PUBLIC DISCLOSURE COPY

Form **990**

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

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

D Employer identification number: 13-1656651

E Telephone number: (212) 355-7900

G Gross receipts $ 159,069,299

F Name and address of principal officer: ELLEN FINKELSTEIN
SAME AS C ABOVE

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:
HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA IS A PHILANTHROPIC MEMBERSHIP ORGANIZATION THAT INSPIRES A COMMITMENT TO ISRAEL BY FUNDING WORLD-CLASS MEDICAL CARE, RESEARCH AND YOUTH DEVELOPMENT. THEY EMPOWER INDIVIDUALS THROUGH EDUCATION, ADVOCACY AND LEADERSHIP OPPORTUNITIES.

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	71
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	71
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	265
6	Total number of volunteers (estimate if necessary)	6	289,509
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	361,637
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	148,049,505	152,553,859
9	Program service revenue (Part VIII, line 2g)	612,777	1,300,205
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,281	10,135
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,675,332	2,904,164
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,343,895	156,768,363

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	57,905,825	47,868,867
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	32,439,812	34,223,730
16a	Professional fundraising fees (Part IX, column (A), line 11e)	694,200	938,400
b	Total fundraising expenses (Part IX, column (D), line 25) 13,402,396		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,363,267	24,379,574
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	115,403,104	107,410,571
19	Revenue less expenses. Subtract line 18 from line 12	36,940,791	49,357,792

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	588,478,451	641,950,248
21	Total liabilities (Part X, line 26)	60,684,812	57,139,505
22	Net assets or fund balances. Subtract line 21 from line 20	527,793,639	584,810,743

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TOBY KERSLAKE		11/12/2026		P01875806

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

Firm's address TWO MANHATTAN WEST, 375 9TH AVENUE, NEW YORK, NY 10001 — Phone no. (212) 758-9700

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

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:

HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA IS A PHILANTHROPIC MEMBERSHIP ORGANIZATION THAT INSPIRES A DEEP COMMITMENT TO THE LAND, PEOPLE AND FUTURE OF ISRAEL BY FUNDING WORLD-CLASS MEDICAL CARE AND RESEARCH AS WELL AS YOUTH DEVELOPMENT. HADASSAH EMPOWERS INDIVIDUALS THROUGH EDUCATION, ADVOCACY, LEADERSHIP OPPORTUNITIES AND PERSONAL FULFILLMENT.

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 $ 47,180,326 including grants of $ 47,180,326) (Revenue $)

GRANT TO AFFILIATES

SEE SCHEDULE O

4b (Code:) (Expenses $ 14,117,759 including grants of $) (Revenue $ 945,064)

MEMBERSHIP AND ENGAGEMENT

SEE SCHEDULE O

4c (Code:) (Expenses $ 4,829,013 including grants of $) (Revenue $)

MARKETING & COMMUNICATIONS

SEE SCHEDULE O

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

(Expenses $ 8,271,844 including grants of $ 688,541) (Revenue $ 355,141)

4e Total program service expenses 74,398,942

Part IV Checklist of Required Schedules

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

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? *If "Yes," complete Schedule I, Parts I and III*	22		✔
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? *If "Yes," complete Schedule J*	23	✔	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
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? *If "Yes," complete Schedule L, Part I*	25a		✔
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? *If "Yes," complete Schedule L, Part I*	25b		✔
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? *If "Yes," complete Schedule L, Part II*	26		✔
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? *If "Yes," complete Schedule L, Part III*	27		✔
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	✔	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✔	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✔
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✔
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	✔	

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	222		
b	Enter the number of Forms W-2G included on 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		✔	

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	265		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		✔	
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		✔	
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		✔	
b	If "Yes," enter the name of the foreign country IS 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			✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✔
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			✔
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		✔	
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			✔
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			✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✔
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? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
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			✔
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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 . . . . . ☑

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 . . 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.	1a	71		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	71		
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			✔
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			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✔	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6		✔	
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		✔	
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		✔	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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			✔

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	✔	
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	✔	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe on 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	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	✔	
b	Other officers or key employees of the organization	15b	✔	
	If "Yes" to line 15a or 15b, describe the process on 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		✔
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 AK, AL, AR, CA, (CONTINUED ON 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, 40 WALL STREET, NY, NY 10005, (212) 355-7900

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

Check if Schedule O contains a response 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) RON ALONI	39.0									
CFO/COO	1.0			✔				428,594	0	110,604
(2) SHERYL ZELIGSON	39.0									
CLO, GEN COUNSEL	1.0				✔			434,864	0	84,899
(3) ELLEN FINKELSTEIN	39.0									
CHIEF EXECUTIVE OFFICER (AS OF 1/6/25)	1.0			✔				400,827	0	47,905
(4) BART MINSKY	40.0									
CHIEF HUMAN RESOURCES OFFICER	0.0					✔		312,599	0	81,459
(5) LISA SMITH	40.0									
CHIEF PLANNED GIVING & ESTATES OFFICER	0.0					✔		243,974	0	109,427
(6) NAOMI BRUNNLEHRMAN	40.0									
DIVISION DIRECTOR, EDUCATION & ADVOCACY (UNTIL 11/21/25)	0.0					✔		246,071	0	95,546
(7) MAXWELL WINER	40.0									
REGIONAL DIR. OF MAJOR GIFTS, WEST (UNTIL 11/17/25)	0.0					✔		278,726	0	46,131
(8) LINDY ETTIN	40.0									
MEMBERSHIP- PROGRAM	0.0					✔		258,757	0	48,645
(9) STEVEN MARK	40.0									
CHIEF DEVELOPMENT OFFICER (AS OF 7/14/25)	0.0				✔			153,826	0	36,877
(10) CAROL ANN SCHWARTZ	39.0									
PRESIDENT	1.0	✔		✔				0	0	0
(11) DALE MARCUS	9.0									
VICE PRESIDENT	1.0	✔		✔				0	0	0
(12) DANA WAXLER	9.0									
VICE PRESIDENT	1.0	✔		✔				0	0	0
(13) DEBORAH WISKIND	9.0									
VICE PRESIDENT	1.0	✔		✔				0	0	0
(14) FRAN FELDMAN	9.0									
VICE PRESIDENT	1.0	✔		✔				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LIZ ALPERT	9.0									
VICE PRESIDENT	1.0	✔		✔				0	0	0
(16) MARCIA GABRILOVE LADIN	19.0									
SECRETARY	1.0	✔		✔				0	0	0
(17) MICHELLE HUBERTUS	9.0									
VICE PRESIDENT	1.0	✔		✔				0	0	0
(18) VIVIANE KOVACS	19.0									
TREASURER	1.0	✔		✔				0	0	0
(19) AILEEN BORMEL	5.0									
NATIONAL BOARD MEMBER	0.0	✔						0	0	0
(20) AMY B SOLOMON	5.0									
NATIONAL BOARD MEMBER	0.0	✔						0	0	0
(21) AUDREY B LEVINE	5.0									
REGION PRES. BOARD MEMBER (UNTIL 5/27/2025)	0.0	✔						0	0	0
(22) BARBARA SHURBERG	5.0									
NATIONAL BOARD MEMBER	0.0	✔						0	0	0
(23) BOBBI PRAGER	5.0									
NATIONAL BOARD MEMBER (AS OF 1/1/2025)	0.0	✔						0	0	0
(24) BONNIE LIPTON	9.0									
PAST NATIONAL PRESIDENT	1.0	✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								2,758,238	0	661,493
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,758,238	0	661,493

