



Form 8879-EO	IRS <i>e-file</i> Signature Authorization		
Form 00/9-EU	for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2015, or fiscal year beginning $01/01$, 2015, and ending $12/31$, 20 <u>15</u>	
Department of the Treasury	Do not send to the IRS. Keep for your records.	070	
Internal Revenue Service Name of exempt organization	Information about Form 8879-EO and its instructions is at www.irs.gov/form8	1	
	CAL RELIEF ASSOCIATION	A CONTRACTOR OF THE CONTRACT	
Name and title of officer		13-611	10872
ELLEN HERSHKI	N, PRESIDENT eturn and Return Information (Whole Dollars Only)		
Check the box for the r check the box on line 1 leave line 1b , 2b , 3b , 4	eturn for which you are using this Form 8879-EO and enter the applicable amo a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being fil b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered - w. Do not complete more than 1 line in Part I.	ed with this t	form was blank, then
 1a Form 990 check h 2a Form 990-EZ chec 3a Form 1120-POL ch 4a Form 990-PF chec 5a Form 8868 check 	k here b Total revenue, if any (Form 990-EZ, line 9)	2b _ 3b _ ne 5). 4b _	
		· · · 50 _	
	on and Signature Authorization of Officer		
organization's 2015 ele are true, correct, and c organization's electroni to send the organizatio the transmission, (b) the authorize the U.S. Trea financial institution acco return, and the financia Agent at 1-888-353-453 involved in the processis resolve issues related t	ury, I declare that I am an officer of the above organization and that I have exam ctronic return and accompanying schedules and statements and to the best of omplete. I further declare that the amount in Part I above is the amount shown of c return. I consent to allow my intermediate service provider, transmitter, or ele n's return to the IRS and to receive from the IRS (a) an acknowledgement of rece e reason for any delay in processing the return or refund, and (c) the date of any sury and its designated Financial Agent to initiate an electronic funds withdrawa point indicated in the tax preparation software for payment of the organization's i institution to debit the entry to this account. To revoke a payment, I must conta 7 no later than 2 business days prior to the payment (settlement) date. I also a ng of the electronic payment of taxes to receive confidential information necess to the payment. I have selected a personal identification number (PIN) as my sign applicable, the organization's consent to electronic funds withdrawal.	my knowledg on the copy of ctronic return sipt or reasor refund. If app al (direct debii federal taxes act the U.S. Tr authorize the sary to answe	e and belief, they the originator (ERO) of for rejection of blicable, I t) entry to the owed on this reasury Financial financial institutions re inquiries and
Officer's PIN: check or	e box only		i
X I authorize KP	ERO firm name Enter	0 0 1 9 five numbers, bu enter all zeros	as my signature ^{it}
being filed with	tion's tax year 2015 electronically filed return. If I have indicated within this retu a state agency(ies) regulating charities as part of the IRS Fed/State program, I by PIN on the return's disclosure consent screen.	rn that a copy also authorize	y of the return is the aforementioned
If I have indicate	the organization, I will enter my PIN as my signature on the organization's tax y ed within this return that a copy of the return is being filed with a state agency(in ate program, I will enter my PIN on the return's disclosure consent screen.	vear 2015 ele es) regulating	ctronically filed return. charities as part of
Officer's signature ► U	Un Hushkan Date Date	11/10/1	6
ERO's EFIN/PIN. Enter	your six-digit electronic filing identification by your five-digit self-selected PIN.	1073	5 0 8 8 9
indicated above. I confir	numeric entry is my PIN, which is my signature on the 2015 electronically filed rum that I am submitting this return in accordance with the requirements of Pub. and Pub. and Pub. are an entropy for Business Returns.	do not enter eturn for the 4163, Moderr	organization
ERO's signature	Date ▶ 11/1	0/2016	
	ERO Must Retain This Form - See Instructions	i	
For Paperwork Reduct	Do Not Submit This Form To the IRS Unless Requested To Do S on Act Notice, see back of form.		orm 8879-EO (2015)
		2	
JSA 5E1676 1.000			

Form	9	9	0
Departm	nent of	f the	Treasury

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.

