

PUBLIC DISCLOSURE COPY



2020 Income Tax Return

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

Taxpayer identification number

13-1656651

Name and title of officer or person subject to tax

**RON ALONI
CFO/COO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 23,710,435.
2a Form 990-EZ check here ▶	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or _____ I am a person subject to tax with respect to
(name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **KPMG LLP** to enter my PIN **26231**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **10/29/21****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.

13407350889

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **10/29/21**

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020Open to Public
Inspection**A For the 2020 calendar year, or tax year beginning and ending****B** Check if applicable:Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending**C Name of organization****HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

40 WALL STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10005**F Name and address of principal officer: RON ALONI****40 WALL STREET, NEW YORK, NY 10005****D Employer identification number****13-1656651****E Telephone number****212 355 - 7900****G Gross receipts \$****52,229,676.****H(a) Is this a group return**for subordinates? Yes ☒ No**H(b) Are all subordinates included?**

Yes No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527**J Website:** ▶ **WWW.HADASSAH.ORG****K Form of organization:** ☒ Corporation Trust Association Other ▶**L Year of formation:** **1922****M State of legal domicile:** **NY****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IN ISRAEL, WE SUPPORT HEALTHCARE, EDUCATION, YOUTH PROGRAMS AND LAND DEVELOPMENT.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	229
	6 Total number of volunteers (estimate if necessary)	6	262795
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	295,639.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,307,798.	15,165,654.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	933,206.	393,710.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,147,112.	8,003,164.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205,157.	147,907.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,593,273.	23,710,435.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,387,590.	3,195,776.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,273,207.	11,023,541.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	717.	1,693.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 148,938.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,061,348.	6,091,510.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,722,862.	20,312,520.
	19 Revenue less expenses. Subtract line 18 from line 12	-1,129,589.	3,397,915.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	157,410,947.	173,121,095.
	22 Net assets or fund balances. Subtract line 21 from line 20	42,253,662.	42,716,047.
		115,157,285.	130,405,048.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	RON ALONI, CFO/COO Type or print name and title	10/29/21			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	PHILLIP E. GROFF		10/29/21	☐	P01247783
Paid Preparer Use Only	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102	Phone no. 212-758-9700			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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ORG. OF AMERICA INC

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HWZOA IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT UNDER 501(C)(3) OF THE
US INTERNAL REVENUE CODE. IN ISRAEL, HADASSAH INITIATES AND SUPPORTS
PACE-SETTING HEALTH CARE, EDUCATION AND YOUTH INSTITUTIONS, AND LAND
DEVELOPMENT TO MEET THE COUNTRY'S CHANGING NEEDS. - SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,827,589. including grants of \$ 834,625.) (Revenue \$ 326,606.)
MEMBER & UNIT SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses \$ 3,851,824. including grants of \$ 2,361,151.) (Revenue \$ 67,374.)
RESEARCH & PUBLIC POLICY/GRANTS - SEE SCHEDULE O

4c (Code:) (Expenses \$ 2,868,974. including grants of \$) (Revenue \$)
MARKETING & COMMUNICATIONS - SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,726,610. including grants of \$) (Revenue \$)

4e Total program service expenses ► 16,274,997.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	108
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 229		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section 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 1a 41 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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent 1b 41			
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
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	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X

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

		Yes	No
10a 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	
c 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	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
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 organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
JODI WECHTER LEVY - 212-355-7900
40 WALL STREET, NEW YORK, NY 10005

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANICE WEINMAN CHIEF EXECUTIVE OFFICER	11.00 29.00			X				108,227.	301,725.	66,748.
(2) SHERYL ZELIGSON GENERAL COUNSEL	11.00 29.00				X			103,796.	289,371.	65,292.
(3) JOSHUA REDNIK CHIEF DEVELOPMENT OFFICER	1.00 39.00				X			5,711.	362,723.	82,672.
(4) RON ALONI CFO/COO	11.00 29.00			X				96,331.	268,560.	76,409.
(5) BART MINSKY HUMAN RESOURCES	11.00 29.00					X		72,686.	202,642.	54,827.
(6) LORI B LASSON PLANNED GIVING	1.00 39.00					X		3,824.	242,902.	73,969.
(7) JODI WECHTER-LEVY FINANCE DIRECTOR	11.00 29.00					X		57,860.	161,305.	38,058.
(8) LISA KANNER LEGAL	11.00 29.00					X		50,524.	140,858.	36,570.
(9) ELEANOR ROZLYNE GOLDHAR COMMUNICATION	38.00 2.00					X		198,867.	10,466.	7,626.
(10) RHODA SMOLOW PRESIDENT	34.00 2.00	X		X				0.	0.	0.
(11) SHELLEY KAPLAN TREASURER	34.00 2.00	X		X				0.	0.	0.
(12) CAROL ANN SCHWARTZ SECRETARY	34.00 2.00	X		X				0.	0.	0.
(13) FRIEDA ROSENBERG PORTFOLIO COUNCIL OFFICER	21.00 2.00	X		X				0.	0.	0.
(14) JANET HAND DEIXLER VICE PRESIDENT	21.00 2.00	X		X				0.	0.	0.
(15) CLARA GILLMAN VICE PRESIDENT	21.00 2.00	X		X				0.	0.	0.
(16) GAIL HAMMERMAN VICE PRESIDENT	21.00 2.00	X		X				0.	0.	0.
(17) MARCIA GABRILOVE LADIN VICE PRESIDENT (START 1/1/20)	21.00 2.00	X		X				0.	0.	0.

