as a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizations. Did the organization make any transfers to an exempt non-charitable related 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? If "Yes," complete Schedule R, Part VI, line 2  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
Schedule L, Part IV.  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? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Conservation contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  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? If "Yes," complete Schedule R, Part I.  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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? If "Yes," complete Schedule R, Part VI, lines 1 1b and 1 that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 1 1b and 1 that is reated as a partnership	а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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? If "Yes," complete Schedule L, Part IV	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		Schedule L, Part IV	28b		X
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Saa Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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? If "Yes," complete Schedule R, Part VI, lines 11b and			28c		X
conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  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? If "Yes," complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI, lines 11b and	29	· ·	29		Х
conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  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? If "Yes," complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI, lines 11b and	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
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Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  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? If "Yes," complete Schedule R, Part I	31				
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complete Schedule N, Part II  32 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? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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? If "Yes," complete Schedule R, Part VI.  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	32				
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			32		X
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI.  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI.  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		or IV, and Part V, line 1	34	Х	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 a		35a	Х	
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		i de la companya de			
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36  X  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? If "Yes," complete Schedule R, Part VI.  37  X  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			35b	Х	
related organization? If "Yes," complete Schedule R, Part V, line 2	36				
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? If "Yes," complete Schedule R, Part VI			36		Х
and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37				
Part VI					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		X
	38				
		19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	

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Par	·			
	Check if Schedule O contains a response or note to any line in this Part V			
	5		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 109  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Effect the number of Forms W 26 included in line 1a. Effect of infort applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-10		
24	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 199			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► ISRAEL			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12-	against amounts due or received from them.)  Section 4047(a)(1) non exempt charitable trusts is the organization filing Form 900 in liquid Form 10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 Z d		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 or note to any line in this Part VI

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 171			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 171			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
ecti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14		14	Х	
15				
а		15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
-		16b		<u> </u>
Sect	ion 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(	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	·		
	X    Own website    X    Upon request    Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	oolicy	, and
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?.  Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  on B. Policies (This Section B requests information about policies not required by the Internal Revenue Combination and policies (This Section B requests information about policies not required by the Internal Revenue Combination and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written document retention and destruction policy?  Did the organization have a written document retention and destruction policy?  Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza			
20		ne		

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### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	box,	not chester and	s per a di	ition more rson irect	e than cois both or/trust	an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)MARCIE NATAN	34.00									
PRESIDENT	0	X		Х				0	0	0
(2)ELLYN LYONS	34.00									
TREASURER	0	Х		Х				0	0	0
(3)JUDY SHERECK	34.00									
SECRETARY	0	X		Х				0	0	0
_(4)MINDY_BLOOM	11.00									
VICE PRESIDENT	0	X		Х				0	0	0
(5)LISA DAVIDSON	11.00									
VICE PRESIDENT	0	X		Х				0	0	0
(6)MARLENE KAPLAN	11.00									
VICE PRESIDENT	0	Х		Х				0	0	0
_(7)HELAINE OHAYON	24.00									
VICE PRESIDENT	0	X		Х				0	0	0
(8)SUSAN MOYE	11.00									
VICE PRESIDENT	0	X		Х				0	0	0
(9)RONI SCHWARTZ	21.00									
VICE PRESIDENT	0	X		Х				0	0	0
(10)SHELLEY SHERMAN	24.00									
VICE PRESIDENT	0	X		Х				0	0	0
(11)NANCY FALCHUK	21.00									
HONORARY VICE PRESIDENT	0	Х						0	0	0
(12)CARMELA E. KALMANSON HONORARY VICE PRESIDENT	7.00								0	0
		X		-				0	0	0
(13)DEBORAH B. KAPLAN HONORARY VICE PRESIDENT	11.00	X						О	0	0
(14)BONNIE LIPTON	21.00									
HONORARY VICE PRESIDENT	0	Х						0	0	0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per (do not check more than one box, unless person is both an officer and a director/trustee)				e than o is both tor/trust	an ee)	from related	Reportable compensation from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) RUTH W. POPKIN	7.00									
HONORARY VICE PRESIDENT	0	X						(	0	
16) MARLENE E. POST	26.00									
HONORARY VICE PRESIDENT	0	X						(	0	
17) BERNICE S. TANNENBAUM	17.00									
HONORARY VICE PRESIDENT	0	X						(	0	
18) RENEE ALBERT	19.00									
NATIONAL BOARD MEMBER	0	X						(	0	
19) SANDRA ALFONSI	9.00									
NATIONAL BOARD MEMBER	0	X						(	0	
20) LIZ ALPERT	9.00									
NATIONAL BOARD MEMBER	0	X						(	0	
21) SHERRY ALTURA	9.00									
NTL BOARD MEMBER FROM 1/1/13	0	X		Х				C	0	
22) HAIDI APPEL	9.00									
NATIONAL BOARD MEMBER	0	X						(	0	
23) MIRIAM ARON	9.00									
NATIONAL BOARD MEMBER	0	X						(	0	
24) SARA ARONSON NATIONAL BOARD MEMBER	9.00	Х						C	0	ı
25) WENDY BACKELMAN	9.00									
NATIONAL BOARD MEMBER	0	X						C	0	
1b Sub-total							$\blacktriangleright$	0	0	(
c Total from continuation sheets to Part VII,	Section A						$\blacktriangleright$	1,000,322.	1,684,085.	439,921.
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,000,322.	1,684,085.	439,921.
2 Total number of individuals (including but not reportable compensation from the organization)			liste 4	d a	bov	e) who	re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheet										3 X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	50,0	00?	. It	f "Yes	,"	complete Schedu	ıle J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mpen	sati	on i	fron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest cor compensation from the organization. Report										

year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 6

Form **990** (2013)

Part VII Section A. Officers, Directors	s, Trustees, Ke	y En	nplo			and H	ligl			continue		
(A)	(B)				C)			(D)	(E)	_	(F)	
Name and title	Average hours per	(do i	not ch		ition mor	e than or	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any	box,	unles	ss pe	rson	is both a	an	from	related		other	
	hours for	office		_		tor/truste		the	organizations		npensati	on
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	mp digh	Former	organization	(W-2/1099-MISC)	l	rom the janizatio	'n
	below dotted	idua	utio	er	mp	est o	Ē	(W-2/1099-MISC)		_	d related	
	line)	of E	nal t		oye	wind				org	anizatior	าร
		stee	rust		Ф	bens						
			ee			Highest compensated employee						
26) BETTYE BERLIN	14.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
27) PHYLLIS BERLOW	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
28) ESTHER YELEN BERMAN	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
29) RHODA BERNSTEIN	19.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
30) BINDER ELAINE	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
31) AILEEN BORMEL	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			
32) PENNIE SESSLER BRANDEN	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
33) SHARON CADOFF	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
34) RUTH G. COLE	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
35) SHEILA DERMAN	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
36) KATIE EDELSTEIN	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			(
1b Sub-total							▶					
c Total from continuation sheets to Part							<b>&gt;</b>					
d Total (add lines 1b and 1c)							▶					
2 Total number of individuals (including bu		hose	liste	d al	bov	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organi	zation >	4	4									
											Yes	No
3 Did the organization list any former												
employee on line 1a? If "Yes," complete S	Schedule J for su	ch ina	lividu	ual						3	igsquare	Х
4 For any individual listed on line 1a, is	the sum of reg	ortab	ole d	com	per	sation	ar	nd other compens	sation from the			
organization and related organization	s greater than	\$15	50,0	00?	. It	"Yes,	," (	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive												
for services rendered to the organization?	If "Yes," comple	te Scl	hedu	ıle J	l for	such <sub>l</sub>	oer.	son		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest												
compensation from the organization. Re	port compensati	on for	r the	ca	lend	dar yea	ar e	ending with or with	nin the organizatio	n's tax		
year.												

(A) Name and business address	(B) Description of services	<b>(C)</b> 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 ►

Form **990** (2013)

	(4)	( <del>-</del> )				٠.			(F)	<b>/-</b> `		<b>(=</b> )	
	(A)  Name and title	(B)				C) ition			(D) Reportable	<b>(E)</b> Reportable	E	<b>(F)</b> stimated	ı
	Name and the	Average hours per	(do r	not ch			than or	ne	compensation	compensation from		nount of	
		week (list any					n is both an ctor/trustee)		from	related		other	
		hours for related	9 5						the organization	organizations (W-2/1099-MISC)		pensation the	on
		organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	(W-2/1099-MISC)	(00-2/1099-10130)	org	anizatio	
		below dotted line)	lual	tiona	٦,	nplo	st co	7				d related anization	
		line)	trust	al tru		yee	mpe				0.9	aa	.0
			ee	stee			Highest compensated employee						
37)	SANDY EINBERG	9.00					ă						
	NATIONAL BOARD MEMBER		Х						0	0			0
38)	MARSHA EISENBERG	9.00								-			
:	NATIONAL BOARD MEMBER		Х						0	0			0
39)	KAREN EVERETT	9.00								-			
	NATIONAL BOARD MEMBER	0	Х						0	0			0
40)	KAREN EZRINE	9.00											
	NATIONAL BOARD MEMBER	0	Х						0	0			0
41)	SHERRI ADES FALCHUK	9.00											-
	NATIONAL BOARD MEMBER	0	Х						0	0			0
42)	CAROL FEIN	9.00											
	NATIONAL BOARD MEMBER	0	Х						0	0			0
43)	JUDITH FELLNER-WEISS	9.00											
	NATIONAL BOARD MEMBER	0	Х						0	0			0
44)	DR. FRANCINE FETTMAN	9.00											
	NATIONAL BOARD MEMBER	0	Х						0	0			0
45)	BERVERLY FINE	9.00											
	NATIONAL BOARD MEMBER	0	Х						0	0			0
46)	BARBARA FLEISCHER	9.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
47)	ELIZABETH L. FOX	9.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
1b	Sub-total							<b>&gt;</b>					
С	Total from continuation sheets to Part VII,							$\blacktriangleright$					
d	Total (add lines 1b and 1c)							▶					
2	Total number of individuals (including but no		hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of			
	reportable compensation from the organization	on 🕨	4	4									
												Yes	No
3	Did the organization list any former offi												
	employee on line 1a? If "Yes," complete Schee	dule J for su	ch ind	lividu	ual						3		Х
4	For any individual listed on line 1a, is the	sum of rep	ortab	ole c	om	pen	sation	ar	nd other compens	sation from the			
	organization and related organizations g												
	individual										4	X	
5	Did any person listed on line 1a receive o												
	for services rendered to the organization? If "	Yes," comple	te Scl	nedu	ıle J	for	such p	oer.	son		5		X
	ction B. Independent Contractors										_		
1	Complete this table for your five highest cor compensation from the organization. Report												
	COMPANSATION TOTAL TO ARRANGATION RANOT	COMMONGATI											

(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 ▶

Form **990** (2013)