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 86

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

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
SALESFORCE.COM INC, 415 MISSION STREET 3RD FLOOR, SAN FRANCISCO, CA 94105	SOFTWARE AND RELATED SERVICES	960,278
CHANGING OUR WORLD, INC, 2055 L ST NW, WASHINGTON, DC 20036	PHILANTHROPY/PROJECT MANAGEMENT SERVICES	939,243
YEHUDA RAVEH & CO., 26 USHIKIN ST., JERUSALEM, 91077, IS	LEGAL	822,184
THE EXCLAMATION POINT, 200 WEST 67TH ST. 26G, NEW YORK, NY 10023	CONSULTANTS	739,409
FREEPORT PRESS, 2127 REISER AVE, SE, NEW PHILADELPHIA, OH 44663	COMMERCIAL PRESS FACILITY	558,505

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 33

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	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	2,079,087				
	d	Related organizations	1d	64,280,687				
	e	Government grants (contributions)	1e	66,205				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	86,127,880				
	g	Noncash contributions included in lines 1a–1f	1g	$ 46,177				
	h	**Total.** Add lines 1a–1f			152,553,859			
Program Service Revenue			Business Code					
	2a	MEMBERSHIP DUES	900099		757,505	757,505		
	b	MAGAZINE REVENUE	611710		355,141	3,639	351,502	
	c	CONFERENCE & EVENT INCOME	611710		187,559	182,559		5,000
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			1,300,205			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			10,135		10,135	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			33,330			33,330
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a						
	b	Less: cost or other basis and sales expenses 7b						
	c	Gain or (loss) 7c	0	0				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including $ 2,079,087 of contributions reported on line 1c). See Part IV, line 18	8a	3,938,291				
	b	Less: direct expenses	8b	2,296,251				
	c	Net income or (loss) from fundraising events			1,642,040			1,642,040
	9a	Gross income from gaming activities. See Part IV, line 19	9a	150,345				
	b	Less: direct expenses	9b	4,685				
	c	Net income or (loss) from gaming activities			145,660			145,660
	10a	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			Business Code					
	11a	OTHER INCOME	900099		762,266			762,266
	b	LEGAL SETTLEMENT	900099		303,973			303,973
	c	CATALOG SALES	459420		16,895			16,895
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			1,083,134			
	12	**Total revenue.** See instructions			156,768,363	943,703	361,637	2,909,164

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	518,087	518,087		
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	47,350,780	47,350,780		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,749,143		1,536,514	212,629
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	23,289,482	10,359,829	6,693,293	6,236,360
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,969,734	782,353	702,270	485,111
9 Other employee benefits	5,349,894	2,422,932	1,455,371	1,471,591
10 Payroll taxes	1,865,477	781,555	599,306	484,616
11 Fees for services (nonemployees):				
a Management				
b Legal	1,994,259	838,426	1,063,467	92,366
c Accounting	466,784		466,784	
d Lobbying	282,800	282,800		
e Professional fundraising services. See Part IV, line 17	938,400			938,400
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	3,046,755	1,598,640	1,269,552	178,563
12 Advertising and promotion	215,301	195,609	6,136	13,556
13 Office expenses	3,206,501	1,858,656	400,274	947,571
14 Information technology	3,380,697	387,621	2,903,529	89,547
15 Royalties				
16 Occupancy	3,406,763	1,469,267	940,549	996,947
17 Travel	1,882,673	1,149,251	562,341	171,081
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,567,556	1,302,593	145,386	119,577
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,363,441	429,427	506,126	427,888
23 Insurance	953,777	322,636	310,063	321,078
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 11g expenses on Schedule O.)				
a SPECIAL EVENTS EXPENSE	2,007,396	2,002,868	4,528	
b PUBLIC RELATIONS	133,934	56,471	52,181	25,282
c OVERHEAD ALLOCATIONS	(522,621)		(522,621)	
d MISC. EXPENSES	993,558	289,141	514,184	190,233
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	107,410,571	74,398,942	19,609,233	13,402,396
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)				

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		45,595,198	2	24,384,953
	3	Pledges and grants receivable, net		20,432,344	3	31,497,784
	4	Accounts receivable, net		1,657,986	4	596,766
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,350,261	9	20,579,430
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,534,775			
	b	Less: accumulated depreciation	10b 13,083,801	7,237,797	10c	5,450,974
	11	Investments—publicly traded securities		42,162,762	11	47,018,590
	12	Investments—other securities. See Part IV, line 11		462,261	12	974,593
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		469,579,842	15	511,447,158
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		588,478,451	16	641,950,248
Liabilities	17	Accounts payable and accrued expenses		8,750,443	17	6,190,435
	18	Grants payable			18	
	19	Deferred revenue		4,915	19	1,911
	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		0	22	0
	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		51,929,454	25	50,947,159
	26	**Total liabilities.** Add lines 17 through 25		60,684,812	26	57,139,505
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		384,544,971	27	421,693,470
	28	Net assets with donor restrictions		143,248,668	28	163,117,273
		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		527,793,639	32	584,810,743
	33	Total liabilities and net assets/fund balances		588,478,451	33	641,950,248

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	156,768,363
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,410,571
3	Revenue less expenses. Subtract line 2 from line 1	3	49,357,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	527,793,639
5	Net unrealized gains (losses) on investments	5	4,593,022
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	3,066,290
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	584,810,743