**HADASSAH THE WOMEN'S ZIONIST
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RACHEL SCHONBERGER VICE PRESIDENT (START 1/1/20)	21.00 2.00	X		X				0.	0.	0.
(19) MERNA SHAPIRO VICE PRESIDENT	21.00 2.00	X		X				0.	0.	0.
(20) NANCY FALCHUK PAST NATIONAL PRESIDENT	21.00 2.00	X						0.	0.	0.
(21) ELLEN HERSHKIN PAST NATIONAL PRESIDENT	21.00 2.00	X						0.	0.	0.
(22) CARMELA E. KALMANSON PAST NATIONAL PRESIDENT	7.00 0.00	X						0.	0.	0.
(23) BONNIE LIPTON PAST NATIONAL PRESIDENT	21.00 0.00	X						0.	0.	0.
(24) MARCIE NATAN PAST NATIONAL PRESIDENT	21.00 2.00	X						0.	0.	0.
(25) MARLENE E. POST PAST NATIONAL PRESIDENT	26.00 0.00	X						0.	0.	0.
(26) PHYLLIS ABRAMSON NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
1b Subtotal								697,826.	1,980,552.	502,171.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								697,826.	1,980,552.	502,171.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **50**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FREEPORT PRESS, 2127 REISER AVE SE, NEW PHILADELPHIA, OH 44663	PRINTING	422,631.
BLACKBAUD PO BOX 930256, ATLANTA, GA 99074	CONSULTANTS	260,728.
PLUS COMMUNICATIONS LLC, 3001 WASHINGTON BLVD. 77TH FLOOR, ARLINGTON, VA 22201	CONSULTANTS	213,077.
CRC MEDIA LLC, 33 WEST 52ND STREET SUITE 1208, NEW YORK, NY 10019	PRODUCTION SERVICES	183,104.
PRYOR CASHMAN, LLP. 7 TIMES SQUARE, NEW YORK, NY 10036	LEGAL	159,588.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HAIDI APPEL NATIONAL BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
(28) DR. OFELIA AVERACK PRES. BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
(29) AILEEN BORMEL NATIONAL BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
(30) SHEILA DERMAN NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(31) PEG ELEFANT NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(32) RENA FEUERSTEIN NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(33) ZANDRA GOLDBERG NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(34) LYNDIA HEYMAN NATIONAL BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
(35) FRAN HEICKLEN REGION PRESIDENT BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(36) MICHELLE HUBERTUS NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(37) MOLLIE ISAACSON NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(38) MARLENE KAPLAN NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(39) STACEY MASLOW NATIONAL BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
(40) SUSAN MOYE NATIONAL BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
(41) CAROL ROSENTHAL NATIONAL BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
(42) JILL SAPPERSTEIN NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(43) RONI SCHWARTZ NATIONAL BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
(44) SHELLEY SHERMAN NATIONAL BOARD MEMBER	9.00 0.00	X						0.	0.	0.
(45) BARBARA SHURBERG NATIONAL BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
(46) DIANE SIGEL NATIONAL BOARD MEMBER (START 1/1/20)	9.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VII

[illegible]

**HADASSAH THE WOMEN'S ZIONIST
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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 ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	326,740.				
	c Fundraising events	1c					
	d Related organizations	1d	9,973,613.				
	e Government grants (contributions)	1e	3,625,660.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,239,641.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				15,165,654.		
Program Service Revenue	2 a MAGAZINE REVENUE		Business Code				
			611710	316,248.	3,566.	312,682.	
	b CONFERENCE & EVENT INCOME		611710	77,462.	76,262.		1,200.
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				393,710.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			519,419.		-17,043.	536,462.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			36,663.			36,663.
	6 a Gross rents	6a	(i) Real				
			28,807.				
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	28,807.				
	d Net rental income or (loss)			28,807.			28,807.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			36,002,986.				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	28,519,241.				
	c Gain or (loss)	7c	7,483,745.				
	d Net gain or (loss)			7,483,745.			7,483,745.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME		Business Code				
			900099	43,985.			43,985.
	b CATALOG SALES		453220	38,452.	1,470.		36,982.
	c						
	d All other revenue						
e Total. Add lines 11a-11d				82,437.			
12 Total revenue. See instructions				23,710,435.	81,298.	295,639.	8,167,844.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,079,101.	1,079,101.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,116,675.	2,116,675.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	376,803.		369,762.	7,041.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,148,329.	6,735,583.	1,335,102.	77,644.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	441,519.	372,196.	65,114.	4,209.
9 Other employee benefits	1,455,398.	1,197,887.	243,331.	14,180.
10 Payroll taxes	601,492.	475,387.	120,216.	5,889.
11 Fees for services (nonemployees):				
a Management	564,887.	467,501.	96,780.	606.
b Legal	512,467.	8,424.	501,268.	2,775.
c Accounting	125,949.		125,949.	
d Lobbying	94,023.	94,023.		
e Professional fundraising services. See Part IV, line 17	1,693.			1,693.
f Investment management fees	193,937.		193,937.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	119,787.	75,145.	43,325.	1,317.
12 Advertising and promotion	289,584.	287,842.	587.	1,155.
13 Office expenses	1,228,746.	1,113,293.	105,010.	10,443.
14 Information technology	617,925.	322,223.	294,762.	940.
15 Royalties				
16 Occupancy	1,536,446.	1,323,713.	200,781.	11,952.
17 Travel	85,867.	68,040.	16,831.	996.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,409.	38,568.	28,157.	684.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	287,512.	222,146.	61,861.	3,505.
23 Insurance	218,553.	168,865.	47,024.	2,664.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	227,953.	106,529.	118,568.	2,856.
b PUBLIC RELATIONS	5,082.	1,856.	2,394.	832.
c OVERHEAD ALLOCATIONS	-84,617.		-82,174.	-2,443.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,312,520.	16,274,997.	3,888,585.	148,938.
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)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	20,346,578.	2	28,950,301.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,485,649.	4	493,916.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	717,961.	9	1,622,999.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,239,856.		
	b Less: accumulated depreciation	10b 8,072,045.		
	11 Investments - publicly traded securities	48,663,703.	11	49,666,860.
	12 Investments - other securities. See Part IV, line 11	451,850.	12	378,234.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	81,407,182.	15	87,840,974.
16 Total assets. Add lines 1 through 15 (must equal line 33)	157,410,947.	16	173,121,095.	
Liabilities	17 Accounts payable and accrued expenses	5,265,331.	17	5,948,520.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	36,988,331.	25	36,767,527.
	26 Total liabilities. Add lines 17 through 25	42,253,662.	26	42,716,047.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		114,221,378.	27	130,020,030.
28 Net assets with donor restrictions		935,907.	28	385,018.
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		115,157,285.	32	130,405,048.
33 Total liabilities and net assets/fund balances		157,410,947.	33	173,121,095.