Part VII Section A. Officers, Directors,	, Trustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (	continue	∍d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro org: and	om the anization d related anization	n d
48) DEBBIE FRIEDMAN	9.00											
NATIONAL BOARD MEMBER	0	X						C	0			C
49) LESLIE GAFFIN	9.00											
NATIONAL BOARD MEMBER	0	X						C	C			C
50) DONNA GERSON	9.00											
NATIONAL BOARD MEMBER	0	X						C	C	4		C
51) CLARA GILLMAN	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0	1		C
52) NORMA S. GINDES	9.00											
NATIONAL BOARD MEMBER	0	Х						C	O	,		C
53) LYNN GOLD-BENJAMIN	19.00											
NATIONAL BOARD MEMBER		Х							d	)		(
54) MICHELLE GOLDBERG	9.00											
NATIONAL BOARD MEMBER	0	Х								,		C
55) GOLDSMITH BEVERLY	9.00											
NATIONAL BOARD MEMBER		Х							0	,		C
56) SANDRA GOLDSTEIN	9.00											
NATIONAL BOARD MEMBER		Х							0	,		(
57) JILL GOLDSTONE	9.00								-			
NATIONAL BOARD MEMBER		Х								,		C
58) ADELE GREENBLATT	9.00											
NATIONAL BOARD MEMBER		Х							0	l		(
1b Sub-total					l							
c Total from continuation sheets to Part V	II Section A				• •							
d Total (add lines 1b and 1c)			• •	• •	• •							
2 Total number of individuals (including but			lieta	 .d al	hov/	a) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organiz			11310 4	u u	DOV	C) WIII	0 10	cerved more than	φ100,000 01			
											Yes	No
2 Did the examination list only former	officer directo				_	ا دماد		alawaa ay bigbaa	t		163	140
3 Did the organization list any former employee on line 1a? If "Yes," complete Sc										3		Х
										3		
4 For any individual listed on line 1a, is t												
organization and related organizations										4	x	
individual										4	^	
5 Did any person listed on line 1a receive										_		37
for services rendered to the organization?	ıı res, compie	ie SCI	ieau	iie J	ıor	sucn	ρer	SUN		5	ш	X
Section B. Independent Contractors		n al = ··	ا - س - ا	1		4uc = 1	<b>.</b>	that was about 1	then #400 000			
1 Complete this table for your five highest compensation from the organization. Rep												
year.	on compensati	011 101	1110	, ca		aai ye	ai c	Shanig with or with	the organization	ποιαχ		

(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 ►

Form **990** (2013)

Part VII Section A. Officers, Directors,		y En	nplo			and H	ııgl			continue		
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per	(do i	not ch		ition more	e than or	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any	box,	box, unless person is both an officer and a director/trustee)					from	related		other	
	hours for	office						the	organizations		pensation	on
	related organizations	ndivi	nstit	Officer	Key employee	mple	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	l	janizatio	n
	below dotted	du a	utior	er	mp	est c	er	(00-2/1099-10130)		l	d related	
	line)	l trus	nal tı		oyee	omp				orga	anizatior	าร
		Individual trustee or director	Institutional trustee		"	Highest compensated employee						
			ď			ated						
59) JANICE GREENWALD	9.00											
NATIONAL BOARD MEMBER	0	X						0	0			(
60) RUTH GROSSBERG	9.00											
NATIONAL BOARD MEMBER	0	X						0	0			(
61) HAREN HABER	9.00											
NATIONAL BOARD MEMBER	0	Х						0	0			
62) LINDA HAKEREM	9.00											
NATIONAL BOARD MEMBER	0	Х						0	0			(
63) RUTH HENDELMAN	9.00											
NATIONAL BOARD MEMBER	0	X						0	0			(
64) JILL HERSHBEIN	9.00											
NATIONAL BOARD MEMBER	0	X						0	0			
65) KATHY HERSHFIELD	9.00											
NATIONAL BOARD MEMBER	0	X						0	0			
66) ELLEN HERSHKIN	9.00											
NATIONAL BOARD MEMBER	0	X		Х				0	0			
67) LYNDA HEYMAN	9.00											
NATIONAL BOARD MEMBER	0	X						О	0			(
68) BARBARA HORWITZ	9.00											
NATIONAL BOARD MEMBER	0	X						С	0			
69) DIANE ISSENBERG	9.00											
NATIONAL BOARD MEMBER	0	X						С	0			
1b Sub-total							▶					
c Total from continuation sheets to Part VII	-						<b>&gt;</b>					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but n				d at	oove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organiza	tion >		1								T.,	
											Yes	No
3 Did the organization list any former o												3.5
employee on line 1a? If "Yes," complete Sch	edule J for su	ch ina	IIVIdl	uai			-			3		X
4 For any individual listed on line 1a, is the												
organization and related organizations											37	
individual										4	Х	
5 Did any person listed on line 1a receive										_		v
for services rendered to the organization? If Section B. Independent Contractors	res, comple	ie Sci	ieau	iie J	TOP	sucn p	ver	SON		5	Ш	X
	omponented :	ndon	2042	nt i	000	tractor	· C +	hat received man	than \$100 000 a	\f		
<ol> <li>Complete this table for your five highest compensation from the organization. Repo</li> </ol>												
year.				Ju			0		J. garnzano	C tax		

(A) Name and business address	(B) Description of services	<b>(C)</b> 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 ►

Form **990** (2013)

Part VII Section A. Officers, Directors, 1		y∟n	ıpıo			and H	ııgr			continue		
<b>(A)</b> Name and title	(B)			Pos				(D) Reportable	<b>(E)</b> Reportable	F-	(F) stimated	
Name and title	Average hours per	(do ı	not ch			e than on	ne	compensation	compensation from		nount of	
	week (list any					is both a	- 1	from	related		other	
	hours for related	2 E				or/truste □ 표		the	organizations		pensation om the	on
	organizations	Individual trustee or director	stitu	Officer	Key employee	ighe	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org	anizatio	
	below dotted line)	lual	tion	_	nplo	st co	٦	,			d related anization	
	line)	trust	al tr		yee	mpe				orge	arnzatioi	13
		ee	Institutional trustee			Highest compensated employee						
70) ROZ KANTOR	9.00					bg.						
NATIONAL BOARD MEMBER	0	X						0	0			0
71) MICHELLE KAPLAN	9.00											
NATIONAL BOARD MEMBER	0	X						0	0			0
72) CAROL GOODMAN KAUFMAN	9.00											
NATIONAL BOARD MEMBER	0	Х						0	0			0
73) EDDYSE KESSLER	9.00	T										
NATIONAL BOARD MEMBER	0	Х						0	0			0
74) SANDRA KING	14.00											
NATIONAL BOARD MEMBER	0	Х						0	0			0
75) BARBARA KRAFT	9.00											
NATIONAL BOARD MEMBER	0	Х						0	0			0
76) MARCIA GABRILOVE LADIN	9.00											
NATIONAL BOARD MEMBER	0	Х						0	0			0
77) LINDA LANDER	9.00											
NATIONAL BOARD MEMBER	0	Х						0	0			0
78) SHEILA LEBOWITZ	9.00											
NATIONAL BOARD MEMBER	0	Х						0	0			0
79) BARBARA LEVIN	9.00											
NATIONAL BOARD MEMBER	0	X						0	0			0
80) PATRICIA LEVINSON	9.00											
NATIONAL BOARD MEMBER	0	Х						0	0			0
1b Sub-total							$\triangleright$					
c Total from continuation sheets to Part VII,	Section A											
d Total (add lines 1b and 1c)							▶					
2 Total number of individuals (including but no				d at	oove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organizat	ion ►	4	4									
											Yes	No
3 Did the organization list any former of												
employee on line 1a? If "Yes," complete School	edule J for su	ch ina	lividu	ual						3		Х
4 For any individual listed on line 1a, is the												
organization and related organizations												
individual										4	X	
5 Did any person listed on line 1a receive										_		37
for services rendered to the organization? If	res, comple	te Scl	nedu	iie J	tor	such p	pers	son		5		X
Section B. Independent Contractors	mnoncotod!	nden:	- h al -	nt :	20 =	trocto-	٠ 4١	hat rapplyed man	than \$100 000 -			
1 Complete this table for your five highest or compensation from the organization. Repor												
year.	. Jompondati	J.1 101	., 10	Jui		.a. y 00	0		and organizatio	tax		

(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 ▶

Form **990** (2013)

Part VII Section A. Officers, Directors,		y En	ıpıo			and H	ugi			continue		
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per	(do i	not ch		ition mor	e than or	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any					is both a		from	related		other	
	hours for	office				tor/truste		the	organizations		pensation	on
	related organizations	ndivi r dir	nstit	office	ey e	lighe mplo	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	l	anizatio	n
	below dotted	dual	utior	4	mpl	st c	eq.	(**-2/1033-141100)		l	d related	
	line)	r trug	al tr		Key employee	omp				org	anizatior	18
		Individual trustee or director	Institutional trustee			Highest compensated employee						
			Ф			ated						
81) ANITA LEVY	9.00											
NATIONAL BOARD MEMBER	0	Х						C	0			0
82) VALERIE LOWENSTEIN	9.00											
NATIONAL BOARD MEMBER	0	X						С	0			0
83) KAREN LUSTIG	9.00											
NATIONAL BOARD MEMBER	0	X						C	0			0
84) SHEILA MACKS	9.00											
NATIONAL BOARD MEMBER	0	X						С	0			0
85) MARCUS DALE	9.00	_										
NATIONAL BOARD MEMBER	0	X						С	0			0
86) SUSAN MARK	9.00											
NATIONAL BOARD MEMBER	0	X						С	0			0
87) MASTERS ELLEN	9.00	-						_				_
NATIONAL BOARD MEMBER	0	X						С	0			0
88) MAZON DEBRA	9.00	-						_				_
NATIONAL BOARD MEMBER	0	X						С	0			0
89) DOVIE MELNICK	9.00											•
NATIONAL BOARD MEMBER	0	X						C	0			0
90) DEBORAH MINKOFF	9.00											•
NATIONAL BOARD MEMBER	0							C	0			0
91) JULIE MORRIS	19.00	-										0
NATIONAL BOARD MEMBER	0	X						C	0			0
1b Sub-total												
c Total from continuation sheets to Part VI	-											
d Total (add lines 1b and 1c)							<u> </u>		<u></u>			
2 Total number of individuals (including but reportable compensation from the organization)			iiste 4	a a	bov	e) wno	re	ceived more than	\$100,000 of			
Teportable compensation from the organize			<u> </u>								Yes	No
2 Did the consciention list and former	. 44: 1: 4 -							lavaa au biabaa			162	NO
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3		Х
										3		
4 For any individual listed on line 1a, is the												
organization and related organizations individual										4	X	
										4	21	
5 Did any person listed on line 1a receive for services rendered to the organization? In										5		Х
Section B. Independent Contractors	i ros, comple	.0 001	,cuu	,,,,,	. 101	Sucir	0010					
Complete this table for your five highest of	compensated i	ndepe	ende	ent o	con	tractor	's t	hat received more	e than \$100,000 o	of		
compensation from the organization. Repo												
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 ▶

Form **990** (2013)

Pa	rt VII Section A. Officers, Directors, Tre	ustees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continue	∍d)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson direct	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar com	(F) stimated mount of other apensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the janization d related anization	b
92)	MELANIE NASBERG	9.00											
	NATIONAL BOARD MEMBER	0	X						C	0			0
93)	JANE NYCE NATIONAL BOARD MEMBER	19.00	X										0
0.4.)		19.00	Λ							0			
94)	TOBEY R. OLKEN, ESQ.  NATIONAL BOARD MEMBER	19.00	X							0			0
95)	BARBARA PAILET	2.00								-			
	NATIONAL BOARD MEMBER	0	Х						0	0			0
96)	JUDITH L. PALKOVITZ	19.00											
	NATIONAL BOARD MEMBER	0	Х							0			0
97)	HANNA POLLACK	19.00											
	NATIONAL BOARD MEMBER	† <del>-</del> 0	Х							0			0
98)	JOY E. POLLOCK, ESQ.	19.00							-	_			
	NATIONAL BOARD MEMBER	1	Х							0			0
99)	JILL PROSKY	9.00							-	_			
	NATIONAL BOARD MEMBER	† <u>-</u>	Х							0			0
100)	JOYCE RABIN	24.00											
	NATIONAL BOARD MEMBER	1 0	Х							0			0
101)	LONYE RASCH	19.00											
	NATIONAL BOARD MEMBER	† <u>-</u>	Х							0			0
102)	RENEE RESNIK	9.00											
	NATIONAL BOARD MEMBER	0	Х						0	0			0
1b	Sub-total							<b>&gt;</b>					
С	Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$					
	Total (add lines 1b and 1c)							<u> </u>					
2	Total number of individuals (including but not				d a	bov	e) who	re	ceived more than	\$100,000 of			
	reportable compensation from the organizatio	n ▶	4	4									
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
											3		- 21
4	For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. It	"Yes	,"	complete Schedu	le J for such	4	X	
_											4	21	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		X
Se	ction B. Independent Contractors	,	.5 501			01	54011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>				
1	Complete this table for your five highest comcompensation from the organization. Report of year.												