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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	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?	2b	✔	
	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?	2c	✔	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
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	3b		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
(25) CAROL ROSENTHAL NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(26) CATHY OLSWING NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(27) CHERYL SPERBER NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(28) CLARA GILLMAN NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(29) DEBBIE KNIGHT NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(30) DIANE BISGAIER REGION PRESIDENT BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(31) DIANE SIGEL NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(32) DIANE TAUB NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(33) ELLEN BURKE REGION PRES. BOARD MEMBER	5.0 0.0	✓						0	0	0
(34) ELLEN HERSHKIN PAST NATIONAL PRESIDENT	9.0 1.0	✓						0	0	0
(35) FRANCINE EPHRAIM NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(36) FRIEDA ROSENBERG NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(37) GAIL HAMMERMAN NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(38) GERI LIPSCHITZ NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(39) GRETA ROTHSCHILD NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(40) IRIS ALTSCHULER REGION PRES. BOARD MEMBER	5.0 0.0	✓						0	0	0
(41) JILL B. GOLDSTONE NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(42) JILL SAPPERSTEIN NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(43) JODY FREEDMAN REGION PRESIDENT BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(44) JUDITH MANN NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(45) KAREN BLOOM REGION PRESIDENT BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(46) KAREN KESSLER REGION PRESIDENT BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(47) LAURIE WERNER NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(48) LESLIE DEMAN NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(49) LESLIE FELNER REGION PRES. BOARD MEMBER (AS OF 6/11/2025)	5.0 0.0	✓						0	0	0
(50) LYNDA HEYMAN NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(51) MARCIE NATAN PAST NATIONAL PRESIDENT	9.0 1.0	✓						0	0	0
(52) MARCIE ROSEN REGION PRESIDENT BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(53) MARLENE E. POST PAST NATIONAL PRESIDENT	9.0 1.0	✓						0	0	0
(54) MELISSA NGUYEN NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(55) MERNA SHAPIRO NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(56) MICHELE RUBIN NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(57) MICHELLE CONWISAR NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(58) MICHELLE GOLDBERG NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(59) MIRIAM ARON NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(60) NANCY BLUTH NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(61) NANCY FALCHUK PAST NATIONAL PRESIDENT	9.0 1.0	✓						0	0	0
(62) PAULA ZUCKER REGION PRES. BOARD	5.0 0.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(63) PEG ELEFANT NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(64) RACHEL FREEDMAN NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(65) RHODA SMOLOW PAST NATIONAL PRESIDENT	9.0 1.0	✓						0	0	0
(66) RHONDA SAUNDERS NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(67) RITA SHAPIRO NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(68) RONI SCHWARTZ NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(69) ROZ KANTOR NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(70) RUTH GURSKY NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(71) SALLY KLEINMAN NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(72) SARA EFRAT EFRON NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(73) SHARON CADOFF NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(74) SHARON SISSELSKY NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(75) SHEILA GLASS NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(76) SHELLEY KAPLAN NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(77) STEPHANIE Z. BONDER NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(78) SUSAN GLICKSBERG NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(79) SUSAN SHIKORA NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0
(80) TAMI RABIN NATIONAL BOARD MEMBER (AS OF 1/1/2025)	5.0 0.0	✓						0	0	0
(81) TRACEY DRAYER NATIONAL BOARD MEMBER	5.0 0.0	✓						0	0	0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	497,069,423	79,561,052	131,825,758	148,038,515	152,553,859	1,009,048,607
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	497,069,423	79,561,052	131,825,758	148,038,515	152,553,859	1,009,048,607
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)						6,860,715
6 **Public support.** Subtract line 5 from line 4						1,002,187,892

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	497,069,423	79,561,052	131,825,758	148,038,515	152,553,859	1,009,048,607
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,125	313,608	543,896	289,996	33,330	1,240,955
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	151,996	134,560	502,860	5,904,084	5,171,770	11,865,270
11 **Total support.** Add lines 7 through 10						1,022,154,832
12 Gross receipts from related activities, etc. (see instructions)					12	1,905,304

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 2025 (line 6, column (f), divided by line 11, column (f))	14	98.05 %
15	Public support percentage from 2024 Schedule A, Part II, line 14	15	98.22 %

16a **33 1/3% support test—2025.** 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—2024.** 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—2025.** 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—2024.** 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 ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on 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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** 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—2024.** 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 on line 12 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI****.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 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 on 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

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 supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on 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, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct 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		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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 *(explain in detail in* ***Part VI****)*:			
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).

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—*provide details in* ***Part VI***)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART I - EXPLANATION	HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC.'S ("HWZOA") RELATED ORGANIZATION, HADASSAH MEDICAL RELIEF ASSOCIATION, INC. ("HMRA"), REQUESTED AND RECEIVED A CHANGE IN CLASSIFICATION BY THE IRS TO A SUPPORTING ORGANIZATION TO HWZOA DESCRIBED IN SECTION 509(A)(3). HMRA ALSO CONTINUES TO QUALIFY AS A PUBLIC CHARITY DESCRIBED IN SECTION 509(A)(1) BECAUSE IT CONTINUES TO SATISFY THE PUBLIC SUPPORT TEST OF SECTION 170(1)(A)(VI).

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	

Description	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
(1) OTHER INCOME	78,136	82,929	275,054	76,791	762,266	1,275,176
(2) CATALOG SALES	36,020	31,831	27,806	9,799	16,895	122,351
(3) GROSS INCOME FROM FUNDRAISING	37,840	19,800	200,000	4,039,188	3,938,291	8,235,119
(4) GROSS INCOME FROM GAMING				116,647	150,345	266,992
(5) LEGAL SETTLEMENT				1,661,659	303,973	1,965,632
Total	151,996	134,560	502,860	5,904,084	5,171,770	11,865,270

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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), 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), 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).

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		$ 64,239,421	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 6,126,430	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 6,032,806	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 4,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 3,850,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 3,348,235	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Employer identification number: 13-1656651

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

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

(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 information once. See instructions.) $ _____
Use duplicate copies of Part III if additional space is needed.

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

Transferee's name, address, and ZIP + 4 | **Relationship of transferor to transferee**

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | **Relationship of transferor to transferee**

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | **Relationship of transferor to transferee**

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | **Relationship of transferor to transferee**

SCHEDULE C (Form 990)

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

2025

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
HADASSAH, THE WOMEN'S ZIONIST ORG. OF AMERICA INC.	13-1656651

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
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		
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-		

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

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) 2022	(b) 2023	(c) 2024	(d) 2025	(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					

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) Yes	(a) No	(b) 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?	✔		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✔		
c	Media advertisements?		✔	
d	Mailings to members, legislators, or the public?	✔		88,708
e	Publications, or published or broadcast statements?	✔		108,501
f	Grants to other organizations for lobbying purposes?		✔	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✔		103,581
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✔		74,076
i	Other activities?	✔		2,000
j	Total. Add lines 1c through 1i			376,866
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✔	
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 carry over to the reasonable estimate of nondeductible lobbying and political expenditures 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.

SEE NEXT PAGE

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.

Return Reference - Identifier	Explanation
SCHEDULE C, 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. *ORGANIZING CONGRESSIONAL BRIEFINGS. *STAFF TIME IS SPENT RESEARCHING AND DRAFTING REPORTS FOR MEETINGS WITH ELECTED OFFICIALS AND STAFF. 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 AND SIT DOWN WITH A SENATOR PROGRAMS, THROUGH WHICH HADASSAH MEMBERS AND SUPPORTERS ARRANGE LOBBY MEETINGS WITH FEDERAL LEGISLATORS DURING IN-DISTRICT WORK WEEKS OR VIRTUALLY. HADASSAH PROVIDES TRAINING SESSIONS, PRESENTATIONS, DIGITAL TOOLS/RESOURCES, AND GUIDANCE TO UNITS PLANNING THESE PROGRAMS. *PROVIDING SUPPORT TO UNITS WHO ORGANIZE LOBBYING PROGRAMS IN WASHINGTON (DAYS ON THE HILL) OR STATE CAPITOLS (DATE WITH THE STATE). *DISTRIBUTING EMAIL NEWSLETTERS AND ALERTS WITH ACTION OPPORTUNITIES 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 ENCOURAGE OTHERS TO LOBBY OFFICIALS (THROUGH THE NATIONAL ACTION CENTER, 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 RATIONAL 360 HELPED 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 RELATIONS.