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ORG. OF AMERICA INC

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,710,435.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,312,520.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,397,915.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	115,157,285.
5	Net unrealized gains (losses) on investments	5	12,239,994.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-390,146.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	130,405,048.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

HADASSAH THE WOMEN'S ZIONIST

Schedule A (Form 990 or 990-EZ) 2020 ORG. OF AMERICA INC

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16889443.	17035759.	16888043.	18307798.	15165654.	84286697.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16889443.	17035759.	16888043.	18307798.	15165654.	84286697.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						84286697.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	16889443.	17035759.	16888043.	18307798.	15165654.	84286697.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	831,889.	1203477.	1293178.	1130476.	584,889.	5043909.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	959,920.	234,647.	214,500.	133,846.	82,437.	1625350.
11 Total support. Add lines 7 through 10						90955956.
12 Gross receipts from related activities, etc. (see instructions)					12	81,298.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	92.67 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	93.92 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

HADASSAH THE WOMEN'S ZIONIST

Schedule A (Form 990 or 990-EZ) 2020 ORG. OF AMERICA INC

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

HADASSAH THE WOMEN'S ZIONIST

Schedule A (Form 990 or 990-EZ) 2020 **ORG. OF AMERICA INC**

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2016 AMOUNT: \$ 959,920.

2017 AMOUNT: \$ 234,647.

2018 AMOUNT: \$ 214,500.

2019 AMOUNT: \$ 133,846.

2020 AMOUNT: \$ 82,437.

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC

Employer identification number

13-1656651

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC

Employer identification number

13-1656651

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 9,973,613.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 3,625,660.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

13-1656651

Part II

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

Name of organization

HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC

Employer identification number

13-1656651

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization	HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	Employer identification number	13-1656651
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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HADASSAH THE WOMEN'S ZIONIST

Schedule C (Form 990 or 990-EZ) 2020 ORG. OF AMERICA INC

13-1656651 Page 2

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

HADASSAH THE WOMEN'S ZIONIST

Schedule C (Form 990 or 990-EZ) 2020 ORG. OF AMERICA INC

13-1656651 Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		30,260.
e Publications, or published or broadcast statements?	X		34,775.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		66,830.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		28,970.
i Other activities?		X	
j Total. Add lines 1c through 1i			160,835.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:**HADASSAH DIRECTLY ENGAGES IN LOBBYING BY:**

- MEETING WITH ELECTED OFFICIALS AND STAFF IN SUPPORT OF HADASSAH'S

PRIORITY LEGISLATION.

- PARTNERING WITH ELECTED OFFICIALS ON THE CREATION AND UPDATING OF

LEGISLATION, AND THE OUTREACH STRATEGY TO SECURE COSPONSORS.

Schedule C (Form 990 or 990-EZ) 2020

Part IV Supplemental Information (continued)

- ORGANIZING CONGRESSIONAL BRIEFINGS.

- STAFF TIME IS SPENT RESEARCHING AND DRAFTING REPORTS, FOR MEETINGS WITH ELECTED OFFICIALS AND STAFF.

- PARTICIPATE AND COORDINATE OTHER ORGANIZATIONS ON SPECIFIC LOBBYING EFFORTS, SUCH AS FUNDING FOR AMERICAN SCHOOLS AND HOSPITALS ABROAD AND OCEAN FREIGHT PROGRAMS AND HADASSAH'S ANNUAL APPLICATION FOR THOSE GRANTS. CONNECTED WITH THESE EFFORTS IS MAINTAINING A RELATIONSHIP WITH THE US AGENCY FOR INTERNATIONAL DEVELOPMENT.

HADASSAH INDIRECTLY ENGAGES IN LOBBYING BY:

- HELPING TO DEVELOP GRASSROOTS LEGISLATIVE MOBILIZATION STRATEGIES AND SECURE INPUT AND ENDORSEMENTS FROM OUTSIDE STAKEHOLDERS.

- ORGANIZING AND PROMOTING THE DAY IN THE DISTRICT PROGRAM, THROUGH WHICH HADASSAH MEMBERS AND SUPPORTERS ARRANGE LOBBY MEETINGS WITH FEDERAL LEGISLATORS DURING IN-DISTRICT WORK WEEKS. HADASSAH PROVIDES TRAINING SESSIONS, PRESENTATIONS, DIGITAL TOOLS/RESOURCES, AND GUIDANCE TO UNITS PLANNING THIS PROGRAM.