(B) Description of services	<b>(C)</b> Compensation
	Description of services

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 ►

Form **990** (2013)

Part	VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	oye	es,	and F	lig	hest Compensat	ed Employees (d	continue	ed)	
	(A)	(B)				C)			(D)				
	Name and title	Average hours per week (list any	,		heck		e than o		Reportable compensation from	Reportable compensation from related		stimated nount of other	
		hours for related organizations below dotted line)	office Individual trustee or director	Institutional trustee	a Officer	_	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	npensation from the ganization d related anization	on d
103) 1	MYRNA RODKIN	9.00											
1	NATIONAL BOARD MEMBER	0	X						C	0			0
104) F	RONNIE ROSEN	9.00											
1	NATIONAL BOARD MEMBER	0	X		Х				C	0			0
105) F	ROSALIND ROSEN	19.00											
1	NATIONAL BOARD MEMBER	0	X						C	0			0
106)_E	FRIEDA ROSENBERG	9.00											
	NATIONAL BOARD MEMBER	0	Х						C	0			0
107)	CAROL ROSENTHAL	9.00											
1	NATIONAL BOARD MEMBER	0	X						C	0			0
108)_E	BENITA ROSS	9.00											
1	NATIONAL BOARD MEMBER	0	X		Х				С	0			0
109) E	BARBARA SABIN	9.00											
1	NATIONAL BOARD MEMBER	0	X						C	0			0
110)	JUDITH SAXE	9.00											
1	NATIONAL BOARD MEMBER	0	X						C	0			0
111) 5	SHARON SCHNEIDER	9.00											
1	NATIONAL BOARD MEMBER	0	X						C	0			0
112) F	RACHEL SCHONBERGER	9.00											
1	NATIONAL BOARD MEMBER	0	X						C	0			0
113) 1	MAUREEN SCHULMAN	19.00											
1	NATIONAL BOARD MEMBER	0	X						C	0			0
1b S	ub-total							$\blacktriangleright$					
с Т	otal from continuation sheets to Part VII, S	ection A						$\blacktriangleright$					
	otal (add lines 1b and 1c)							<b>&gt;</b>					
	otal number of individuals (including but not		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of			
re	portable compensation from the organization	<u> </u>	4	4									
												Yes	No
	id the organization list any former offic												
eı	mployee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual						3		X
01	or any individual listed on line 1a, is the s rganization and related organizations gre	eater than	\$15	50,0	00?	? Ii	f "Yes	5,"	complete Schedu	le J for such	4	Х	
	ndividual										4		
	id any person listed on line 1a receive or										E		v
	or services rendered to the organization? If "Yoon B. Independent Contractors	es, comple	ie SCI	ieal	ııe .	וסו נ	such	ρer	SUII		5	$\perp$	X
	omplete this table for your five highest com	noncatad i	ndona	anda	nnt	con	tracto	rc +	that received mare	than \$100 000 a	of.		
CC	omplete this table for your live highest compompensation from the organization. Report clear.												

(A) Name and business address	(B) Description of services	<b>(C)</b> 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 ►

Form **990** (2013)

Part	VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	ed)	
	(A)	(B)				C)			(D)	(E)	_	(F)	
	Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	ar	stimated nount of other npensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee		_	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	rom the ganization of related anization	on d
114)	SIMA SCHUSTER	9.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
115)	CAROL ANN SCHWARTZ	9.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
116)	BETTY SHAPIRO	9.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
117)	DEBORAH SHENDELMAN	9.00											
	NATIONAL BOARD MEMBER	0	Х						0	0			0
118)	NANCY SHUMAN	9.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
119)	BARBARA SHURBERG	9.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
120)	DIANE SIGEL	9.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
121)	NATALIE SILVERMAN	19.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
122)	BELLE H. SIMON	11.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
123)	SHARON SISSELSKY	11.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
124)	RHODA SMOLOW	9.00											
	NATIONAL BOARD MEMBER	0	X						0	0			0
1b 9	Sub-total							$\blacktriangleright$					
с٦	Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$					
	Total (add lines 1b and 1c)							<b>&gt;</b>					
	Total number of individuals (including but not		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of			
r	eportable compensation from the organizatio	n ▶	4	4									
												Yes	No
	Did the organization list any former offic												
e	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual						3		Х
C	For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	· II	"Yes	S,"	complete Schedu	le J for such		v	
	ndividual										4	X	
	Did any person listed on line 1a receive or										_		37
	or services rendered to the organization? If "Y	es," comple	te Scl	neau	ııe .	ι τοι	such	per	son		5		X
	tion B. Independent Contractors		l	1			4		danak mananah serik ser				
C	Complete this table for your five highest com compensation from the organization. Report of vear.												

(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 ►

Form **990** (2013)

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (	continue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson direc	e than c is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org an	om the anization of related anization	n d
125	ANNETTE SONDOCK	19.00											
	NATIONAL BOARD MEMBER	0	X						0	C			0
126	KACY SPIVACK	9.00											
	NTL BD MEMBER UNTIL 12/2013	0	X						O	C			0
127	JUDITH H. SWARTZ	19.00											
	NATIONAL BOARD MEMBER	0	Х						0	O			0
128	DIANE TAUB	11.00											
	NATIONAL BOARD MEMBER	0	Х						0	0			0
129	ROSELLE UNGAR	14.00											
	NATIONAL BOARD MEMBER	0	Х						C	O			0
130	LAURIE WEITZ	9.00											
	NATIONAL BOARD MEMBER	0	Х						0	0			0
131	LAURIE WERNER	9.00											
:	NATIONAL BOARD MEMBER	† <u>0</u>	Х							0			0
132	NANCY WIADRO	9.00											
:	NATIONAL BOARD MEMBER	1	Х										0
133	ELAINE WINOGRAD	9.00											
	NATIONAL BOARD MEMBER	10	Х							0			0
134	MONA WOOD	9.00											
	NATIONAL BOARD MEMBER	10	X										0
135	THEDA ZUCKERMAN	9.00	21							,			
133	NATIONAL BOARD MEMBER	10	X										0
		0	Δ.										
	Sub-total												
	Total from continuation sheets to Part VII, S	_											
	Total (add lines 1b and 1c)				 	 		_		<b>*</b>			
2	Total number of individuals (including but not reportable compensation from the organizatio				a a	vod	e) wno	o re	eceived more than	\$100,000 of			
	reportable compensation from the organization			4									
												Yes	No
3	Did the organization list any former office										_		
	employee on line 1a? If "Yes," complete Sched	ule J for su	cn ina	livid	uai	• •					3		X
4	For any individual listed on line 1a, is the												
	organization and related organizations gr												
	individual										4	Х	
5	Did any person listed on line 1a receive or												
	for services rendered to the organization? If "Y	'es," comple	te Scl	hedu	ıle .	J for	such	per	rson		5		X
Se	ction B. Independent Contractors												
1	Complete this table for your five highest com												
	compensation from the organization. Report of year.	compensati	on toi	tne	ca	ien	uar ye	ar e	enaing with or with	iiii the organizatio	ııs tax		

(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 ►

Form **990** (2013)

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) stimated nount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the anization d related anization	n d
136) GINNY BAIRD	22.00											
REGION PRESIDENT	0	X						0	0			0
137) JOAN BARON	22.00											
REGION PRESIDENT	0	X						0	0	,		0
138) JACQUIE BAYLEY	22.00											
REGION PRESIDENT	0	Х						0	0			0
139) JANICE BERNSTEIN	22.00											
REGION PRESIDENT	0	Х						0	0	,		0
140) FREDI BROWN	22.00											
REGION PRESIDENT	0	Х						0	0	,		0
141) CAREN CAPLAN	22.00											
REGION PRESIDENT	0	Х						0	0			0
142) JANET DEIXLER	22.00											
REGION PRESIDENT	0	Х						0	0			0
143) RHODA DOMBCHIK	22.00											
REGION PRESIDENT	0	Х						0	0			0
144) CONNIE CIRILLO FREEMAN	22.00											
REGION PRESIDENT	0	Х						0	0			0
145) CAROLE GREENFIELD	22.00											
REGION PRESIDENT	0	Х						0	0			0
146) RAE GUREWITSCH	22.00											
REGION PRESIDENT	0	Х							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 n			liste	d a	bov	e) who	o re	ceived more than	\$100.000 of	1		
reportable compensation from the organization			4			-,			,,			
											Yes	No
3 Did the organization list any former of	fficer. directo	or. or	tru	uste	e.	kev e	emp	olovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is the												
organization and related organizations												
individual										4	Х	
5 Did any person listed on line 1a receive												
for services rendered to the organization? <i>If</i>										5		Х
Section B. Independent Contractors	,											
Complete this table for your five highest compensation from the organization. Report												
year.	•					•		-	<u>-</u>			

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

2172100

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 ►

Form **990** (2013)

Part VII Section A. Officers, Dire	ctors, Trustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (	continue	∍d)	- 5 -
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org and	om the anization d related anization	n d
147) BEATRICE JOHNSON	22.00											
REGION PRESIDENT	0	X						0	C			0
148) TERI JUNKER	22.00											
REGION PRESIDENT	0	X						C	C			0
149) LEE KANSAS	22.00											
REGION PRESIDENT	0	Х						0	C			0
150) SHERRYL KAUFMAN	22.00											
REGION PRESIDENT	0	Х						0	O			0
151) VIVIANE KOVACS	22.00											
REGION PRESIDENT	0	Х						0	C			0
152) CAROLYN PLESSNER	22.00											
REGION PRESIDENT	0	Х						0	C			0
153) SUE POLANSKY	22.00											
REGION PRESIDENT		Х							l o			0
154) LORRAINE RICHTER	22.00											
REGION PRESIDENT		X							0			0
155) LOREN ROTH	22.00											
REGION PRESIDENT		X							0			0
156) MERNA SHAPIRO	22.00											
REGION PRESIDENT		Х							0			0
157) RITA SHAPIRO	22.00											
REGION PRESIDENT		Х							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			liste	d a	hov	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the c			4	u u		o, <b></b>		oon ou more than	Ψ100,000 0.			
	<u> </u>										Yes	No
3 Did the organization list any fo											100	
employee on line 1a? If "Yes," comp	lete Schedule J for su	ch inc	livid	ual						3		X
4 For any individual listed on line 1 organization and related organiz individual	ations greater than	\$15	50,0	00?	· 11	"Yes	,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a in for services rendered to the organize										5		Х
Section B. Independent Contractors	anon: II 160, comple	001	icut	410 0	, 101	Sucil	PGI	JOIT				
Complete this table for your five his compensation from the organization 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 ►