SCHEDULE D (Form 990)
(Rev. January 2025)

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

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 on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 $ 0

(ii) Assets included in Form 990, Part X $ 74,800

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 $

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
- b ☐ Scholarly research
- c ☑ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ 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.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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 in 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	129,065,144	117,010,482	109,982,898	130,958,910	111,354,470
b Contributions	20,395,383	17,341,142	14,446,523	6,910,826	24,252,888
c Net investment earnings, gains, and losses					
d Grants or scholarships	2,376,223	304,176	2,639,836	23,004,003	560,946
e Other expenditures for facilities and programs	5,230,721	4,982,304	4,779,103	4,882,835	4,087,502
f Administrative expenses					
g End of year balance	141,853,583	129,065,144	117,010,482	109,982,898	130,958,910

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

- a Board designated or quasi-endowment 89.53 %
- b Permanent endowment 2.30 %
- c Term endowment 8.17 %

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:

	Yes	No
(i) Unrelated organizations? 3a(i)		✔
(ii) Related organizations? 3a(ii)	✔	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	✔	

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		2,972,712	2,180,231	792,481
c Leasehold improvements		2,493,887	1,813,954	679,933
d Equipment		9,825,693	7,270,977	2,554,716
e Other		2,941,003	1,818,639	1,122,364
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				5,450,974

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. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

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. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

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 & SECURITY DEPOSITS	466,145,371
(2) ASSETS OF TRUSTS & SPLIT INTEREST AGREEMENTS	30,066,764
(3) RIGHT OF USE ASSET	15,235,023
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	511,447,158

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	3,015,099
(3) LIABILITIES UNDER DEFERRED GIVING ARRANGEMENTS	30,655,880
(4) LOANS PAYABLE - LONG TERM LEASE LIABILITY	17,276,180
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	50,947,159

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 . ☑

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.

SEE STATEMENT

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC'S WORKS OF ART REFLECTS THE MISSION AND SPIRIT OF THE ORGANIZATION.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	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, PERMANENTLY RESTRICTED AND TEMPORARILY RESTRICTED NET ASSETS. THE PERMANENTLY RESTRICTED NET ASSETS ARE SUBJECT TO DONOR-IMPOSED RESTRICTIONS, WHICH STIPULATE THAT THE PRINCIPAL BE MAINTAINED PERMANENTLY BUT PERMIT HWZOA TO EXPEND PART OR ALL OF THE INCOME AND GAINS DERIVED THEREFROM. THE INCOME AND GAINS ARE TEMPORARILY RESTRICTED NET ASSETS. BOARD DESIGNATED NET ASSETS ARE UNRESTRICTED NET ASSETS SUBJECT TO SELF-IMPOSED LIMITS BY ACTION OF THE GOVERNING BOARD. THE TEMPORARILY RESTRICTED TERM ENDOWMENTS ARE SUBJECT TO DONOR-IMPOSED RESTRICTIONS. THESE FUNDS WILL BE USED TO SUPPORT MEDICAL CARE AND RESEARCH AT HADASSAH MEDICAL ORGANIZATION AND TO ENHANCE THE HEALTH AND LIVES OF PEOPLE IN ISRAEL, THE UNITED STATES AND WORLDWIDE.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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 THE 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, 2025 AND 2024, THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED INCOME TAX LIABILITY, WHICH WOULD HAVE A MATERIAL IMPACT ON ITS CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)
(Rev. January 2025)

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

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 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
(1)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		47,147,770
(2)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		203,010
(3)	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	HMO & EDUCATION	1,845,679
(4)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	HMO & EDUCATION	64,711
(5)	SOUTH AMERICA	0	0	PROGRAM SERVICES	HMO & EDUCATION	1,062
(6)	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HMO & EDUCATION	14,825
(7)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	HMO & EDUCATION	10,248
(8)	SOUTH ASIA	0	0	PROGRAM SERVICES	HMO & EDUCATION	11,508
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			49,298,813
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			49,298,813

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)
(1)			MIDDLE EAST AND NORTH AFRICA	MEDICAL PROGRAMS	39,036,434	WIRE			
(2)			MIDDLE EAST AND NORTH AFRICA	MED PROG & YOUTH PRG & GEN'L SUPPT	4,360,623	WIRE			
(3)			MIDDLE EAST AND NORTH AFRICA	EDUCATION & SCHOLARSHIPS	120,454	WIRE			
(4)			MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	877,310	WIRE			
(5)			MIDDLE EAST AND NORTH AFRICA	YOUTH PROGRAM	50,000	WIRE			
(6)			MIDDLE EAST AND NORTH AFRICA	GENERAL SUPPORT	2,702,949	WIRE			
(7)			NORTH AMERICA (CANADA & MEXICO ONLY)	GENERAL SUPPORT	203,010	WIRE			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 7

3 Enter total number of other organizations or entities 0

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

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ **Yes**	☑ **No**
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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**

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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL SOUTH AMERICA - ACCRUAL EAST ASIA AND THE PACIFIC - ACCRUAL SOUTH ASIA - ACCRUAL

Return Reference - Identifier	Explanation
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL

SCHEDULE G (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number
13-1656651

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of nongovernment grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1	CHANGING OUR WORLD, INC, 1285 AVENUE OF THE AMERICAS, 5TH FLOOR, NEW YORK, NY 10019	CONSULTING		✔	0	938,400	(938,400)
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					0	938,400	(938,400)

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FOUNDER'S DINNER (event type)	(b) Event #2 LONG ISLAND WALK FOR STEM CELL RI (event type)	(c) Other events 2559 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	636,173	158,422	5,222,783	6,017,378
	2 Less: Contributions	636,173	141,996	1,300,918	2,079,087
	3 Gross income (line 1 minus line 2)	0	16,426	3,921,865	3,938,291
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	2,509			2,509
	6 Rent/facility costs		750	155,877	156,627
	7 Food and beverages	30,644		274,712	305,356
	8 Entertainment	43,500		48,782	92,282
	9 Other direct expenses	52,000	15,676	1,671,801	1,739,477
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,296,251
	11 Net income summary. Subtract line 10 from line 3, column (d)				1,642,040

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	244		150,101	150,345
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses			4,685	4,685
	6 Volunteer labor	☐ Yes % ☑ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				4,685
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				145,660

9 Enter the state(s) in which the organization conducts gaming activities: CA, NJ

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	0 %
b	An outside facility	**13b**	100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name JODI WECHTER LEVY

Address 40 WALL STREET, NEW YORK, NY 10005

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name RON ALONI, CFO/COO

Gaming manager compensation $ 5,400

Description of services provided OVERALL SUPERVISION & MANAGEMENT OF GAMING OPERATION AS THE CFO/COO

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(IV) - GROSS RECEIPTS FROM ACTIVITY	CHANGING OUR WORLD, INC. PROVIDED FUNDRAISING CONSULTING SERVICES. NO RELATED FUNDRAISING REVENUE IS ATTRIBUTABLE IN 2025.