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

5 Open to Public

OMB No. 1545-0047

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12

Interr	nal Reve	enue Service	Information a	about Form 990 and	l its instructio	ns is at	www.irs.go	ov/forn	1990.		In	nspecti	on	
A F	or th	e 2015 (calendar year, or tax year begi	nning	, 20	15, anc	l ending				, 20)		
_			Name of organization					D	Employer	identific	ation num	ber		
Bc	heck if ap	oplicable:	HADASSAH MEDICAL RELI	EF ASSOCIATI	ON									
	Addre		Doing Business As						13-6110872					
	1 1	change	Number and street (or P.O. box if mail is	not delivered to street a	iddress)	Roon	n/suite	E	E Telephone number					
	Initial	return	40 WALL STREET					()	(212) 355-7900					
	Termi	inated	City or town, state or province, country,	and ZIP or foreign posta	l code	•								
	Amen returr		NEW YORK, NY 10005					G	Gross rece	eipts \$	249,	,921	,962.	
		cation F	Name and address of principal officer:	JANICE WE	ENMAN, CE	0		H(a	a) Is this a g subordina		rn for	Yes	XNC	
			40 WALL STREET NEW YO	RK, NY 10005				H(t	 Are all sub 		ncluded?	Yes	No	
I	Tax-ex	empt statu	s: X 501(c)(3) 501(c) () (insert no.)	4947(a)	(1) or	527		If "No," at	ttach a list	. (see instruc	ctions)		
J	Websi	te: 🕨 W	WW.HADASSAH.ORG				·	H(c	;) Group ex	emption n	umber 🕨			
к	Form o	of organiza	ation: X Corporation Trust	Association Oth	ier 🕨	1	Year of for	mation:	1925 M	State	of legal do	micile:	NY	
Pa	art I	Sumr	nary											
	1	Briefly d	escribe the organization's mission of	or most significant ac	ivities: IN I	SRAEI	, WE S	UPPO	RT HEA	LTHC.	ARE,			
e			ATION, YOUTH PROGRAMS	-										
Jan		THE Q	QUALITY OF AMERICAN AN	D JEWISH LIF	Ε.									
veri	2	Check th	nis box 🕨 📃 if the organization of	discontinued its ope	ations or disp	osed of r	nore than 2	25% of	its net ass	ets.				
ĝ	3	Number	of voting members of the governing	body (Part VI, line 1	a)					3			13.	
ა ა	4	Number	of independent voting members of	the governing body (Part VI, line 1b)				4			13.	
itie			mber of individuals employed in cal										0.	
Activities & Governance			mber of volunteers (estimate if neces										13.	
	7a	Total un	related business revenue from Part \	/III, column (C), line	12					7a	3	,945	5,979	
			elated business taxable income from							7b	3	,207	,810	
Revenue								Р	rior Year		Cur	rent Ye	ear	
	8	Contribu	tions and grants (Part VIII, line 1h)					70	,552,4	413.	62	,384	4,349	
	9	Program	a service revenue (Part VIII, line 2g)				۲ 			0.			0	
	10	Investme	ent income (Part VIII, column (A), lin	es 3, 4, and 7d)		INSPE		24	,802,1	L32.	16	,280	,196	
Ľ.	11	Other re	evenue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and	11e)		🖵		83,4			- 8	3,537	
	12	Total rev	venue - add lines 8 through 11 (mus	t equal Part VIII, colu	mn (A), line 12	2)		95	,437, <u>9</u>	984.	78	,656	5,008	
	13	Grants a	and similar amounts paid (Part IX, col	umn (A), lines 1-3)			🖵	82	2,679,5	761.	83	,983	8,885	
	14	Benefits	paid to or for members (Part IX, colu	umn (A), line 4)			🖵			0.			0	
ŝŝ	15		, other compensation, employee ben					8,798,780.			11	,031	.,345	
Expenses	16a	Professi	onal fundraising fees (Part IX, colum	n (A), line 11e)			🖵	98,533.				248	3,084	
ďX	b	Total fur	ndraising expenses (Part IX, column ((D), line 25) ▶	10,126,8	98								
ш	17	Other ex	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			🖵	10,615,721.					,029	
	18	Total exp	penses. Add lines 13-17 (must equa	I Part IX, column (A),	line 25)		🖵	102	192,3	795.	107,624,343		:,343	
		Revenue	e less expenses. Subtract line 18 from	n line 12					5,754,8		-28	,968	3,335	
s or									g of Curren			l of Yea		
Net Assets or Fund Balances	20		sets (Part X, line 16)				🖵	583	3,377,2	289.	534	,497	,951	
it As	21		bilities (Part X, line 26)						.,559,0				,137	
			ets or fund balances. Subtract line 2	1 from line 20	<u></u>	<u></u>		318	8,818,2	289.	404	,102	2,814	
	rt II		ature Block											
Une	der per e. corre	nalties of p ect. and co	perjury, I declare that I have examined the mplete. Declaration of preparer (other that	nis return, including ac n officer) is based on a	companying sch Linformation of	edules ar	nd statement	ts, and w know	to the best ledge.	of my k	nowledge	and be	elief, it is	
	.,		······································					,						
Sig	n		gnature of officer											
He			-						Date					
110			LLEN HERSHKIN		PRES	IDENI	-							
			pe or print name and title	December 1		- 1	- 1 -							
Paic	ł		pe preparer's name	Preparer's signature	1829	-	ate	01 <	Check		PTIN			
	parer	PHILI			· U		11/10/2		self-empl		P0124			
	Only	Firm's na							m's EIN 🕨		556520			
			ddress > 345 PARK AVENUE						one no.		-758-9			
_			ss this return with the preparer show		ctions)							es	No	
For	Pape	rwork Re	eduction Act Notice, see the separa	te instructions.							For	m 99() (2015)	