Form **990** (2013)

Part VII	Section A. Officers, Directors,	Trustees, Ke	y En	nplo			and F	ligl	hest Compensat	ed Employees (d	continue	∋d)	
	(A)	(B)				C)			(D)	(E)		<b>(F)</b> stimated	
	Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e than o is both tor/truste	an	Reportable compensation from the	Reportable compensation from related organizations	an	nount of other opensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the panizatio d related anization	on d
158) TERRI		22.00											
	N PRESIDENT	0	X						0	0			0
159) MINDY		22.00											
	N PRESIDENT	0	X						U	0			0
	NNE WARNICK	22.00											0
	N PRESIDENT	0	X						0	0			0
	AH WISKIND	22.00	- 37										0
162) JANET	N PRESIDENT	22.00	X						C	0			0
	N PRESIDENT	0	X							0			0
163) LESLI		22.00	Λ							0			
	N PRESIDENT		X							0			0
	CHERNOFF EPSTEIN	22.00	21										
	HAPTER PRESIDENT		X							0			0
	A GOLDBERG	22.00											
	HAPTER PRESIDENT	0	Х							0			0
166) ROZ H	OLBERG	22.00											
BIG C	HAPTER PRESIDENT	0	Х						0	0			0
167) MICHE	LE RUBIN	22.00											
BIG C	HAPTER PRESIDENT	0	Х						0	0			0
168) JILL	SAPPERSTEIN	22.00											
BIG C	HAPTER PRESIDENT	0	Х						0	0			0
1b Sub-tota	d							$\blacktriangleright$					
c Total fro	om continuation sheets to Part VI	I, Section A						$\blacktriangleright$					
	dd lines 1b and 1c)							<b>&gt;</b>					
	mber of individuals (including but r				d a	bov	e) who	re	eceived more than	\$100,000 of			
reportati	le compensation from the organiza	ition >		4								T.,	
												Yes	No
	organization list any former of se on line 1a? If "Yes," complete Sch										3		Х
4 For any	individual listed on line 1a, is th	ne sum of rer	ortah	ole d	com	ner	sation	n ai	nd other compen	sation from the			
organiza	ation and related organizations	greater than	\$15	50,0	00?	. It	"Yes	,"	complete Schedu	le J for such	4	X	
	person listed on line 1a receive												
	ces rendered to the organization? In										5		Х
Section B. I	ndependent Contractors												
	e this table for your five highest of sation from the organization. Repo												

(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 ►

Form **990** (2013)

Part VII Section A. Officers, Directors, T (A)	(B)	ĺ			C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	ition more	e is or/trust e is or/trust e mployee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated nount o other pensati om the anizatio d related anization	f on on d
			ee			sated						
59) ANDREA SILAGI	22.00											
BIG CHAPTER PRESIDENT	0	Х						0	0			
70) IRIS TISHKOFF	22.00											
BIG CHAPTER PRESIDENT	0	X						0	0			
71) ELLEN ZARROW-NISSENBAUM	22.00											
BIG CHAPTER PRESIDENT	0	X						0	0			
72) SHERRY ALTURA	11.00											
VICE PRESIDENT UNTIL 04/2013	0			Х				0	0			
73) KACY SPIVACK	11.00											
VICE PRESIDENT FROM 07/2013	0			Х				0	0			
74) RICHARD ANNIS	20.00											
CHIEF FINANCIAL OFFICER	20.00			Х				218,794.	218,794.		42,4	103
75) JANICE WEINMAN	20.00											
CHIEF EXECUTIVE OFFICER	20.00				Х			207,706.	207,706.		41,7	184
76) SHERYL ZELIGSON	20.00											
GENERAL COUNSEL	20.00				Х			179,527.	179,527.		52,0	)43
77) MICHAEL OSTROFF	3.00											
CHIEF DEVELOPMENT OFFICER	37.00				Х			36,969.	425,143.		57,1	80
78) ALAN TIGAY	40.00											
EXECUTIVE EDITOR	0					Х		220,414.	0		49,4	£58
79) LORI B LASSON	3.00											
PLANNED GIVING	37.00					Х		14,297.	164,419.		57,7	/21
1h Sub total												
c Total from continuation sheets to Part VII,												
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but no							re	ceived more than	\$100 000 of			
reportable compensation from the organizat		4		u u.		<i>5)</i>			Ψ 1 0 0 , 0 0 0 0 1			
,											Yes	N
3 Did the organization list any former of	ficer directo	r or	tru	ista	Δ	kev e	mn	Jovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations												
individual										4	Х	
										-	-22	
5 Did any person listed on line 1a receive of for services rendered to the organization? If										5		Х
											1	. 4

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 ▶

Form **990** (2013)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	Page <b>8</b> Continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	o or/trustremployee	an	(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
180) JODI WECHTER-LEVY	20.00									
FINANCE DIRECTOR	20.00					X		87,769.	87,769.	33,647.
181) GALIT S BRICHTA	3.00									
DEVELOPMENT	37.00					X		17,275.	198,662.	58,930.
182) ELIZABETH C MORRIS	3.00									
DEVELOPMENT	37.00					X		17,571.	202,065.	46,755.
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>			
d Total (add lines 1b and 1c)							$\blacktriangleright$			
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3 X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual.	sum of repeater than	oortab \$15	le c 50,0	com 00?	per	satior "Yes	n aı	nd other compens	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors	, , , , , , , , , , , , , , , , , , , ,									
Complete this table for your five highest component compensation from the organization. Report of 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 ►

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#### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues 517,471 С Fundraising events 1d 1,052 1e Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 1f 4,478,867 g Noncash contributions included in lines 1a-1f: \$ \_ Total. Add lines 1a-1f 4,997,390 Program Service Revenue **Business Code** 996 996 REVENUE FROM YOUTH MOVEMENT/OTHER PROG. 611710 CONFERENCE AND EVENT INCOME 611710 134,340 70,989 63,351. h MAGAZINE 611710 552,118 2,894. 549,224. All other program service revenue 687,454 Investment income (including dividends, interest, and 3,038,112. 3,038,112. Income from investment of tax-exempt bond proceeds . . . > 4 189,354. 189,354. 5 (ii) Personal (i) Real 84,461 6a Gross rents **b** Less: rental expenses 84,461 Rental income or (loss) d Net rental income or (loss) 84,461 84,461 (i) Securities (ii) Other Gross amount from sales of 32,178,226. 77,094. assets other than inventory **b** Less: cost or other basis 235,000. and sales expenses . . . 27,836,460. 4,341,766. -157,906 c Gain or (loss) d Net gain or (loss) <u>4,183,86</u>0. 4,183,860. Other Revenue Gross income from fundraising events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . a Less: direct expenses 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** CATALOG SALES 453220 135,682 6,855 128,827 11a OTHER REVENUE 254,657 254,657 b С d All other revenue 390,339 e Total. Add lines 11a-11d Total revenue. See instructions 13,570,970 81,734 549,224 7,942,622.

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13-1656651

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 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	2,979,175.	2,979,175.		
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.	690,222.	690,222.		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	710,712.		647,046.	63,666.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,326,788.	4,425,663.	1,597,354.	303,771.
Я	Pension plan accruals and contributions (include section				
J	401(k) and 403(b) employer contributions)	513,490.	346,231.	144,450.	22,809.
_		1,029,719.	697,804.	284,434.	47,481.
9	Other employee benefits	624,078.	303,712.	298,595.	21,771.
10	Payroll taxes	024,070.	303,/12.	470,373.	۷۱,//۱.
11	Fees for services (non-employees):	760 561	E04 20E	165 005	10 055
	Management	762,561.	584,397.	167,907.	10,257.
b	Legal	224,066.	7,160.	207,173.	9,733.
C	Accounting	207,502.		207,502.	
d	I Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	1,900.			1,900.
1	Investment management fees	323,194.		323,194.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
·	(A) amount, list line 11g expenses on Schedule O.)	88,616.	20,153.	67,016.	1,447.
12	Advertising and promotion	0			
13	Office expenses	2,130,995.	1,499,879.	546,145.	84,971.
14		0		0 10 / 2 20 1	
	Information technology	0			
15	Royalties	1,580,377.	1,043,982.	502,785.	33,610.
16	Occupancy			236,998.	
17	Travel	484,933.	229,159.	230,990.	18,776.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	269,218.	101,595.	161,451.	6,172.
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	190,844.	79,946.	105,215.	5,683.
23	Insurance	355,008.	148,715.	195,721.	10,572.
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.)				
_	PROVISION FOR BAD DEBTS	15,999.	-12,616.	28,615.	
_	PROGRAM AND DEVELOPMENT	73,878.	60,379.	13,499.	
	PUBLIC RELATIONS	267,043.	221,689.	37,469.	7,885.
	F	-94,284.	221,009.	-94,284.	7,005.
	OVERHEAD ALLOCATIONS		00 400		14 007
	All other expenses	165,524.	89,406.	61,131.	14,987.
	Total functional expenses. Add lines 1 through 24e	19,921,558.	13,516,651.	5,739,416.	665,491.
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   if following SOP 98-2 (ASC 958-720)				
JSA	10110WIIIIg 001 00-2 (A00 900-120)	0			F 000 (0040)

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### Part X Balance Sheet

1 6	ILA	Dalance Sheet					
		Check if Schedule O contains a response or	r note t	o any line in this Pa	rt X		<u> </u>
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			C	1	0
	2	Savings and temporary cash investments	704,362.	2	44,179,913.		
	3	Pledges and grants receivable, net	C	3	0		
	4	Accounts receivable, net	860,314.	4	4,265,707.		
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	ompens	ated employees.			
		Complete Part II of Schedule L			(	5	0
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
w		organizations (see instructions). Complete Part II of Sche	edule L		(		0
Assets	7	Notes and loans receivable, net			(	•	0
Ass	8	Inventories for sale or use			(	1 0	0
,	9	Prepaid expenses and deferred charges			472,780.	9	1,249,947.
	10 a	Land, buildings, and equipment: cost or					
		·	10a	20,751,454.			
	b	Less: accumulated depreciation	10b	18,222,965.	2,437,400.		2,528,489.
	11					11	0
	12	Investments - other securities. See Part IV, line 11			636,463.		654,853.
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			216,517,882.		168,250,684.
_	16	Total assets. Add lines 1 through 15 (must equal			221,629,201.	_	221,129,593.
	17	Accounts payable and accrued expenses	8,827,417.		8,501,724.		
	18	Grants payable		18	141 660		
	19	Deferred revenue			88,878.		141,668.
	20	Tax-exempt bond liabilities			(	20	0
Liabilities	21	Escrow or custodial account liability. Complete Pa			·	21	0
ij	22	Loans and other payables to current and for					
Lia		trustees, key employees, highest compendisqualified persons. Complete Part II of Schedule			(	22	0
	23	Secured mortgages and notes payable to unrelate			(		0
	24	Unsecured notes and loans payable to unrelated				24	0
	25	Other liabilities (including federal income tax,				24	0
	23	parties, and other liabilities not included on lines					
		of Schedule D		·	(	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25			8,916,295.	26	8,643,392.
_		Organizations that follow SFAS 117 (ASC 958),					
es		complete lines 27 through 29, and lines 33 and	34.				
Fund Balances	27	Unrestricted net assets			211,833,489.	27	211,414,040.
Bal	28	Temporarily restricted net assets			864,417.	28	1,057,161.
힏	29	Permanently restricted net assets		<u></u> [	15,000.	29	15,000.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	), check	here  and			
ts c	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
Ä	32	Retained earnings, endowment, accumulated incomment				32	
Net	33				212,712,906.	33	212,486,201.
	34	Total liabilities and net assets/fund balances		<u> </u>	221,629,201.	34	221,129,593.
							Farm 000 (2012)