- PROVIDING SUPPORT TO UNITS WHO ORGANIZE LOBBYING PROGRAMS IN WASHINGTON (VIRTUAL DAYS ON THE HILL) OR STATE CAPITOLS (DATE WITH THE STATE).

- DISTRIBUTING EMAIL ACTION ALERTS TO HADASSAH'S MEMBERS, ASSOCIATES AND SUPPORTERS.

- UPDATING THE NATIONAL ACTION CENTER ON THE HADASSAH WEBSITE, WHICH PROVIDES ANY WEBSITE VISITOR WITH POLICY INFORMATION, DRAFT LETTERS, AND THE MECHANISM TO SEND DIRECT EMAIL COMMUNICATIONS TO THEIR ELECTED OFFICIALS.

- POSTING TO SOCIAL MEDIA AND MOBILIZING OTHERS TO DO THE SAME. SOME SOCIAL MEDIA MESSAGES ARE DIRECTED AT LEGISLATORS, THOUGH MOST

Part IV Supplemental Information (continued)

ENCOURAGE OTHERS TO LOBBY OFFICIALS (THROUGH SOCIAL MEDIA OR OTHER MEANS).

- CREATING ADVOCACY BROCHURES AND FACT SHEETS, WHICH MAY BE PRINTED AND/OR DISTRIBUTED DIGITALLY.

- CO-SIGNING LETTERS AND/OR JOINING COALITIONS. THROUGH THIS, HADASSAH VOICES POSITIONS ON LEGISLATION, WHICH ARE THEN SHARED WITH ELECTED OFFICIALS, THE PRESS AND/OR POSTED ONLINE. STAFF TIME IS ALSO SPENT PARTICIPATING IN COALITION CONFERENCE CALLS.

PUBLIC AFFAIRS CONSULTANTS PLUS COMMUNICATIONS HELP RESEARCH AND ASSESS THE POLICY LANDSCAPE AND SUPPORT HADASSAH'S DEVELOPMENT OF ADVOCACY PRIORITIES AND STRATEGY. THE CONSULTANTS SUPPORTED HADASSAH'S ADVOCACY WORK AS DESCRIBED ABOVE WITH RESEARCH, DRAFTING, EDITING, AND PRESS/MEDIA RELATIONS.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public Inspection****Name of the organization** HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**Employer identification number**
13-1656651**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☒ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	97,338,719.	81,190,012.	84,035,423.	73,277,151.	69,765,383.
b Contributions					
c Net investment earnings, gains, and losses	17,987,974.	16,148,707.	-2,845,411.	10,758,272.	3,511,768.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,972,223.				
f Administrative expenses					
g End of year balance	111,354,470.	97,338,719.	81,190,012.	84,035,423.	73,277,151.

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

a Board designated or quasi-endowment ☐ 100 %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		301,480.		301,480.
b Buildings		2,721,657.	1,835,666.	885,991.
c Leasehold improvements		2,493,888.	997,101.	1,496,787.
d Equipment		5,362,170.	4,391,571.	970,599.
e Other		1,360,661.	847,707.	512,954.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,167,811.

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

Schedule D (Form 990) 2020

13-1656651 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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 or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	86,900,218.
(2) SECURITY DEPOSITS	940,756.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	87,840,974.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) DUE TO AFFILIATES	1,104,407.
(3) LIABILITIES UNDER DEFERRED GIVING	
(4) ARRANGEMENTS	34,998,882.
(5) LOANS PAYABLE - FICA CARES ACT	664,238.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	36,767,527.

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

Schedule D (Form 990) 2020

HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC

Schedule D (Form 990) 2020

13-1656651 Page 4

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

UNCERTAIN TAX POSITIONS

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX PROVISIONS ONLY IF
THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME
GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE
IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. TAXES ON
DISALLOWED EXPENSES AND VALUE ADDED TAX PAID WERE INCLUDED IN THE SECTIONS
OF THE EXPENSES ON WHICH THE TAX WAS IMPOSED. AS OF DECEMBER 31, 2020 AND
2019, 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.

Part XIII Supplemental Information (continued)

WORKS OF ART

SCHEDULE D, PART III, LINE 4

HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC'S WORKS 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.

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.'S (HWZOA) ENDOWMENT FUNDS REPRESENTED IN SCHEDULE D, PART V ARE COMPRISED OF BOARD DESIGNATED NET ASSETS. BOARD DESIGNATED NET ASSETS ARE UNRESTRICTED NET ASSETS SUBJECT TO SELF-IMPOSED LIMITS BY ACTION OF THE GOVERNING BOARD 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 F
(Form 990)**Department of the Treasury
Internal Revenue Service**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020Open to Public
Inspection

Name of the organization

HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC

Employer identification number

13-1656651

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on
Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
MIDDLE EAST & NORTH AFRICA	0	0	GRANTMAKING		1,574,342.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTMAKING		542,333.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	HMO & EDUCATION	780,899.
3 a Subtotal	0	0			2,897,574.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,897,574.

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

Schedule F (Form 990) 2020

HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC

Schedule F (Form 990) 2020

13-1656651

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST /NORTH AFRICA	GENERAL SUPPORT	1574342.	WIRE	0.		
		MIDDLE EAST /NORTH AFRICA	GENERAL SUPPORT	542,333.	WIRE	0.		

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

Schedule F (Form 990) 2020

Part III can be duplicated if additional space is needed.