SCHEDULE I (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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 noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) BRANDEIS UNIVERSITY 415 SOUTH STREET, WALTHAM, MA 02454	04-2103552	501(C)(3)	104,618				EDUCATIONAL PROGRAMS
(2) (SEE STATEMENT)	58-6014651	501(C)(3)	251,000				YOUTH PROGRAMS
(3) (SEE STATEMENT)	95-3645825	501(C)(3)	8,608				GENERAL SUPPORT
(4) (SEE STATEMENT)	13-5654375	501(C)(3)	20,200				YOUTH PROGRAMS
(5) CAMP YOUNG JUDAEA- SPROUT LAKE 6 SPROUT LAKE CAMP ROAD, VERBANK, NY 12585	13-2830437	501(C)(3)	11,200				YOUTH PROGRAMS
(6) CAMP MIDWEST 4711 GOLF ROAD SUITE 600, SKOKIE, IL 60076	39-1672846	501(C)(3)	19,200				YOUTH PROGRAMS
(7) AMERICAN JEWISH HISTORICAL SOCIETY 15 WEST 16TH STREET, NEW YORK, NY 10011	13-1764804	501(C)(3)	20,000				GENERAL SUPPORT
(8) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE, CLEVELAND, OH 44106-7037	34-1018992	501(C)(3)	80,260				MEDICAL
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CAMP YOUNG JUDAEA HENDERSONVILLE 48 CAMP JUDAEA DRIVE, HENDERSONVILLE, NC 28792
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JEWISH COMMUNITY FOUNDATION OF ORANGE COUNTY 1 FEDERATION WAY, SUITE 210, IRVINE, CA 92603-0174
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CAMP TEL YEHUDAH 575 8TH AVENUE 11TH FLOOR, NEW YORK, NY 10018

SCHEDULE J (Form 990)
(Rev. January 2025)
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

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

			Yes	No
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	1b		
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?	2		
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?	4a	✔	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	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?	5a		✔
b	Any related organization?	5b		✔
	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?	6a		✔
b	Any related organization?	6b		✔
	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	7	✔	
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	8	✔	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	✔	

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 and/or 1099-NEC 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	RON ALONI CFO/COO	(i)	402,498	25,000	1,096	36,750	73,854	539,198	0
		(ii)	0	0	0	0	0	0	0
2	SHERYL ZELIGSON CLO, GEN COUNSEL	(i)	426,879	5,000	2,985	36,750	48,149	519,763	0
		(ii)	0	0	0	0	0	0	0
3	ELLEN FINKELSTEIN CHIEF EXECUTIVE OFFICER (AS OF 1/6/25)	(i)	399,090	0	1,737	0	47,905	448,732	0
		(ii)	0	0	0	0	0	0	0
4	BART MINSKY CHIEF HUMAN RESOURCES OFFICER	(i)	303,614	0	8,985	32,854	48,605	394,058	0
		(ii)	0	0	0	0	0	0	0
5	LISA SMITH CHIEF PLANNED GIVING & ESTATES OFFICER	(i)	242,206	0	1,768	27,516	81,911	353,401	0
		(ii)	0	0	0	0	0	0	0
6	NAOMI BRUNNLEHRMAN DIVISION DIRECTOR, EDUCATION & ADVOCACY (UNTIL 11/21/25)	(i)	225,744	0	20,327	24,440	71,106	341,617	0
		(ii)	0	0	0	0	0	0	0
7	MAXWELL WINER REGIONAL DIR. OF MAJOR GIFTS, WEST (UNTIL 11/17/25)	(i)	181,009	70,000	27,717	19,477	26,654	324,857	0
		(ii)	0	0	0	0	0	0	0
8	LINDY ETTIN MEMBERSHIP- PROGRAM	(i)	258,342	0	415	27,893	20,752	307,402	0
		(ii)	0	0	0	0	0	0	0
9	STEVEN MARK CHIEF DEVELOPMENT OFFICER (AS OF 7/14/25)	(i)	153,632	0	194	0	36,877	190,703	0
		(ii)	0	0	0	0	0	0	0
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING 2025: NAOMI BRUNNLEHRMAN - $17,874 MAXWELL WINER - $27,420 THESE AMOUNTS ARE REPORTED ON SCHEDULE J, PART II, COLUMN B(III).
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	INDIVIDUALS LISTED ON SCHEDULE J, PART II WITH BONUS PAYMENTS REPORTED IN COLUMN B(II) RECEIVED DISCRETIONARY, NON-FIXED BONUSES.
SCHEDULE J, PART I, LINE 8 - PAYMENTS ON CONTRACT THAT IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION	BASE COMPENSATION PAID TO THE CHIEF EXECUTIVE OFFICER WAS MADE PURSUANT TO A WRITTEN EMPLOYMENT AGREEMENT THAT IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION.
SCHEDULE J, PART II - EXPLANATION	PART II COLUMN C CONSISTS ONLY OF CONTRIBUTIONS TO COMPANY RETIREMENT PLANS. PART II COLUMN D INCLUDES NOT ONLY EMPLOYER PROVIDED BENEFITS, BUT ALSO, EMPLOYEE CONTRIBUTIONS FOR HEALTH INSURANCE, MEDICAL AND/OR CHILDCARE FLEXIBLE SPENDING ACCOUNTS, AND QUALIFIED TRANSPORTATION FRINGE BENEFITS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

Employer identification number
13-1656651

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✔	401	46,177	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (_____)				
26	Other (_____)				
27	Other (_____)				
28	Other (_____)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		✔
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THE NUMBER OF CONTRIBUTIONS IS REPORTED

SCHEDULE O (Form 990)