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Х

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

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number see instructions

	Enter mer sidentarying number, see instruction					
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or				
print	HADASSAH MEDICAL RELIEF ASSOCIATION	13-6110872				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)				
due date for filing your	40 WALL STREET					
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions.	NEW YORK, NY 10005					

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of >JODI WECHTER LEVY, 40 WALL STREET NEW YORK, NY 10005

	elephone No. ►212_355-7900 FAX No. ► the organization does not have an office or place of business in the United States, check this box							
	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is							
	he whole group, check this box ►			d attach				
			anu	allacii				
	with the names and EINs of all members the extension is for.				-			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time							
	until08/15_, 20_16 _, to file the exempt organization return for the organization named al	DOVe	ə. Th	ne extension is				
	for the organization's return for:							
	► X calendar year 2015 or							
	tax year beginning, 20, and ending,	20						
	,,,			_				
2	If the tax year entered in line 1 is for less than 12 months, check reason:	า						
	Change in accounting period							
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits. See instructions.	3a	\$	0.				
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.				
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS							
	(Electronic Federal Tax Payment System). See instructions.	3c	\$	0.				
Cauti	on. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Forn	n 88	79-E	O for payment	-			
	ictions.							

.ISA

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box......

Note. Only	complete Part II if you have already been gra	anted an au	tomatic 3-month extensior	on a previously filed	d Form 8	868.
 If you ar 	e filing for an Automatic 3-Month Extension,					
Part II	Additional (Not Automatic) 3-Month E	xtension of	of Time. Only file the orio	ginal (no copies ne	eded).	
	Enter filer's identifying nu					
	Name of exempt organization or other filer, see in	nstructions.		Employer identificati	on numbe	er (EIN) or
Type or						
print	HADASSAH MEDICAL RELIEF ASSOCIATION, INC.			13-611		
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security numb	er (SSN)	
due date for	40 WALL STREET					
filing your return. See	City, town or post office, state, and ZIP code. For	r a foreign ac	dress, see instructions.			
instructions. NEW YORK, NY 10005						
Enter the R	teturn code for the return that this application	is for (file a	a separate application for ea	ach return)		01
Applicatio	n	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990-	·BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than ir	dividual)		09
Form 990-PF			Form 5227	t.		10
Form 990	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870			12			
STOP! Do	not complete Part II if you were not already	granted a	n automatic 3-month exter	nsion on a previous	sly filed	Form 8868.
The boo	ks are in the care of ► JODI WECHTER LEVY,	40 WALL S	STREET NEW YORK, NY 100	05		
	ne No. ▶ 212 355-7900		Fax No. 🕨			
	ganization does not have an office or place of	 business ir	n the United States, check t	his box		►
	for a Group Return, enter the organization's fo					If this is
	ble group, check this box	•		/		l attach a
	names and EINs of all members the extensio	-	0 17			
-	est an additional 3-month extension of time u		11/15	,20 16 .		
	alendar year 2015 , or other tax year beginn		, 20 , ar	nd ending		, 20 .
	tax year entered in line 5 is for less than 12 m					
	Change in accounting period					
	in detail why you need the extension INFOR	MATION	NECESSARY TO PREP.	ARE A COMPLET	Έ	
	ACCURATE RETURN IS NOT YET AV					
8a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 472	0, or 6069, enter the ten	tative tax, less any	,	
nonre	fundable credits. See instructions.				8a \$	0
	s application is for Forms 990-PF, 990-T	, 4720, o	r 6069, enter any refur	dable credits and		
	ated tax payments made. Include any pr					
	nt paid previously with Form 8868.	,		,	8b \$	0
	ce Due. Subtract line 8b from line 8a. Include	your pavm	nent with this form, if reaui	red, by using EFTPS		
	ronic Federal Tax Payment System). See instru		, 1		8c \$	0
	Signature and Verific		st be completed for F	Part II only	1 1 +	