[illegible]

HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC

Schedule F (Form 990) 2020

13-1656651 Page 4

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2020

Part V

Supplemental Information

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

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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Employer identification number
13-1656651

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HADASSAH SUPER SOUTH GEO AREA 1050 CROWN POINTE PKWY ATLANTA, GA 30338	84-3104596	501(C)(3)	27,373.	0.			GENERAL SUPPORT
HADASSAH GREATER WASHINGTON 11900 PARKLAWN DRIVE ROCKVILLE, MD 20852	52-0211782	501(C)(3)	17,738.	0.			GENERAL SUPPORT
HADASSAH GREATER PHILADELPHIA 1518 WALNUT STREET PHILADELPHIA, PA 19102	23-1538399	501(C)(3)	7,182.	0.			GENERAL SUPPORT
HADASSAH MID ATLANTIC GEO AREA 1518 WALNUT STREET PHILADELPHIA, PA 19102	83-3782699	501(C)(3)	67,063.	0.			GENERAL SUPPORT
HADASSAH NORTH EAST 1320 CENTRE STREET NEWTON CENTER, MA 02459	38-3861003	501(C)(3)	30,208.	0.			GENERAL SUPPORT
HADASSAH WESTCHESTER 10 KING STREET WHITE PLAINS, NY 10604	13-1878047	501(C)(3)	19,524.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **32.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

Schedule I (Form 990)

13-1656651

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HADASSAH UPPER MIDWEST 60 REVERE DRIVE NORTHBROOK, IL 60062	45-0338351	501(C)(3)	10,893.	0.			GENERAL SUPPORT
HADASSAH GREATER DETROIT 5030 ORCHARD LAKE RD WEST BLOOMFIELD, MI 48323	38-1396062	501(C)(3)	53,594.	0.			GENERAL SUPPORT
HADASSAH LOWER NEW YORK STATE 40 WALL STREET NEW YORK, NY 10005	13-2725120	501(C)(3)	6,706.	0.			GENERAL SUPPORT
HADASSAH SOUTHERN NEW JERSEY 1518 WALNUT STREET PHILADELPHIA, PA 19102	22-3069434	501(C)(3)	35,876.	0.			GENERAL SUPPORT
HADASSAH PACIFIC NORTHWEST 455 SOUTH ROBERTSON BLVD. BEVERLY HILLS, CA 90211	91-0750738	501(C)(3)	5,510.	0.			GENERAL SUPPORT
HADASSAH NORTHERN NEW JERSEY 300 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	22-6017974	501(C)(3)	28,531.	0.			GENERAL SUPPORT
HADASSAH NEW YORK 40 WALL STREET NEW YORK, NY 10005	13-1628187	501(C)(3)	10,262.	0.			GENERAL SUPPORT
HADASSAH NASSAU 430 DE MOTT AVENUE ROCKVILLE CENTRE, NY 11570	11-1844603	501(C)(3)	25,715.	0.			GENERAL SUPPORT
HADASSAH CHICAGO NORTHSHORE 60 REVERE DRIVE NORTHBROOK, IL 60062	36-3005699	501(C)(3)	45,777.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

Schedule I (Form 990)

13-1656651

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HADASSAH GREATER SOUTHWEST 24 BRAESWOOD SQUARE HOUSTON, TX 77096	36-4573135	501(C)(3)	49,419.	0.			GENERAL SUPPORT
HADASSAH FLORIDA ATLANTIC 1325 SOUTH CONGRESS AVE. BOYNTON BEACH, FL 33426	59-2057880	501(C)(3)	37,093.	0.			GENERAL SUPPORT
HADASSAH FLORIDA GEO AREA 1325 SOUTH CONGRESS AVE. BOYNTON BEACH, FL 33426	83-4381140	501(C)(3)	46,923.	0.			GENERAL SUPPORT
HADASSAH CENTRAL PACIFIC COAST 455 SOUTH ROBERTSON BLVD. BEVERLY HILLS, CA 90211	22-6017974	501(C)(3)	20,412.	0.			GENERAL SUPPORT
HADASSAH BROOKLYN 1625 OCEAN AVENUE BROOKLYN, NY 11230	11-1733456	501(C)(3)	8,162.	0.			GENERAL SUPPORT
HADASSAH MIDWEST GEO AREA 60 REVERE DRIVE NORTHBROOK, IL 60062	84-2140026	501(C)(3)	106,510.	0.			GENERAL SUPPORT
HADASSAH METRO GEO AREA 300 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	84-1930527	501(C)(3)	41,955.	0.			GENERAL SUPPORT
HADASSAH SOUTHERN SEABOARD 1050 CROWN POINTE PARKWAY ATLANTA, GA 30338	30-0212774	501(C)(3)	11,651.	0.			GENERAL SUPPORT
HADASSAH SOUTHERN NEW ENGLAND 1320 CENTRE STREET NEWTON CENTER, MA 02459	22-2538049	501(C)(3)	8,991.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

Schedule I (Form 990)

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Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HADASSAH SOUTHEASTERN 1050 CROWN POINTE PARKWAY ATLANTA, GA 30338	57-1108518	501(C)(3)	8,253.	0.			GENERAL SUPPORT
HADASSAH SOUTHERN 1050 CROWN POINTE PARKWAY ATLANTA, GA 30338	54-2070226	501(C)(3)	16,058.	0.			GENERAL SUPPORT
HADASSAH NORTHERN NEW ENGLAND 1320 CENTRE STREET NEWTON CENTER, MA 02459	04-2294551	501(C)(3)	9,361.	0.			GENERAL SUPPORT
HADASSAH DESERT MOUNTAIN 24 BRAESWOOD SQUARE HOUSTON, TX 77096	84-1509842	501(C)(3)	21,289.	0.			GENERAL SUPPORT
HADASSAH CONNECTICUT 40 WALL STREET NEW YORK, NY 10005	06-0846161	501(C)(3)	25,626.	0.			GENERAL SUPPORT
HADASSAH FLORIDA CENTRAL 1325 SOUTH CONGRESS AVE. BOYNTON BEACH, FL 33426	59-3654842	501(C)(3)	26,744.	0.			GENERAL SUPPORT
HADASSAH WEST COAST 455 SOUTH ROBERTSON BLVD. BEVERLY HILLS, CA 90211	84-3462453	501(C)(3)	28,014.	0.			GENERAL SUPPORT
HADASSAH MEDICAL RELIEF ASSOCIATION, INC. - 40 WALL STREET - NEW YORK, NY 10005	13-6110872	501(C)(3)	244,477.	0.			GENERAL SUPPORT