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

13-1656651

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - DESCRIPTION OF ORGANIZATION'S MISSION	HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC., A NEW YORK NOT-FOR-PROFIT CORPORATION ("HWZOA"), IS A VOLUNTEER-LED ORGANIZATION THAT INSPIRES A PASSION FOR AND COMMITMENT TO THE LAND, THE PEOPLE, AND THE FUTURE OF ISRAEL. THROUGH EDUCATION, ADVOCACY, WOMEN'S EMPOWERMENT AND YOUTH DEVELOPMENT, AND ITS SUPPORT OF MEDICAL CARE AND RESEARCH AT HADASSAH MEDICAL ORGANIZATION IN ISRAEL, HWZOA ENHANCES THE HEALTH AND LIVES OF PEOPLE IN ISRAEL, THE UNITED STATES AND WORLDWIDE.
FORM 990, PART III, LINE 4A - GRANTS TO AFFILIATES	THE HADASSAH MEDICAL ORGANIZATION ("HMO"): HMO IS A NONPROFIT HEALTHCARE SYSTEM IN JERUSALEM, ISRAEL, CONSISTING OF TWO HOSPITAL CAMPUSES, HADASSAH EIN KEREM AND HADASSAH MOUNT SCOPUS. HMO PROVIDES COMPREHENSIVE MEDICAL CARE TO APPROXIMATELY ONE MILLION PATIENTS ANNUALLY REGARDLESS OF RELIGION, ETHNICITY OR BACKGROUND. HMO ADVANCES PATIENT CARE THROUGH CLINICAL EXCELLENCE, MEDICAL RESEARCH, INNOVATION AND PROFESSIONAL EDUCATION. IN 2025, HMO CONTINUED ITS LEADERSHIP IN MEDICAL RESEARCH AND SPECIALIZED CARE, INCLUDING REHABILITATION, ONCOLOGY, CARDIOLOGY AND NEUROSCIENCE. HMO MAINTAINED EXTENSIVE RESEARCH ACTIVITIES, CLINICAL TRIALS AND COLLABORATIONS WITH LEADING MEDICAL INSTITUTIONS WORLDWIDE. DURING PERIODS OF REGIONAL CONFLICT AND EMERGENCY CONDITIONS, HMO CONTINUED PROVIDING UNINTERRUPTED MEDICAL SERVICES THROUGH EMERGENCY PREPAREDNESS MEASURES AND PROTECTED TREATMENT FACILITIES. HMO ALSO SHARED MEDICAL EXPERTISE AND TRAINING INTERNATIONALLY THROUGH PROFESSIONAL COLLABORATIONS AND HUMANITARIAN INITIATIVES. THROUGH SUPPORT FROM HADASSAH AND ITS AFFILIATED ORGANIZATIONS, HMO ADVANCES HEALTHCARE, MEDICAL RESEARCH AND INNOVATION FOR THE BENEFIT OF PATIENTS IN ISRAEL AND AROUND THE WORLD. HADASSAH INTERNATIONAL LTD. ("HIL"): HWZOA PROVIDED SUPPORT TO HIL, A BERMUDA NONPROFIT ENTITY THAT COORDINATES HADASSAH'S INTERNATIONAL AFFILIATES, RAISES FUNDS FOR HMO AND PROMOTES COLLABORATIVE RELATIONSHIPS BETWEEN HMO AND HEALTHCARE INSTITUTIONS WORLDWIDE. THROUGH THEIR SUPPORT OF HMO, MEMBERS AND SUPPORTERS OF HIL CREATE A GLOBAL NETWORK THAT ADVANCES HEALTHCARE, MEDICAL RESEARCH, AND INNOVATION. THROUGH PHILANTHROPIC PARTNERSHIPS, FUNDRAISING ACTIVITIES, AND COLLABORATIVE INITIATIVES, HIL CONTINUES TO PLAY AN IMPORTANT ROLE IN SUPPORTING HMO. HADASSAH OFFICES IN ISRAEL LTD. ("HOI"): HWZOA SUPPORTS HOI, AN ISRAELI NONPROFIT ORGANIZATION THAT ADVANCES HADASSAH'S CHARITABLE, EDUCATIONAL, HEALTHCARE, WOMEN'S EMPOWERMENT AND FUNDRAISING ACTIVITIES IN ISRAEL. INCLUDED IN THIS SUPPORT ARE GRANTS BENEFITING YOUTH ALIYAH PROGRAMS, WHICH PROVIDE HOUSING, EDUCATION, COUNSELING AND RELATED SERVICES TO IMMIGRANT AND AT-RISK YOUTH IN ISRAEL. HADASSAH INTERNATIONAL ISRAEL LTD. ("HII"): HWZOA SUPPORTS HII, AN ISRAELI NONPROFIT ORGANIZATION THAT RAISES FUNDS AND PROMOTES HEALTHCARE INITIATIVES BENEFITING HMO AND OTHER HADASSAH-RELATED ACTIVITIES IN ISRAEL. HADASSAH MEXICO, A.C.: HWZOA PROVIDED SUPPORT TO HADASSAH MEXICO, A.C., A MEXICAN NONPROFIT ORGANIZATION THAT PROMOTES AND SUPPORTS HMO AND RELATED HADASSAH INITIATIVES THROUGH EDUCATIONAL, FUNDRAISING AND COMMUNITY PROGRAMS IN MEXICO.

SCHEDULE O (Form 990)