Form **990** (2013)

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Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,9		
3	Revenue less expenses. Subtract line 2 from line 1	3		-6,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	12,7		
5	Net unrealized gains (losses) on investments	5		6,1	23,8	383.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	12,4	86,2	201.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs					
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	•	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		3.5	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X	

Form **990** (2013)

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG. **Employer identification number** OF AMERICA INC 13-1656651 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 Χ 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. Type II c Type III-Functionally integrated d Type III-Non-functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (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) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of your col. (i) organized your governing (see instructions)) support? in the U.S.? document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 2

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.)

ion A. Public Support						
dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,381,837.	39,928,779.	35,122,652.	32,382,386.	4,997,390.	138,813,044.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
Total. Add lines 1 through 3	26,381,837.	39,928,779.	35,122,652.	32,382,386.	4,997,390.	138,813,044.
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
Public support. Subtract line 5 from line 4.						138,813,044.
ion B. Total Support						
dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
Amounts from line 4	26,381,837.	39,928,779.	35,122,652.	32,382,386.	4,997,390.	138,813,044.
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	259,763.	300,952.	281,277.	465,208.	3,311,927.	4,619,127.
Net income from unrelated business activities, whether or not the business is regularly carried on						0
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	137,989.	1.854.632.	2,147,914.	1,916,160.	390,339.	6,447,034.
, -	·					149,879,205.
•	ee instructions)				12	31,064,981.
First five years. If the Form 990 is for	or the organizat	ion's first, second	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
-			11. column (f))		14	92.62%
		•			15	94.61%
						e. check
	•					, X
	•		•			or more,
	_					
	-					
	_					
					-	•
<u> </u>			•	•		▶□
	2012. If the org	janization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	
15 is 10% or more, and if the orga	anization meets	the facts-and	-circumstances	1001, 0.10011 1.	no box and ot	p nere.
15 is 10% or more, and if the organization $^{\circ}$ Explain in Part IV how the organization						•
	on meets the "i	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3.  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).  Public support. Subtract line 5 from line 4.  Tion B. Total Support  dar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1  Total support. Add lines 7 through 10.  Gross receipts from related activities, etc. (s First five years. If the Form 990 is forganization, check this box and stop here  ion C. Computation of Public Sup  Public support percentage from 2012  331/3% support test - 2013. If the othis box and stop here. The organization of Public Supp  Public support test - 2012. If the othis box and stop here. The organization of Public Supp  Public support test - 2012. If the othis box and stop here. The organization of Public Sup of the organization meets to organization.  10%-facts-and-circumstances test - 200% or more, and if the organization meets to organization.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  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).  Public support. Subtract line 5 from line 4.  ion B. Total Support  dar year (or fiscal year beginning in)  Amounts from line 4  Amounts from line 4  Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). ATCH. 1  Total support. Add lines 7 through 10.  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second organization, check this box and stop here  ion C. Computation of Public Support Percentage  Public support percentage from 2012 Schedule A, Part II, line 14  131,7,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632  137,989  1,854,632	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	Gifts, grants, contributions, and membership fees received. (Do not not not dearly fundsual grants.)

Schedule A (Form 990 or 990-EZ) 2013

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#### 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.)

Sec	tion A. Public Support	<b>,</b>		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
^	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
_	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Amounts from line 6			- /			
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
-	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
12	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	n's first, second	third, fourth, or	fifth tax vear a	s a section 5017	c)(3)
	organization, check this box and <b>stop here</b> .	ŭ			•	`	^` ′
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2013 (line 8,			nn (f))		15	%
16	Public support percentage from 2012 Sche					16	<u> </u>
	tion D. Computation of Investmen					1 1	,,,
<u> 17</u>	Investment income percentage for 2013 (lir			3. column (f))		17	%
18	Investment income percentage from 2012 S					18	
	331/3% support tests - 2013. If the org						
134	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2012. If the orga	-	-				
D	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization of		-	•			
				,	,		

JSA 3E1221 1.000

Schedule A (Form 990 or 990-EZ) 2013

**Supplemental Information.** 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).

SCHEDULE A, PART II -	OTHER INCOME	1			ATTACHMENT 1	
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
OTHER REVENUE	137,989.	1,854,632.	2,147,914.	1,916,160.	390,339.	6,447,034.
TOTALS	137,989.	1,854,632.	2,147,914.	1,916,160.	390,339.	6,447,034.

Schedule A (Form 990 or 990-EZ) 2013

JSA 3E1225 2.000

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#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its See separate instructions.

instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

" to Form OOO Port IV line E /D

	Section 501(c)(4), (5), or (6) org	ganizations: Complete Part III.	ax) or Form 990-EZ, Pa	rt V, line 35c (Proxy Tax), tr	ien	
		THE WOMEN'S ZIONIST ORG.		Employer identi	fication number	
OF	AMERICA INC			13-16	56651	
Pai	rt I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 orga	nization.	
1	Provide a description of the	e organization's direct and indirect p	oolitical campaign ac	tivities in Part IV.		
2	Political expenditures			▶\$		
3	Volunteer hours					
Par		organization is exempt under s				
1	Enter the amount of any ex	cise tax incurred by the organizatio	n under section 495	5 <b>▶</b> \$		
2		cise tax incurred by organization m				_
3		a section 4955 tax, did it file Form				_ No
					Yes _	No
	If "Yes," describe in Part IV.	organization is exempt under	saction 501(a) av	roont coation 501/a\/2	<u></u>	
	<u> </u>	<del></del>			·)-	
1		expended by the filing organization				
_						
2		ng organization's funds contributedies				
3		enditures. Add lines 1 and 2. En				
3				•		
4	Did the filing organization fi	le Form 1120-POL for this year?			Yes	No
5		s and employer identification numb				_
	organization made paymen	its. For each organization listed, en	iter the amount paid	d from the filing organiz	ation's funds. Also	ente
		tributions received that were prom				
		nd or a political action committee (				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of policontributions receiv	
				funds. If none, enter -0	promptly and dire	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	delivered to a sepa	•
					political organizati	
					none, enter -0-	•
(1)		<b> </b>	_			
(2)		<u> </u>	_			
(2)						
(3)		<b> </b>	-			
(4)						
(4)		<b></b>	-			
(5)		+				
(0)			†			
(6)						
/			1			

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

Schedule C (Form 990 or 990-EZ) 2013

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- 1	'aae	٠.

Sch	edule C (Form 990 or 990-EZ) 2013	HADASS	AH THE W	OMEN'S ZIONIS	r org.	13-1	.656651 Page <b>2</b>
Pa	cart II-A Complete if the org section 501(h)).	janizati	on is exen	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under
Α				o an affiliated grou I share of excess le		rt IV each affiliated g itures).	roup member's
В	Check ▶ if the filing orga	nization	checked l	oox A and "limited	control" provision	ons apply.	
	Limits	on Lobb	ying Expend	ditures		(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	eans amour	nts paid or incurred.	)	organization's totals	group totals
1 a	Total lobbying expenditures to	influenc	e public op	inion (grass roots lo	bbvina)		
k							
c	<b>=</b>		_		-		
c							
e	<b>-</b>						
f							
•	columns.				,		
	If the amount on line 1e, column (a	) or (b) is:	The lobbying	ng nontaxable amount	is.		
	Not over \$500,000	, (2,		amount on line 1e.			
	Over \$500,000 but not over \$1,000	000		us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,50			us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000 but n	•		us 5% of the excess of			
	Over \$17,000,000	300,000	\$1,000,000		νοι φτ,σσσ,σσσ.		
		nt (enter					
ŀ							
i	Subtract line 1f from line 1c. I						
i	If there is an amount other					ation file Form 4720	
•	reporting section 4911 tax for				•		Yes No
				aging Period Under	` '		
	-					complete all of the five	ve
	COIU			instructions for lin			
		LODE	ying Exper	nditures During 4-Ye	ar Averaging Per	lod	
	Calendar year (or fiscal year beginning in)	(a)	2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2 <i>a</i>	Lobbying nontaxable amount						
k	Lobbying ceiling amount (150% of line 2a, column (e))						
C	Total lobbying expenditures						
	Grassroots nontaxable amount						
•	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2013

JSA

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Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	i file	a For	m 5/6	, <b>8</b>	
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	cription of the lobbying activity.	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? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
b C	•		X			
d	Mailings to members, legislators, or the public?	X	21			894
e	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?	X				1,099
f	Grants to other organizations for lobbying purposes:		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			
j	Total. Add lines 1c through 1i					1,993
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 C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
d Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ection		
· a	501(c)(6).	(0)(0)	, 01 3	CCLIOI	•	
					Ye	s 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?			<u></u>	3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"		-			is
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount	ınts (	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
C	Total			2c		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			3		
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	and political expanditure part year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Par	t IV Supplemental Information					
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	group	list); F	art II-A	, line 2; a	nd
Part	II-B, line 1. Also, complete this part for any additional information.					
SEE	E PAGE 4					

Schedule C (Form 990 or 990-EZ) 2013

2172100

Schedule C (Form 990 or 990-EZ) 2013 Page **4** 

#### Part IV Supplemental Information (continued)

PART II-B

HADASSAH INDIRECTLY ENGAGES IN LOBBYING BY:

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

Department of the Treasury

Internal Revenue Service

## Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC 13-1656651 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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: 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: Revenues included in Form 990, Part VIII, line 1 **\$**\_\_\_\_\_ ▶ \$