Schedule I (Form 990)

HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC

13-1656651

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

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

Part IV **Supplemental Information.** 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

Schedule J (Form 990) 2020

13-1656651

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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANICE WEINMAN	(i)	105,943.	0.	2,284.	7,786.	9,836.	125,849.	0.
CHIEF EXECUTIVE OFFICER	(ii)	295,356.	0.	6,369.	21,706.	27,420.	350,851.	0.
(2) SHERYL ZELIGSON	(i)	103,319.	0.	477.	7,676.	9,561.	121,033.	0.
GENERAL COUNSEL	(ii)	288,042.	0.	1,329.	21,401.	26,654.	337,426.	0.
(3) JOSHUA REDNIK	(i)	5,701.	0.	10.	402.	879.	6,992.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	362,103.	0.	620.	25,562.	55,829.	444,114.	0.
(4) RON ALONI	(i)	96,165.	0.	166.	6,785.	13,387.	116,503.	0.
CFO/COO	(ii)	268,096.	0.	464.	18,917.	37,320.	324,797.	0.
(5) BART MINSKY	(i)	71,278.	0.	1,408.	5,285.	9,190.	87,161.	0.
HUMAN RESOURCES	(ii)	198,716.	0.	3,926.	14,733.	25,619.	242,994.	0.
(6) LORI B LASSON	(i)	3,783.	0.	41.	289.	858.	4,971.	0.
PLANNED GIVING	(ii)	240,293.	0.	2,609.	18,355.	54,467.	315,724.	0.
(7) JODI WECHTER-LEVY	(i)	57,479.	0.	381.	4,220.	5,828.	67,908.	0.
FINANCE DIRECTOR	(ii)	160,243.	0.	1,062.	11,763.	16,247.	189,315.	0.
(8) LISA KANNER	(i)	50,446.	0.	78.	3,809.	5,845.	60,178.	0.
LEGAL	(ii)	140,639.	0.	219.	10,620.	16,296.	167,774.	0.
(9) ELEANOR ROZLYNE GOLDHAR	(i)	192,800.	0.	6,067.	2,258.	4,987.	206,112.	0.
COMMUNICATION	(ii)	10,147.	0.	319.	119.	262.	10,847.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3

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 ALLOCATE 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 COMPENSATION COMMITTEE.

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.

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.

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	Employer identification number 13-1656651
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN THE US, WE ENHANCE THE QUALITY OF AMERICAN AND JEWISH LIFE.

ORGANIZATION'S MISSION FORM 990, PART III, LINE 1:

HWZOA IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT UNDER 501(C)(3) OF THE US
INTERNAL REVENUE CODE. IN ISRAEL, HADASSAH 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 SUPPORT OF 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:

APPROXIMATELY 300,000 MEMBERS, DONORS, AND ASSOCIATES STRONG AND WITH
MEMBERS IN EVERY CONGRESSIONAL DISTRICT, HADASSAH IS THE LARGEST
WOMEN'S ZIONIST MEMBERSHIP ORGANIZATION IN THE UNITED STATES. HADASSAH
MEMBERS, DONORS, AND ASSOCIATES ENJOY ACCESS TO PERSONAL DEVELOPMENT
OPPORTUNITIES, LEADERSHIP TRAINING, TRAVEL TO ISRAEL, PROFESSIONAL
NETWORKING OPPORTUNITIES, AND HEALTH AND JEWISH EDUCATION PROGRAMS.
HADASSAH'S 730+ LOCAL UNITS (CHAPTERS AND GROUPS) ALLOW FOR MEMBERS TO
ACTIVELY PARTICIPATE AND SUPPORT PROGRAMS IN THEIR LOCAL COMMUNITIES
AND IN ISRAEL. HADASSAH PROVIDES MARKETING ASSISTANCE TO ENGAGE CURRENT
AND PROSPECTIVE MEMBERS/DONORS VIA PRINT MATERIALS, DIGITAL
COMMUNICATIONS, SOCIAL MEDIA, AND LOCAL/NATIONAL MEDIA STORIES.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization HADASSAH THE WOMEN'S ZIONIST
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PROGRAMMING, ADVOCACY, ZIONIST EDUCATION: HADASSAH PROVIDES
OPPORTUNITIES TO STUDY ABOUT JUDAISM, ISRAEL, ZIONISM, AND JEWISH
HISTORY, HEBREW, LITERATURE, AND CULTURE WITH ENGAGEMENT IN A VARIETY
OF LOCAL COMMUNITY PROGRAMS.

AS PART OF HEALTH AND WELLNESS PROGRAMS, CREATED FOR OUR AMERICAN
HADASSAH CHAPTERS, HADASSAH BEGAN PRODUCING EDUCATIONAL MATERIALS
HIGHLIGHTING DISEASES WHICH COINCIDED WITH RESEARCH HAPPENING AT
HADASSAH'S HOSPITALS IN JERUSALEM AND WHICH ARE THE FOCUS OF
FUNDRAISING EFFORTS. HADASSAH ASSOCIATES ARE MEN ENROLLED AS PARTNERS
OF HADASSAH, WHO FOR OVER 50 YEARS HAVE LENT THEIR SUPPORT TO THE
ORGANIZATION BY ADVANCING MEDICAL CARE, HEALING AND EDUCATION. IN
2020, THEY RAISED FUNDS FOR A MEN'S AMBULATORY ROOM IN THE SURGICAL DAY
CARE UNIT IN THE ROUND BUILDING.