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

13-1656651

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - MEMBERSHIP AND ENGAGEMENT	HADASSAH ENGAGES NEARLY 300,000 MEMBERS AND DONORS THROUGH ADVOCACY, PHILANTHROPY, LEADERSHIP DEVELOPMENT, EDUCATION AND COMMUNITY SERVICE. THROUGH A NATIONWIDE NETWORK OF CHAPTERS, UNITS AND EVOLVE HADASSAH COMMUNITIES, MEMBERS SUPPORT HADASSAH'S HEALTHCARE, EDUCATIONAL AND CHARITABLE INITIATIVES IN THE UNITED STATES AND ISRAEL. IN 2025, HADASSAH CONTINUED LEADERSHIP DEVELOPMENT PROGRAMS FOR VOLUNTEERS AND EMERGING LEADERS, EXPANDED EDUCATIONAL AND PROFESSIONAL PROGRAMMING, AND PROVIDED OPPORTUNITIES FOR ADVOCACY, NETWORKING, TRAVEL, AND COMMUNITY ENGAGEMENT. 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.
FORM 990, PART III, LINE 4C - MARKETING AND COMMUNICATIONS	HADASSAH CONDUCTS MARKETING AND COMMUNICATIONS ACTIVITIES THAT EDUCATE MEMBERS, DONORS AND THE PUBLIC ABOUT ITS HEALTHCARE, ADVOCACY, EDUCATIONAL AND CHARITABLE PROGRAMS. COMMUNICATIONS ARE DELIVERED THROUGH DIGITAL MEDIA, SOCIAL MEDIA, PUBLICATIONS, PODCASTS, VIDEO CONTENT, DIRECT MAIL, ADVERTISING, AND MEDIA RELATIONS. THESE ACTIVITIES SUPPORT FUNDRAISING, MEMBERSHIP ENGAGEMENT, ADVOCACY INITIATIVES, EDUCATIONAL PROGRAMMING, HEALTHCARE ADVANCEMENT, VOLUNTEER LEADERSHIP DEVELOPMENT AND EMERGENCY RESPONSE CAMPAIGNS.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $8,271,844 INCLUDING GRANTS OF $688,541)(REVENUE $355,141) ADVOCACY AND ZIONIST EDUCATION: HADASSAH ADVANCES ADVOCACY, ZIONIST EDUCATION AND PUBLIC AWARENESS PROGRAMS THROUGHOUT THE UNITED STATES. ACTIVITIES INCLUDE EDUCATION REGARDING ISRAEL, JEWISH HISTORY AND CULTURE, WOMEN'S HEALTH, PUBLIC POLICY, CIVIC ENGAGEMENT AND COMBATING ANTISEMITISM AND HATE. DURING THE YEAR, HADASSAH ENGAGED POLICYMAKERS AT THE FEDERAL, STATE AND INTERNATIONAL LEVELS, MOBILIZED MEMBERS TO ADVOCATE ON ISSUES AFFECTING WOMEN'S HEALTH, MEDICAL RESEARCH AND JEWISH COMMUNITIES, AND COLLABORATED WITH PARTNER ORGANIZATIONS TO ADDRESS ANTISEMITISM AND PROMOTE INTERFAITH UNDERSTANDING. HADASSAH ALSO PROVIDED EDUCATIONAL PROGRAMS, EVENTS, PUBLICATIONS AND LEADERSHIP OPPORTUNITIES THAT STRENGTHENED ENGAGEMENT WITH JEWISH LIFE, ZIONISM AND COMMUNITY SERVICE. AWARD-WINNING MAGAZINE: HADASSAH PUBLISHES HADASSAH MAGAZINE, AN AWARD-WINNING PUBLICATION THAT PROVIDES EDUCATIONAL CONTENT RELATING TO HEALTH, PUBLIC AFFAIRS, JEWISH LIFE, ISRAEL, CULTURE AND ISSUES OF INTEREST TO ITS READERSHIP. YOUTH PROGRAMS: SUPPORTING THE NEXT GENERATION: HADASSAH SUPPORTS YOUTH ALIYAH VILLAGES IN ISRAEL, WHICH PROVIDE HOUSING, EDUCATION, COUNSELING AND VOCATIONAL OPPORTUNITIES FOR IMMIGRANT AND AT-RISK YOUTH. IN 2025, THESE PROGRAMS CONTINUED SERVING VULNERABLE POPULATIONS AND PREPARING YOUNG PEOPLE FOR PRODUCTIVE FUTURES THROUGH EDUCATIONAL, THERAPEUTIC AND LEADERSHIP DEVELOPMENT OPPORTUNITIES. HADASSAH ALSO SUPPORTS PROGRAMS THAT STRENGTHEN JEWISH IDENTITY, LEADERSHIP DEVELOPMENT AND ENGAGEMENT WITH ISRAEL FOR CHILDREN, TEENS AND YOUNG ADULTS. THROUGH SUPPORT OF YOUNG JUDAEA AND RELATED INITIATIVES, PARTICIPANTS ENGAGE IN EDUCATIONAL, LEADERSHIP, VOLUNTEER AND EXPERIENTIAL PROGRAMS IN THE UNITED STATES AND ISRAEL.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	HWZOA'S BYLAWS WERE AMENDED IN AUGUST 2025 TO REVISE THE ORGANIZATION'S PROCEDURES SO THAT ROBERT'S RULES OF ORDER NO LONGER GOVERN THE REMOVAL OF MEMBERS, INSTEAD AUTHORIZING THE NATIONAL BOARD TO ADOPT A POLICY GOVERNING MEMBER REMOVAL.

SCHEDULE O (Form 990)

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

13-1656651

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. ("HWZOA") 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. HWZOA'S MEMBERS ELECT THE DIRECTORS OF THE NATIONAL BOARD ANNUALLY AT THEIR NATIONAL BUSINESS MEETING EXCEPT FOR CERTAIN REGION PRESIDENT BOARD MEMBERS WHO SERVE AS DIRECTORS BY VIRTUE OF THEIR POSITION IN THE ORGANIZATION AND WHO ARE CHOSEN BY THE REGION PRESIDENTS. THE MEMBERSHIP OF HADASSAH MEDICAL RELIEF ASSOCIATION, INC. ("HMRA") CONSISTS OF THE CORPORATE ENTITY, HWZOA, THE EXECUTIVE COMMITTEE OF HWZOA SERVES AS THE BOARD OF DIRECTORS OF HMRA.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	SEE SCHEDULE O, LINE 6 EXPLANATION ABOVE.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	SEE SCHEDULE O, LINE 6 EXPLANATION ABOVE.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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 PUBLIC INSPECTION UPON REQUEST AND IS ALSO ON HADASSAH'S WEBSITE.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	ON A PERIODIC BASIS, THE ORGANIZATION ENGAGES AN INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION SPECIALIST TO CONDUCT A REVIEW OF VARIOUS COMPARABILITY DATA FOR COMPARABLE KEY EMPLOYEE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. ADDITIONALLY, WHEN AN OFFICER OR KEY EMPLOYEE IS HIRED, THE SEARCH FIRM PROVIDES THEIR INDEPENDENT REVIEW OF COMPENSATION. 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. IN SUBSEQUENT YEARS, AN INDIVIDUAL MAY RECEIVE A SALARY INCREASE AS APPROVED BY THE COMPENSATION COMMITTEE.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SEE SCHEDULE O, LINE 15A EXPLANATION ABOVE.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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.

SCHEDULE O (Form 990)

(Rev. January 2025)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

13-1656651

Return Reference - Identifier	Explanation
FORM 990, PART VIII, LINE 1D - HADASSAH MEDICAL RELIEF ASSOCIATION, INC. ASSISTANCE	HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC.'S ("HWZOA") RELATED ORGANIZATION, HADASSAH MEDICAL RELIEF ASSOCIATION, INC. ("HMRA"), HAS THE DISCRETION AND RESPONSIBILITY FOR ADMINISTERING, MANAGING AND INVESTING CERTAIN INVESTMENT ASSETS ON BEHALF OF HWZOA AND THE HADASSAH FOUNDATION, INC. ("HF"). ON A QUARTERLY BASIS, HMRA TRANSFERS TO HWZOA AND HF THEIR PRO RATA SHARE OF INVESTMENT RETURN, WHICH IS REPORTED ON THE HWZOA FORM 990, PART VIII, LINE 1D AS CONTRIBUTIONS, GIFTS, GRANTS, AND OTHER SIMILAR AMOUNTS FROM RELATED ORGANIZATIONS. THIS REPORTING IS CONSISTENT WITH HWZOA'S AUDITED FINANCIAL STATEMENTS, WHERE SUCH TRANSFERS ARE SHOWN AS GRANTS FROM AFFILIATES AND ELIMINATED ON CONSOLIDATION. THE STRUCTURE BETWEEN HMRA, HWZOA, AND HF IS DESIGNED TO MAXIMIZE INVESTMENT RETURNS AND PROVIDE STABLE FUNDING FOR HWZOA AND HF'S CHARITABLE ACTIVITIES. THESE FUNDS ARE USED BY HWZOA TO FURTHER ITS EXEMPT PURPOSE OF INSPIRING A PASSION FOR AND COMMITMENT TO THE LAND, THE PEOPLE, AND THE FUTURE OF ISRAEL. THROUGH EDUCATION, ADVOCACY, WOMEN'S EMPOWERMENT AND YOUTH DEVELOPMENT, AND ITS SUPPORT OF MEDICAL CARE AND RESEARCH AT HADASSAH MEDICAL ORGANIZATION IN ISRAEL, HWZOA ENHANCES THE HEALTH AND LIVES OF PEOPLE IN ISRAEL, THE UNITED STATES AND WORLDWIDE.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