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2** 

Par	t    Organizations Maintaining Colle	ections of Art	t, His	torical T	reasur	es, (	or Oth	er Similar <i>A</i>	Assets	cont	inue	d)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and othe	r reco	ords, check	c any o	f the	follow	ing that are a	significa	ant us	se of	f its
а	X Public exhibition		d [	Loan	or excha	ange	progran	ns				
b	Scholarly research		e –									
С	X Preservation for future generations											
4	Provide a description of the organization's	collections and	d exp	lain how t	hey fur	ther	the org	anization's ex	empt pu	rpose	in I	Part
	XIII.		•		•					•		
5	During the year, did the organization solicit	or receive dona	tions	of art, histo	orical tr	easur	es, or o	other similar				
	assets to be sold to raise funds rather than t	o be maintaine	d as p	art of the o	organiza	ation's	s collec	tion?		Yes	Х	No
Par	t IV Escrow and Custodial Arrangem or reported an amount on Form 9				ization	ansv	wered	"Yes" to Forn	n 990, P	art I\	/, lin	e 9,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			-						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete	the fo	llowing tab	le:				• —			
	•	·						Amou	ınt			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
	Ending balance											
2a	Did the organization include an amount on I	Form 990, Part	X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIII											
Par	t V Endowment Funds. Complete if											
4.		rrent year		ior year	(c) Tw			(d) Three years b		Four y		
	Beginning of year balance	15,000.	-	15,000.		15,	000.	15,0	00.		15,	000.
	Net investment earnings, gains,											
·	and losses	2,321.										
Ч	Grants or scholarships	2,321.										
	Other expenditures for facilities											
_	and programs											
f	Administrative expenses											
g	•	17,321.		15,000.		15,	000.	15,0	00.		15,	000.
2	Provide the estimated percentage of the cur	rent year end b	alanc	e (line 1g,	column	(a)) l	held as:					
а	Board designated or quasi-endowment	%		, 0.		` '/'						
b	Permanent endowment ▶ 86.6000 %											
С	Temporarily restricted endowment ▶ 13	.4000 %										
	The percentages in lines 2a, 2b, and $\overline{2c}$ sho											
3a	Are there endowment funds not in the poss	ession of the o	rganiz	ation that	are hel	d and	l admin	istered for the				
	organization by:								-		es	No
	(i) unrelated organizations								_	a(i)		X
<b>h</b>	(ii) related organizations If "Yes" to 3a(ii), are the related organization								_	ı(ii)		X
4	Describe in Part XIII the intended uses of the	•								3b		
•		e organization s	Gilac	Willellt lui	ius.							
Par	Land, Buildings, and Equipment. Complete if the organization ans	wered "Yes" to	o For	m 990, Pa	art IV, I	ine 1	1a. Se	e Form 990,	Part X,	line 1	10.	
	Description of property	(a) Cost or other		(b) Cost o		sis		umulated	<b>(d)</b> Bo	ok valu	е	
1a	Land	(mvestillelli	· <i>)</i>	<u> </u>	ther) 801,47	19.	depit	eciation		30	1.4	79.
	Buildings			_	01,94	_	1,1	67,833.		.,53		
	Leasehold improvements				29,70	_	· ·				9,7	
	Equipment			14,2	56,36	_	13,6	27,542.				24.
е	Other			3,4	61,95	8.		27,590.				68.
Tota	II. Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0, Par	t X, columr	n (B), lin	e 10(	(c).)	▶	2	2,52	8,4	89.

Schedule D (Form 990) 2013 Page 3

(a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely-held equity interests (c) Closely-held equity interests (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(2) Closely-held equity interests		(a) Description of security or category		(c) Method of valuation:
(2) Closely-held equity interests	(1) Financia	al derivatives		
(3) Other (A) (B) (B) (C) (D) (D) (B) (F) (F) (G) (H) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(2) Closely	-held equity interests		
(A) (B) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				
(C) (D) (D) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(A)			
(C) (D) (D) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(B)			
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(F)				
(F) (G) (H) (F) (H) (F) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(G) (H) Total. (Column (b) must equal Form 990. Part X, cot. (B) line 12.) ▶    Total. (Column (b) must equal Form 990. Part X, cot. (B) line 12.) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Investments - Program Related.	(H)			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost of end-of-year market value  (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) EFROM AFFILIATES (168, 207, 718 (2) SECURITY DEPOSITS (169, 201, 201, 201, 201, 201, 201, 201, 201	Part VIII		"Yes" to Form 990,	, Part IV, line 11c. See Form 990, Part X, line 13.
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) DUE FROM AFFILIATES (a) Description (b) Book value (1) Excurity DEPOSITS (a) Description (b) Book value (c) SECURITY DEPOSITS (d) (d) (d) (e) (f) (f) (f) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  168, 250, 68.  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  (a) (b) Book value (b) Book value (c)		(a) Description of investment	(b) Book value	
(3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) DUE FROM AFFILIATES (2) SECURITY DEPOSITS (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part XI Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) DUE FROM AFFILIATES (a) Description (b) Book value (2) SECURITY DEPOSITS (a) 42, 966 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 168, 250, 68.  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) ▶  (1) DUE FROM AFFILIATES (2) SECURITY DEPOSITS (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(3)			
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part XX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) DUE FROM AFFILIATES 168, 207, 718 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 168, 250, 689  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) DUE FROM AFFILIATES 168, 207, 718 (2) SECURITY DEPOSITS 168, 207, 718 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.), ▶ 168, 250, 68  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) DUE FROM AFFILIATES 168, 207, 718  (2) SECURITY DEPOSITS 42, 966  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 168, 250, 68.  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)   ▶				
Part IX				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value 168, 207, 718 168, 207, 718 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(a) Description (b) Book value  (1) DUE FROM AFFILIATES 168,207,718  (2) SECURITY DEPOSITS 42,966  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 168,250,68.  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Part IX		\/    + -   F 000	Don't IV line 44 d. Coo Forms 000 Don't V. line 45
(1) DUE FROM AFFILIATES (2) SECURITY DEPOSITS (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(2) SECURITY DEPOSITS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(4) DITE:		Description	,
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 168, 250, 68-  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 168, 250, 68-  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		RITY DEPOSITS		42,90
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 168, 250, 684  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ 168, 250, 684  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		umn (h) must equal Form 990 Part X-col. (B) li	ine 15 )	▶ 168.250.68
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		Other Liabilities. Complete if the organization answered		•
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1.	(a) Description of liability	(b) Book valu	e
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(1) Feder		, ,	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
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(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Colun	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>	
, , , , , , , , , , , , , , , , , , ,	2. Liability fo	or uncertain tax positions. In Part XIII, provide the t	ext of the footnote to th	e organization's financial statements that reports the

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	6 B (1 0111 330) 2013		
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	
a b	Net unrealized gains on investments  Donated services and use of facilities  2a  2b	-	
C	Recoveries of prior year grants  2c	-	
d	Recoveries of prior year grants Other (Describe in Part XIII.)  2c 2d	1	
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	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	-	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.	5	ine 4: Part X line
<b>5 Part</b> Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 art V, I	ne 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ne 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).  XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ne 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ne 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line
<b>5</b> Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line

JSA 3E1271 1.000 Schedule D (Form 990) 2013

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

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

SCHEDULE D, PART V

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

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, 2013, THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED INCOME TAX LIABILITY WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2013

JSA 3E1226 1.000

## Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

assistance outside the United States.

HADASSAH THE WOMEN'S ZIONIST ORG.

Employer identification number

OF AMERICA INC 13-1656651 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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 X Yes grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other

(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		690,222
(2) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	CENTENIAL, HMO,& EDU.	724,597
(3) EUROPE			PROGRAM SERVICES	ZIONIST EDU,HMO,TRAVEL	19,509
(4) RUSSIA/INDEPENDENT STATES			FUNDRAISING		7,720
(5)					
(6)					
(7)					
(8)					
(9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
3a Sub-total					1,442,048
c Totals (add lines 3a and 3b)					1,442,048

Schedule F (Form 990) 2013

Part II	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	674,422.						
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	15,800.						
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
by	ter total number of recipient orgathe IRS, or for which the grantee	or counsel has prov	vided a section 501(c)(3) ed	quivalency lette	er		· •		2		
<b>3</b> En	ter total number of other organiz	ations or entities					<u></u> ▶				

Schedule F (Form 990) 2013

# Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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	<b>(d)</b> 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)							
<u>(</u> 10)							
(11)							
(12)							
<u>(</u> 13)							
(14)							
<u>(</u> 15)							
<u>(</u> 16)							
(17)							
(18)							

Schedule F (Form 990) 2013

Part IV Foreign F Page 4

Part	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	X	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	X	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	X	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	X	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	X	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	X	No

Schedule F (Form 990) 2013

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# 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).

SCHEDULE F, PART I, LINE 2

ALL GRANTEES ARE REQUIRED TO PROVIDE WRITTEN DOCUMENTATION ON THE USE OF
THE FUNDS AND ANNUAL FINANCIAL STATEMENTS. THERE IS ONGOING COMMUNICATION
BETWEEN ALL GRANTEES AND MANAGEMENT INCLUDING PERIODIC SITE VISITS.

GRANTS ARE AWARDED AFTER BOARD APPROVAL. CRITERIA INCLUDE OVERALL FIT
INTO HADASSAH'S MISSION AND AVAILABLE RESOURCES.

SCHEDULE 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 F (Form 990) 2013

# **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

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization HADASSAH THE WOME	N'S ZIONI	ST ORG.				Employer identificati	ion number		
OF AMERICA INC	OF AMERICA INC								
Part I General Information on Grants and	Assistance	•				'			
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's proced</li> </ol>	or assistance ures for moni	e? itoring the use o	of grant funds in the	United States.			X Yes No		
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient th	overnments at received	s and Organization and St.	ations in the Unit 000. Part II can b	ed States. Come duplicated if a	plete if the organiza dditional space is ne	ition answered "Y eded.	es" to Form 990,		
(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) HADASSAH SOUTHERN CALIFORNIA									
50 WEST 58TH STREET NEW YORK, NY 10019	95-1622480	501(C)(3)	278,228.				GENERAL SUPPORT		
(2) FLORIDA ATLANTIC REGION									
50 WEST 58TH STREET NEW YORK, NY 10019	59-2057880	501(C)(3)	308,381.				GENERAL SUPPORT		
(3) HADASSAH OF GREATER PHILADELPHIA									
50 WEST 58TH STREET NEW YORK, NY 10019	23-1538399	501(C)(3)	142,954.				GENERAL SUPPORT		
(4) NASSAU REGION									
50 WEST 58TH STREET NEW YORK, NY 10019	11-1844603	501(C)(3)	72,247.				GENERAL SUPPORT		
(5) GREATER MIAMI									
50 WEST 58TH STREET NEW YORK, NY 10019	59-1097043	501(C)(3)	33,873.				GENERAL SUPPORT		
_(6) GREATER WASHINGTON AREA CHAPTER									
50 WEST 58TH STREET NEW YORK, NY 10019	52-0211782	501(C)(3)	55,971.				GENERAL SUPPORT		
_(7) HADASSAH OF GREATER BALTIMORE									
50 WEST 58TH STREET NEW YORK, NY 10019	52-0591573	501(C)(3)	125,416.				GENERAL SUPPORT		
_(8) WESTCHESTER REGION									
50 WEST 58TH STREET NEW YORK, NY 10019	13-1878047	501(C)(3)	88,855.				GENERAL SUPPORT		
<b>(9)</b> BOSTON									
50 WEST 58TH STREET NEW YORK, NY 10019	04-2103748	501(C)(3)	24,833.				GENERAL SUPPORT		
(10) GREAT PLAINS REGION									
50 WEST 58TH STREET NEW YORK, NY 10019	35-1805399	501(C)(3)	151,505.				GENERAL SUPPORT		
(11) FLORIDA BROWARD REGION									
50 WEST 58TH STREET NEW YORK, NY 10019	59-1826857	501(C)(3)	64,292.				GENERAL SUPPORT		
(12) CONNECTICUT REGION									
50 WEST 58TH STREET NEW YORK, NY 10019	06-0846161	501(C)(3)	49,169.				GENERAL SUPPORT		
2 Enter total number of section 501(c)(3) and c	overnment o	rganizations list	ted in the line 1 tabl	e					

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

Schedule I (Form 990) (2013)