HADASSAH MEMBERS ADVOCATE FOR ISSUES OF IMPORTANCE TO WOMEN AND THE
JEWISH COMMUNITY AT THE LOCAL, STATE, AND NATIONAL LEVELS. OUR EMAIL
ACTION NETWORK PROVIDES PUBLIC POLICY UPDATES AND TIMELY INFORMATION
ABOUT CRITICAL NATIONAL AND INTERNATIONAL ISSUES VIA BI-MONTHLY EMAIL
COMMUNICATIONS.

HADASSAH PROVIDES MARKETING CAMPAIGNS FOR THESE PROGRAMS IN THE FORM OF
PRINTED MATERIALS, DIGITAL COMMUNICATION, SOCIAL MEDIA, AND MEDIA
STORIES, WHICH ARE ALSO USED AS PART OF HADASSAH UNITS PROGRAMMING AND
COMMUNICATIONS.

LINE 4B - RESEARCH AND PUBLIC POLICY:

DISCUSSING ZIONISM IN THE 21ST CENTURY IS A WEB-BASED SPEAKER VIDEO

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SERIES. SPEAKERS SHARE DIVERSE PERSPECTIVES ON THIS IMPORTANT TOPIC.

**HADASSAH RECORDS GUEST SPEAKERS AND VIDEO CLIPS ARE SHARED VIA SOCIAL
MEDIA, HADASSAH WEBSITE, AND EMAILS. THE VIRTUAL LIBRARY IS NOW QUITE
EXTENSIVE AND CAN BE FOUND AT WWW.HADASSAH.ORG/DEFININGZIONISM**

**IN 2018, HADASSAH LAUNCHED A SECOND PODCAST CALLED THE BRANCH. THIS
PODCAST OFFERS A GLIMPSE INTO THE EVERYDAY LIVES OF JEWS AND ARABS IN
ISRAEL FORGING MEANINGFUL RELATIONSHIPS.**

**HADASSAH'S WEBSITE FEATURES AN ONLINE NATIONAL ACTION CENTER. THIS
PROVIDES MEMBERS WITH THE PLATFORM AND TEMPLATE MESSAGES TO
SEND/CONTACT CONGRESS AND THE WHITE HOUSE ONLINE, INCLUDING FROM MOBILE
DEVICES.**

**HADASSAH CONVENES THE COALITION FOR WOMEN'S HEALTH EQUITY TO RAISE
AWARENESS AND ADDRESS WOMEN'S HEALTH DISPARITIES IN RESEARCH,
PREVENTION, ACCESS TO, AND QUALITY OF CARE. FOR MORE INFORMATION,
VISIT: WWW.HADASSAH.ORG/WOMENSHEALTHEQUITY**

**IN THE UNITED STATES, HADASSAH PROVIDES A FULL ARRAY OF EDUCATIONAL
RESOURCES AND PROGRAM MATERIALS FOCUSED ON BREAST CANCER AWARENESS;
MELANOMA; HEART HEALTH/NUTRITION/DIABETES; ALZHEIMER'S; OPHTHALMOLOGY;
MS. THESE INCLUDE NEWS OF HADASSAH MEDICAL ORGANIZATION'S LATEST
RESEARCH AND INFORMATION TO ENGAGE MEMBERS, DONORS AND PROSPECTIVE NEW
MEMBERS. ADDITIONALLY, WE UPDATE AND ENGAGE THESE AUDIENCES THROUGH OUR
ADVOCACY EFFORTS AROUND WOMEN'S HEALTH EQUITY.**

Name of the organization	HADASSAH THE WOMEN'S ZIONIST ORG. OF AMERICA INC	Employer identification number	13-1656651
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LINE 4C - MARKETING AND COMMUNICATIONS:

ALL DIVISIONS, AS WELL AS SPECIFIC PROJECTS AND PROGRAMS, ARE SUPPORTED BY STRATEGIC MARKETING PLANS THAT COULD INCLUDE SUCH TACTICS AS EMAIL COMMUNICATIONS, WEBSITE ARTICLES/CAMPAIGNS, SOCIAL MEDIA, COLLATERAL MATERIALS, DIRECT MAIL, VIDEOS, AND MEDIA ARTICLES/STORIES/AND OP-EDS. PROJECTS AND PROGRAMMATIC MARKETING INCLUDE BUT ARE NOT LIMITED TO ADVANCING HEALTH, MEDICINE AND RESEARCH AT THE HADASSAH MEDICAL ORGANIZATION IN ISRAEL; PROMOTING HEALTHY LIVING IN THE US THROUGH SUCH PROGRAMS AS EVERY BEAT COUNTS: HADASSAH'S HEART HEALTH PROGRAM, EVERY STEP COUNTS: HADASSAH'S WALKING PROGRAM, EVERY BITE COUNTS, HADASSAH'S NUTRITION PROGRAM, AND A PARTNERSHIP WITH THE JEWISH COMMUNITY CENTER ASSOCIATION (JCCA); HADASSAH MISSION TOURS TO ISRAEL; DOMESTIC AND ISRAEL ADVOCACY; JEWISH/ZIONIST EDUCATION THROUGH SUCH PROGRAMS AS DISCUSSING ZIONISM AND A JOINT PROGRAM WITH THE HARTMAN INSTITUTE; MEMBERSHIP PROGRAMS; PROFESSIONAL COUNCILS FOR NURSES AND ALLIED HEALTHY PROFESSIONALS, PHYSICIANS, AND ATTORNEYS; YOUNG JUDAEA, YOUTH ALIYAH; ANNUAL BUSINESS/BOARD MEETINGS AND NATIONAL CONVENTIONS; VOLUNTEER LEADERSHIP UPDATES, AND MORE. WE USE SOCIAL MEDIA AND THE NEW PODCAST SERIES TO ENGAGE WITH A NEW AND EVEN WIDER AUDIENCE IN ADDITION TO OUR CURRENT MEMBERS. DURING 2020, DESPITE THE CHALLENGES OF THE COVID-19 PANDEMIC, WE CONTINUED ALL OUR NATIONAL PROGRAMMING AND SPECIAL INITIATIVES VIA VIRTUAL DIGITAL PLATFORMS TO CONTINUE SERVICE TO ALL OUR CONSTITUENTS AND TO ENCOURAGE NEW MEMBER ENGAGEMENT.