(a) Description	**(b)** Amount
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	3,678,861
BAD DEBT EXPENSE	- 13,530
INTERCOMPANY TRANSFERS WITH HMRA	- 645,989
FOREIGN CURRENCY TRANSLATION (LOSS) GAIN	46,948
TOTAL	**3,066,290**

GENERAL INFORMATION - HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC.'S ("HWZOA") RELATED ORGANIZATION, HADASSAH MEDICAL RELIEF ASSOCIATION, INC. ("HMRA"), IS CLASSIFIED AS A SUPPORTING ORGANIZATION TO HWZOA DESCRIBED IN SECTION 509(A)(3). HMRA CONTINUES TO SATISFY THE PUBLIC SUPPORT TEST OF SECTION 170(1)(A)(VI). BEGINNING IN 2021, HWZOA GRANTED TO HMRA THE DISCRETION AND RESPONSIBILITY FOR ADMINISTERING, MANAGING AND INVESTING CERTAIN INVESTMENT ASSETS. FOR INVESTMENT PURPOSES ONLY, HMRA IS ALLOWED TO POOL AND MANAGE THE FUNDS WITH FUNDS OWNED BY HMRA AND THE HADASSAH FOUNDATION, INC. ("HF"). ON A QUARTERLY BASIS, HMRA TRANSFERS TO HWZOA AND HF THEIR PRO RATA SHARE OF INVESTMENT RETURN.

SCHEDULE R (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

Name of the organization

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

Employer identification number

13-1656651

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FABULOUS FINDS LLC (20-3603057) 40 WALL STREET, NEW YORK, NY 10005	SELL GIFT	DE	0	(93,348)	HWZOA
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) 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	(i) No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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		✔
b	Gift, grant, or capital contribution to related organization(s)	1b		✔
c	Gift, grant, or capital contribution from related organization(s)	1c	✔	
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	✔	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✔
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✔	
o	Sharing of paid employees with related organization(s)	1o	✔	
p	Reimbursement paid to related organization(s) for expenses	1p		✔
q	Reimbursement paid by related organization(s) for expenses	1q		✔
r	Other transfer of cash or property to related organization(s)	1r	✔	
s	Other transfer of cash or property from related organization(s)	1s	✔	

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 FOUNDATION	O	378,876	COST
(2)	HADASSAH FOUNDATION	R	124,324	COST
(3)	HADASSAH INTERNATIONAL	R	580,909	COST
(4)	HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	S	19,704,401	COST
(5)	HADASSAH MEXICO	R	202,964	COST
(6)	(SEE STATEMENT)			

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

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

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

Part II **Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HADASSAH MEDICAL RELIEF ASSOCIATION, INC (13-6110872) 40 WALL STREET, NEW YORK, NY 10005	CHARITABLE	NY	501(C)(3)	7	HWZOA	✓	
(2) THE HADASSAH FOUNDATION, INC. (13-4022483) 40 WALL STREET, NEW YORK, NY 10005	CHARITABLE	NY	501(C)(3)	12 TYPE I	HWZOA	✓	
(3) HADASSAH OFFICE IN ISRAEL MAN KALMAN NO. 1, P.O.BOX 12249, JERUSALEM, 9112102, IS	CHARITABLE	ISRAEL			HWZOA	✓	
(4) HADASSAH INTERNATIONAL LTD. CONYERS CORPORATE SERVICES, CLARENDON HOUSE 2 CHURCH STREET, HAMILTON PEMBROKE, HM11, BD	CHARITABLE	BERMUDA			HWZOA	✓	
(5) HADASSAH MEXICO, A.C. HACIENDA EL CIERVO, HUIXQUILUCAN, 7AJR2527, MX	CHARITABLE	MEXICO			HWZOA	✓	
(6) HADASSAH MEDICAL ORGANIZATION MAN KALMAN NO. 1, P.O.BOX 12000 , JERUSALEM, 9101002, IS	CHARITABLE	ISRAEL			HWZOA	✓	
(7) HADASSAH YOUTH SERVICES AMUTA KIRYAT HADASSAH, P.O. BOX 1200, JERUSALEM, 9112102, IS	CHARITABLE	ISRAEL			HWZOA	✓	
(8) HADASSAH INTERNATIONAL ISRAEL LTD (CC) MAN KALMAN NO. 1, P.O.BOX 12249, JERUSALEM, 9112102, IS	CHARITABLE	ISRAEL			HWZOA	✓	
(9) MEIR SHFEYAH FOR PROMOTION OF EDUCATION KIRYAT HADASSAH, P.O. BOX 1200, JERUSALEM, 9112102, IS	CHARITABLE	ISRAEL			HWZOA	✓	
(10) HADASSAH STIFTUNG DEUTSCHLAND HAMORSTRABE 16, NEUSS, 41460, GM	CHARITABLE	GERMANY			HWZOA	✓	
(11) HADASSAH SWITZERLAND C/O DR. ALESCH STAEHELIN VORDERFELDSTRASSE, MEILEN - ZURICH, 8706, SZ	CHARITABLE	SWITZERLAND			HWZOA	✓	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARIT. REMAINDER ANNUITY TRUSTS (25)	INVESTMENTS	NY	HWZOA	TRUST	N/A	N/A	N/A		✓
(2) CHARITABLE REMAINDER UNITRUSTS (14)	INVESTMENTS	NY	HWZOA	TRUST	N/A	N/A	N/A		✓
(3) POOLED INCOME FUND (1)	INVESTMENTS	NY	HWZOA	TRUST	N/A	N/A	N/A		✓

Part V **Transactions with Related Organizations** (continued)

(a) Name of other organization	**(b)** Transaction type (a-s)	**(c)** Amount Involved	**(d)** Method of determining amount involved
(6) HADASSAH OFFICE IN ISRAEL	R	3,135,018	COST
(7) HADASSAH MEDICAL ORGANIZATION	S	1,705,001	COST
(8) HADASSAH INTERNATIONAL LTD	R	2,667,954	COST
(9) HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	C	64,239,421	COST
(10) HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	R	645,989	COST

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART IV, COLUMN (H) - BENEFICIAL INTEREST	HWZOA HAS A GREATER THAN 50% BENEFICIAL INTEREST IN ALL THE REMAINDER TRUSTS.