PAGE 47

# **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

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

2013
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC 13-1656651 Part 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable grant non-cash assistance or assistance cash assistance (1) SOUTHEASTERN REGION 57-1108518 50 WEST 58TH STREET NEW YORK, NY 10019 501(C)(3) 58,901 GENERAL SUPPORT (2) SOUTHERN REGION 50 WEST 58TH STREET NEW YORK, NY 10019 54-2070226 501(C)(3) 80,554 GENERAL SUPPORT (3) SOUTHERN NEW ENGLAND REGION 50 WEST 58TH STREET NEW YORK, NY 10019 22-2538049 501(C)(3) 25.728 GENERAL SUPPORT (4) UPPER MIDWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019 45-0338351 501(C)(3) 16,185. GENERAL SUPPORT (5) CENTRAL STATES REGION 50 WEST 58TH STREET NEW YORK, NY 10019 34-1922517 501(C)(3) 52,482. GENERAL SUPPORT (6) FLORIDA CENTRAL REGION 50 WEST 58TH STREET NEW YORK, NY 10019 59-3654842 501(C)(3) 168,211. GENERAL SUPPORT (7) GREATER SOUTHWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019 36-4573135 501(C)(3) 163,897 GENERAL SUPPORT (8) PACIFIC NORTHWEST REGION 50 WEST 58TH STREET NEW YORK, NY 10019 91-0750738 501(C)(3) 40,863 GENERAL SUPPORT (9) NORTHERN NEW ENGLAND REGION 50 WEST 58TH STREET NEW YORK, NY 10019 04-2294551 501(C)(3) 37,146 GENERAL SUPPORT (10) DESERT MOUNTAIN REGION 50 WEST 58TH STREET NEW YORK, NY 10019 84-1509842 501(C)(3) 197,432 GENERAL SUPPORT (11) SUFFOLK REGION 50 WEST 58TH STREET NEW YORK, NY 10019 23-7192160 501(C)(3) 37,320. GENERAL SUPPORT (12) WESTERN NEW ENGLAND 50 WEST 58TH STREET NEW YORK, NY 10019 05-0442537 501(C)(3) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

For Paperwork Reduction Act Notice, see the Instructions for 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

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

OMB No. 1545-0047
2013

Open to Public Inspection

Name of the organization HADASSAH THE WOM	EN'S ZIONI	ST ORG.				Employer identification	ion number
OF AMERICA INC						13-165665	1
Part I General Information on Grants and	d Assistance	<b>)</b>				'	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistance dures for mon	e? itoring the use o	of grant funds in the	United States.			X Yes No
Part II Grants and Other Assistance to C Part IV, line 21, for any recipient the							'es" to Form 990,
(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 DETROIT							
50 WEST 58TH STREET NEW YORK, NY 10019	38-1396062	501(C)(3)	70,162.				GENERAL SUPPORT
(2) BROOKLYN REGION		301(0)(3)	7071021				OBNIBIALIS BOTTONI
50 WEST 58TH STREET NEW YORK, NY 10019	11-1733456	501 (C) (3)	11,464.				GENERAL SUPPORT
(3) SOUTHERN SEABOARD							
50 WEST 58TH STREET NEW YORK, NY 10019	30-0212774	501(C)(3)	82,068.				GENERAL SUPPORT
(4) NEW YORK REGION							
50 WEST 58TH STREET NEW YORK, NY 10019	13-1628187	501(C)(3)	21,374.				GENERAL SUPPORT
(5) NORTHERN SEABOARD							
50 WEST 58TH STREET NEW YORK, NY 10019	14-1877886	501(C)(3)	41,394.				GENERAL SUPPORT
(6) UPPER MID-ATLANTIC							
50 WEST 58TH STREET NEW YORK, NY 10019	23-7198286	501(C)(3)	40,613.				GENERAL SUPPORT
(7) HADASSAH GREATER PITTBURGH							
50 WEST 58TH STREET NEW YORK, NY 10019	25-1010299	501(C)(3)	9,643.				GENERAL SUPPORT
(8) HADASSAH-SOUTHERN NEW JERSEY							
50 WEST 58TH STREET NEW YORK, NY 10019	22-3069434	501(C)(3)	54,663.				GENERAL SUPPORT
(9) NORTHERN NEW JERSEY							
50 WEST 58TH STREET NEW YORK, NY 10019	22-6017974	501(C)(3)	65,438.				GENERAL SUPPORT
(10) LOWER NEW YORK STATE							
50 WEST 58TH STREET NEW YORK, NY 10019	13-2725120	501(C)(3)	34,650.				GENERAL SUPPORT
(11) CENTRAL PACIFIC COAST							
50 WEST 58TH STREET NEW YORK, NY 10019		501(C)(3)	84,457.				GENERAL SUPPORT
(12) YOUNG JUDAEA (CAMP TEL YEHUDA)							
575 8TH AVENUE 11TH FLOOR	13-2830437	501(C)(3)	29,437.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	_		<del>'</del>	le	•	<b>•</b>	

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

Schedule I (Form 990) (2013)

# **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

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

HADASSAH THE WOMEN'S ZIONIST ORG.

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

OF AMERICA INC						13-1656651	
Part I General Information on Grants and	d Assistance	)				·	
1 Does the organization maintain records to su							
the selection criteria used to award the grants	s or assistance	e?					X Yes No
2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient the	Sovernments nat received	s and Organiz more than \$5,	<b>ations in the Uni</b> t 000. Part II can b	ted States. Come duplicated if a	nplete if the organized ditional space is n	zation answered "Y leeded.	es" to Form 990,
(a) Name and address of organization or government	<b>(b)</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) HADASSAH CHICAGO-NORTH SHORE							
50 WEST 58TH STREET NEW YORK, NY 10019		501(C)(3)	79,708.				GENERAL SUPPORT
_(2)	-						
_(3)	_						
_(4)	-						
	-						
	-						
_(7)	-						
	-						
_(9)	-						
(10)	_						
(11)	_						
(12)	_						
2 Enter total number of section 501(c)(3) and g	 government o	rganizations lis	⊥ ted in the line 1 tab	le			37.
3 Enter total number of other organizations list	ed in the line	1 table					
For Paperwork Reduction Act Notice, see the In	structions fo	r Form 990.	<u>.                                      </u>				ule I (Form 990) (2013

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HADASSAH THE WOMEN'S ZIONIST ORG. 13-1656651

Schedule I (Form 990) (2013)

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

ALL GRANTEES ARE REQUIRED TO PROVIDE WRITTEN DOCUMENTATION ON THE USE OF

THE FUNDS AND ANNUAL FINANCIAL STATEMENTS. THERE IS ONGOING COMMUNICATION

BETWEEN ALL GRANTEES AND MANAGEMENT INCLUDING PERIODIC SITE VISITS.

GRANTS ARE AWARDED AFTER BOARD APPROVAL. CRITERIA INCLUDE OVERALL FIT

INTO HADASSAH'S MISSION AND AVAILABLE RESOURCES.

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

OMB No. 1545-0047

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

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  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	1b		
2	explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	10		
2				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	_		
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	<u> </u>			
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8 did the organization also follow the rebuttable presumption procedure described in	1	1	1

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2013

HADASSAH THE WOMEN'S ZIONIST ORG. 13-1656651

Schedule J (Form 990) 2013 Page 2

## 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.

		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
RICHARD ANNIS	Compensation   Comp		1,520.	13,388.	8,330.	240,512.	(	
1 CHIEF FINANCIAL OFFICER	ARD ANNIS   (i)   217,274.   0		1,520.	13,388.	8,330.	240,512.	(	
JANICE WEINMAN	(i)	204,988.	C	2,718.	7,852.	13,040.	228,598.	(
2 CHIEF EXECUTIVE OFFICER	(ii)	204,988.	C	2,718.	7,852.	13,040.	228,598.	(
SHERYL ZELIGSON	(i)	178,923.	C	604.	13,388.	13,312.	206,227.	(
3 GENERAL COUNSEL	(ii)	178,923.	C	604.	13,388.	13,312.	206,227.	(
MICHAEL OSTROFF	(i)	36,813.	C	156.	2,142.	2,520.	41,631.	(
4 CHIEF DEVELOPMENT OFFICER	(ii)	423,354.	(	1,789.	24,633.	28,981.	478,757.	(
ALAN TIGAY	(i)	216,026.	C	4,388.	23,583.	26,715.	270,712.	(
5 EXECUTIVE EDITOR		0	C	0	0	0	0	(
LORI B LASSON	(i)	14,202.	C	95.	1,575.	3,277.	19,149.	(
6 PLANNED GIVING		163,323.	(	1,096.	18,112.	37,682.	220,213.	(
JODI WECHTER-LEVY	(i)	87,467.	C	302.	9,469.	8,817.	106,055.	(
7 FINANCE DIRECTOR	(ii)	87,467.	(	302.	9,469.	8,817.	106,055.	(
GALIT S BRICHTA	(i)	17,234.	C	41.	1,865.	3,084.	22,224.	(
8 DEVELOPMENT	(ii)	198,196.	(	466.	21,443.	35,463.	255,568.	(
ELIZABETH C MORRIS	(i)	17,393.	C	178.	1,863.	1,878.	21,312.	(
9 DEVELOPMENT	(ii)	200,019.	(	2,046.	21,421.	21,593.	245,079.	(
	(i)							
10								
	(i)							
11								
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2013

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HADASSAH THE WOMEN'S ZIONIST ORG. 13-1656651

Schedule J (Form 990) 2013

#### Part | 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.

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.

SCHEDULE J

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

Schedule J (Form 990) 2013

#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

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.

FORM 990, PART III, LINE 1

HWZOA IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT UNDER 501(C)(3) OF THE US INTERNAL REVENUE CODE. IN ISRAEL, HADASSAH INITIATES AND SUPPORTS PACE-SETTING HEALTH CARE, EDUCATION AND YOUTH INSTITUTIONS, AND LAND DEVELOPMENT TO MEET THE COUNTRY'S CHANGING NEEDS. IN THE UNITED STATES, HADASSAH ENHANCES THE QUALITY OF AMERICAN AND JEWISH LIFE THROUGH ITS EDUCATION AND ZIONIST YOUTH PROGRAMS, PROMOTES HEALTH AWARENESS, AND PROVIDES PERSONAL ENRICHMENT AND GROWTH FOR ITS MEMBERS.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS LINE 4A: MEMBERS AND UNIT SERVICES:

330,000 MEMBERS, DONORS AND ASSOCIATES STRONG, HADASSAH IS THE LARGEST WOMEN'S ZIONIST JEWISH MEMBERSHIP ORGANIZATION IN THE U.S., WITH MEMBERS IN EVERY CONGRESSIONAL DISTRICT. HADASSAH MEMBERS, DONORS AND ASSOCIATES ENJOY ACCESS TO PERSONAL DEVELOPMENT OPPORTUNITIES, MISSIONS TO ISRAEL,

AND DESTINATION WORLD-WIDE, PROFESSIONAL NETWORKING OPPORTUNITIES, AND

HEALTH AND JEWISH EDUCATION PROGRAMS. HADASSAH'S 920 LOCAL UNIT (CHAPTERS

AND GROUPS) ALLOW FOR MEMBERS TO ACTIVELY PARTICIPATE AND SUPPORT

PROGRAMS AT HOME AND ABROAD. HADASSAH PROVIDES MARKETING ASSISTANCE TO

ENGAGE MEMBERS VIA PRINTED MATERIALS, WEB/ONLINE COMMUNICATIONS AND LOCAL

AND NATIONAL PUBLIC RELATIONS OPPORTUNITIES.