IN 2017, HADASSAH LAUNCHED ITS FIRST AUDIO PODCAST, HADASSAH ON CALL: NEW FRONTIERS IN MEDICINE, WHICH TAKES AUDIENCES BEHIND THE HEADLINES WITH HADASSAH MEDICAL ORGANIZATION DOCTORS/ RESEARCHERS NURSES.

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LINE 4D - HADASSAH MAGAZINE:

HADASSAH MAGAZINE IS PUBLISHED BIMONTHLY COVERING ISRAEL AND THE
DIASPORA, CULTURE AND TRAVEL, COMMUNITY & FAITH - JOINING PRIZE-WINNING
JOURNALISM WITH OUR READERS' DIVERSE INTERESTS.

EXPENSES \$ 1,726,610. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

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.

FORM 990, PART VI, SECTION A, LINE 7A:

SEE SCHEDULE O, LINE 6 EXPLANATION ABOVE.

FORM 990, PART VI, SECTION A, LINE 7B:

SEE SCHEDULE O, LINE 6 EXPLANATION ABOVE.

FORM 990, PART VI, SECTION B, LINE 11B:

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 PRESENTED TO THE FINANCE COMMITTEE FOR
APPROVAL PRIOR TO FILING WITH THE IRS. THE FORM 990 IS MADE AVAILABLE FOR

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PUBLIC INSPECTION UPON REQUEST AND IS ALSO ON HADASSAH'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

A COPY OF THE CONFLICT OF INTEREST POLICY IS GIVEN TO THE NATIONAL BOARD MEMBERS AND ALL NATIONAL STAFF ONCE EACH YEAR, AND IS ALSO AVAILABLE YEAR-ROUND ON OUR INTRANET AND IN THE PERSONNEL POLICY MANUAL.

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:

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

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INDIVIDUAL MAY RECEIVE A SALARY INCREASE AS APPROVED BY THE COMPENSATION
COMMITTEE. BONUSES ARE GENERALLY NOT AWARDED. FOR PURPOSES OF PART VII AND
SCHEDULE J, SALARIES ARE ALLOCATED BETWEEN HWZOA AND HMRA IN A MANNER
CONSISTENT WITH THE ALLOCATION OF THE EXPENSES BETWEEN THE TWO
ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KY, MD, MA, MI, MN, MS, NH, NJ, NM, OR, PA, SC, TN, UT, VA, WV, WI

FORM 990, PART VI, SECTION C, 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.

PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (390,146)

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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FABULOUS FINDS LLC - 20-3603057 40 WALL STREET NEW YORK, NY 10005	SELL GIFTS	DELAWARE			N/A

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HADASSAH MEDICAL RELIEF ASSOCIATION, INC - 13-6110872, 40 WALL STREET, NEW YORK, NY 10005	CHARITABLE	NEW YORK	501(C)(3)	LINE 7	N/A	X	
THE HADASSAH FOUNDATION, INC. - 13-4022483 40 WALL STREET NEW YORK, NY 10005	CHARITABLE	NEW YORK	501(C)(3)	12, I	N/A	X	
HADASSAH OFFICE IN ISRAEL - 99-9999999 40 WALL STREET NEW YORK, NY 10005	CHARITABLE	ISRAEL	N/A	N/A	N/A	X	
HADASSAH INTERNATIONAL LTD. - 99-9999999 40 WALL STREET NEW YORK, NY 10005	CHARITABLE	BRAZIL	N/A	N/A	N/A	X	

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

Schedule R (Form 990) 2020

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

032222
04-01-20

HADASSAH THE WOMEN'S ZIONIST

Schedule R (Form 990) 2020

ORG. OF AMERICA INC

13-1656651 Page 2

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARIT. REMAINDER ANNUITY TRUSTS (49)	INVESTMENTS	NY	HWZOA	TRUST					X
CHARITABLE REMAINDER UNITRUSTS (15)	INVESTMENTS	NY	HWZOA	TRUST					X
POOLED INCOME FUND (5)	INVESTMENTS	NY	HWZOA	TRUST					X

**HADASSAH THE WOMEN'S ZIONIST
ORG. OF AMERICA INC**

Schedule R (Form 990) 2020

13-1656651 Page 3

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	C	9,373,613.	COST
(2) HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	N	19,552,270.	COST
(3) HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	B	244,477.	COST
(4) HADASSAH INTERNATIONAL, ISRAEL	B	542,333.	COST
(5)			
(6)			

Schedule R (Form 990) 2020

Page 4

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.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART IV, COLUMN(H):

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