#### PROGRAMMING, ADVOCACY, ZIONIST EDUCATION:

ACROSS THE COUNTRY, HADASSAH MEMBERS ARE ENGAGED IN A VARIETY OF EDUCATIONAL, ADVOCACY AND COMMUNITY SERVICE PROGRAMS. "EVERY BEAT COUNTS: HADASSAH'S HEART HEALTH PROGRAM", HAS BECOME A SOURCE AND RESOURCE FOR WOMEN AROUND THE COUNTRY TO IDENTIFY CARDIAC RISKS, LEARN ABOUT THE PREVENTATIVE ACTIVITIES TO FORESTALL HEART DISEASE, AND GAIN UP-TO-DATE INFORMATION ABOUT MEDICAL BREAKTHROUGHS. IN 2013, MORE THAN 70 CHAPTERS ACROSS THE COUNTRY PARTICIPATED IN THE INIATIVE. THE HADASSAH LEADERSHIP FELLOWS IS A TWO-YEAR PROGRAM DESIGNED TO INSPIRE AND CULTIVATE FUTURE FEMALE LEADERS, PROVIDING OPPORTUNITIES TO GROW, ADVOCATE AND AFFECT CHANGE. HADASSAH PROVIDES OPPORTUNITIES TO STUDY JUDAISM, ZIONISM, JEWISH HISTORY, HEBREW, LITERATURE AND CULTURE. HADASSAH MEMBERS, ASSOCIATES AND DONORS ADVOCATE FOR ISSUES OF IMPORTANCE TO WOMEN AND THE JEWISH COMMUNITY AT THE LOCAL, STATE AND NATIONAL LEVELS. HADASSAH'S EMAIL ACTION NETWORK PROVIDES PUBLIC POLICY UPDATES AND TIMELY INFORMATION ABOUT CRITICAL NATIONAL AND INTERNATIONAL ISSUES. HADASSAH PROVIDES MARKETING CAMPAIGNS FOR THESE PROGRAM IN THE FORM OF COLLATERAL

OF AMERICA INC

13-1656651

MATERIALS, WEB/ONLINE COMMUNICATIONS, AND PUBLIC RELATIONS.

LINE 4B - MARKETING AND COMMUNICATIONS:

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

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

FORM 990, PART VI, LINE 2

OFFICER/DIRECTOR RELATED PERSON RELATIONSHIP

RHODA BERNSTEIN LAURIE WERNER FAMILY RELATIONSHIP Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG.

Employer identification number

13-1656651

DEBORAH B. KAPLAN MIRIAM ARON FAMILY RELATIONSHIP

JILL A. HERSBEIN EDDYSE KESSLER FAMILY RELATIONSHIP

SHERRI FALCHUCK NANCY FALCHUCK FAMILY RELATIONSHIP

CAROL ROSENTHAL RUTH HENDELMAN FAMILY RELATIONSHIP

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

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

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.

FORM 990, PART VI, LINE 12C

A COPY OF THE CONFLICT OF INTEREST POLICY IS GIVEN TO THE NATIONAL BOARD

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

Employer identification number

13-1656651

MEMBERS AND ALL NATIONAL STAFF ONCE EACH YEAR, AND IS ALSO AVAILABLE YEAR-ROUND ON OUR INTRANET AND IN THE PERSONNEL POLICY MANUAL.

A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS OBTAINED ANNUALLY FROM ALL NATIONAL BOARD MEMBERS AND ALL NATIONAL STAFF WHO ARE CURRENTLY SERVING THE ORGANIZATION.

WHEN A CONFLICT ARISES FOR ANY NATIONAL BOARD MEMBER, THAT NATIONAL BOARD MEMBER SHALL REPORT IT IN WRITING TO THE CHAIR OF THE ETHICS COMMITTEE.

WHEN A CONFLICT OF INTEREST ARISES FOR ANY NATIONAL STAFF MEMBER, THAT

STAFF MEMBER SHALL REPORT IT IN WRITING TO THEIR DIRECT SUPERVISOR AND TO THE DIRECTOR OF HUMAN RESOURCES. THE POTENTIAL CONFLICT IS THEN BROUGHT TO THE CHAIR OF THE ETHICS COMMITTEE. THE ETHICS COMMITTEE REVIEWS EACH DISCLOSURE AT A MEETING CONVENED FOR THAT PURPOSE.

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

WHEN AN OFFICER OR KEY EMPLOYEE IS HIRED, THE ORGANIZATION CONDUCTS A

REVIEW OF VARIOUS COMPARABILITY DATA FOR COMPARABLE POSITIONS AT

SIMILARLY SITUATED ORGANIZATIONS, WITH THE ASSISTANCE OF OUTSIDE COUNSEL

AND THE SEARCH FIRM. THE ORGANIZATION SETS COMPENSATION WITHIN THE RANGE

OF THE GOING MARKET RATE. THE COMPENSATION AMOUNT IS REVIEWED AND

APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. NO INDIVIDUAL HAVING

A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE REVIEW OR

DECISION. THESE PROCEDURES ARE DOCUMENTED CONTEMPORANEOUSLY. IN

SUBSEQUENT YEARS, AN INDIVIDUAL MAY RECEIVE A SALARY INCREASE AS APPROVED

BY THE COMPENSATION COMMITTEE. BONUSES ARE GENERALLY NOT AWARDED. FOR

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

Employer identification number

13-1656651

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.

FORM 990, PART VI, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF

INTEREST POLICY AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS ARE

AVAILABLE ON THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
EDUCATION/PUBLIC POLICY/YOUTH	50,662.	807,254.	111,845.
TOTALS	50,662.	807,254.	111,845.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CT,

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

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

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

ATTACHMENT 3

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

RR DONNELLEY RECEIVABLES PO BOX 13654

NEWARK, NJ 07188

NATIONAL PUBLIC SAFETY STRATEGY GRP, LLC

SECURITY

PRINTING

175,896.

533,223.

Schedule O (Form 990 or 990-EZ) 2013

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

OF AMERICA INC

13-1656651

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION 4 ORCHARD DRIVE CREAM RIDGE, NJ 08514 MEDIA CONSULTING CRC MEDIA 163,970. 333 W 52ND ST NEW YORK, NY 10019 AUDIT 193,783. KPMG, LLP 345 PARK AVENUE NEW YORK, NY 19154-0102 SOFTREK SW CONSULTANTS 115,837.

# **Related Organizations and Unrelated Partnerships**

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

See separate instructions.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HADASSAH THE WOMEN'S ZIONIST ORG.

Employer identification number 13-1656651

OF AMERICA INC

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

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

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

(a) Name, address, and EIN of I	<b>(b)</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	Section 5	g) 512(b)(13) rolled tity?	
							Yes	No
(1) HADASSAH MEDICAL RELIEF ASSOCIATION	N, INC 13-6110872							
50 WEST 58TH STREET	NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	7	N/A	Х	
(2) THE HADASSAH FOUNDATION INC.	13-4022483							
50 WEST 58TH STREET	NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	11, I	N/A	X	
(3) HADASSAH OFFICE IN ISRAEL	99-999999							
C/O 50 WEST 58TH STREET	NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	N/A	Х	
(4) HADASSAH INTERNATIONAL LTD.	99-999999							
C/O 50 WEST 58TH STREET	NEW YORK, NY 10019	CHARITABLE	BD	N/A	N/A	N/A	Х	
(5) HADASSAH MEXICO, A.C.	99-999999							
HACIENDA EL CIERVO 7A-JR2 5276	HUIXQUILUCAN,	CHARITABLE	MX	N/A	N/A	N/A	Х	
(6) HADASSAH MEDICAL ORGANIZATION	99-999999							
KIRYAT HADASSAH, P.O. BOX 1200	JERUSALEM,	MEDICAL	IS	N/A	N/A	N/A	Х	
(7) HADASSAH YOUTH SERVICES AMUTA	99-999999							
C/O 50 WEST 58TH STREET	NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	N/A	X	

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000

# **Related Organizations and Unrelated Partnerships**

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

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

2013
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

HADASSAH THE WOMEN'S ZIONIST ORG.

Employer identification number 13-1656651

OF AMERICA INC

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</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	Section 5	(g) 512(b)(13) trolled ntity?	
						Yes	No	
(1) HADASSAH WUJS ARAD, LTD 99-9999999								
	CHARITABLE	IS	N/A	N/A	N/A	Х		
(2) MEIR SHFEYAH FOR PROMOTION OF EDUCATION 99-9999999								
	CHARITABLE	IS	N/A	N/A	N/A	X		
(3)								
(4)								
(5)								
(6)								
_(7)								

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000

Schedule R (Form 990) 2013

Part I	Identification of Relate because it had one or r						swered "Yes" o	on F	orm	990, Part IV, I	ine 3	34	
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	(j) eral or aging tner?	(k) Percentage ownership
			country)		30000013 312 314)			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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</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	Sec 512(b contr enti	o)(13) olled
								Yes	No
(1) CHARIT. REMAINDER ANNUITY TRUSTS (116)									
	INVESTMENTS	NY	HWZOA	TRUST				Ш	
(2) CHARITABLE REMAINDER UNITRUSTS (14)									
	INVESTMENTS	NY	HWZOA	TRUST					
(3) POOLED INCOME FUND (10)									
	INVESTMENTS	NY	HWZOA	TRUST					
(4)									
(5)									
(6)									
(7)									
	1								
	•	•						-	$\overline{}$

JSA

3E1308 1.000

Schedule R (Form 990) 2013

e Loans or loan guarantees by related organization(s)

Exchange of assets with related organization(s)

Schedule R (Form 990) 2013

P	Part V	<b>Transactions With Related Organizations</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
N	ote. Con	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	
1	During	g the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			l
а	n Recei	ipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		
		grant, or capital contribution to related organization(s)	1b		
		grant, or capital contribution from related organization(s)	1c	X	

f	Dividends from related organization(s)	1f	
g	Sale of assets to related organization(s)	1g	
h	Purchase of assets from related organization(s)	1h	

Loans or loan guarantees to or for related organization(s)

j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X

I	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	L
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Objection of the PPC and a section of Prop Park and other and the section of the selected control of the PPC and the section of the selected control of the section of the	<b>a</b> . I	37	

n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	III	Λ	Ш
0	Sharing of paid employees with related organization(s)	10	X	

р	Reimbursement paid to related organization(s) for expenses	1р	Σ
α	Reimbursement paid by related organization(s) for expenses	1a	Σ

			/	4
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	L	13,037,126.	COST
<u>(2)</u>			
(3)			
(4)			
(5)			
(6)			

JSA 3E1309 1.000 Schedule R (Form 990) 2013

Page 3

1e

Schedule R (Form 990) 2013

## 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501( organiz	ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	i) eral or aging ner?	(k) Percentage ownership
(4)				section 512-514)	Yes	No			Yes	No	,	Yes	No	
(2)														
(3)														
<u>(4)</u>														
<u>(5)</u>														
<u>(6)</u>														
<u>(7)</u>														
(8)														
(9)														
(10)														
(11)														
<u>(12)</u>														
(13)														
(14)														
(15)														

JSA

3E1310 1.000

Schedule R (Form 990) 2013

Page 4

Schedule R (Form 990) 2013 Page 5

#### 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.

Schedule R (Form 990) 2013