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨	Joulgue C. Thill	Title PAID PREPARER	Date 🕨	7/12/16
			Fo	rm 8868 (Rev. 1-2014)

HADASSAH	MEDICAL	RELIEF	ASSOCIATION

For	n 990 (2015) Page 2
Pa	art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission:
1	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. 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 \$ 45,810,939. including grants of \$ 43,720,292.) (Revenue \$ 0.)
	MEDICAL PROGRAMS - SEE SCHEDULE O
4b	(Code:) (Expenses \$646,167. including grants of \$635,067.) (Revenue \$)
	EDUCATIONAL PROGRAMS - SEE SCHEDULE O
4c	(Code:) (Expenses \$
	YOUTH PROGRAMS - SEE SCHEDULE O
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 86,230,889.
	Form 990 (2015)
	12690M 2231 V 15-7F 2172104 PAGE

HADASSAH MEDICAL RELIEF ASSOCIATION

	90 (2015)		P	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	4	л	
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	--		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0	complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
		11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
		11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	Х	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2015)

Part	V Checklist of Required Schedules (continued)			
	· · · · · ·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		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	Х	
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		Х
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	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		Х
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
a		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		v
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	A	
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b	Х	
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	192 Note, All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2015)

Form 990 (2015)

HADASSAH MEDICAL RELIEF ASSOCIATION

Par	t 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ľ	
	account)?	4a	х	
b	If "Yes," enter the name of the foreign country: ATTACHMENT 1			
	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ľ	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	v	
	and services provided to the payor?	7a 7b	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	ľ	x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b	٥٥٥	(0.5.1

Form 990 (2015)

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Form 9	990 (2015) HADASSAH MEDICAL RELIEF ASSOCIATION 13-6110)872	F	-age 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 13	2		
b		1		
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Secti	for B. Policies (This Section B requests information about policies not required by the Internal Revenue	-		
<u></u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-	v	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13 14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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		
-	ion C. Disclosure	7		
17	List the states with which a copy of this Form 990 is required to be filed CA, FL, KY, MI, NJ, PA, TN, VA, W.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/ and
				,,

financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records:
 JODI WECHTER LEVY 40 WALL STREET NEW YORK, NY 10005 212-355-7900

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Part VII	Compensation of Officers Independent Contractors	Directors,	Trustees,	Кеу	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule O contain	s a response	e or note to	any li	ne in this Part	VII			X

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)									
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	•	o not check more than one ox, unless person is both an					Reportable	Reportable	Estimated
	hours per week (list any					is both or/trust		compensation from	compensation from related	amount of other
	hours for				-		, 	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization	(W-2/1099-MISC)	from the
	organizations	idua	utio	er	due	est o	ler	(W-2/1099-MISC)		organization
	below dotted line)	or tr	nal t		loye	l ⊕ m				and related organizations
		stee	rust		e	Dens				organizations
		-	ee			Highest compensated employee				
_(1)MINDY_BLOOM	2.00									
VICE PRESIDENT	11.00	Х		Х				0.	0.	0.
(2)LISA DAVIDSON	2.00									
VICE PRESIDENT	12.00	Х		Х				0.	0.	0.
(3)NANCY_FALCHUK	2.00									
BOARD MEMBER	21.00	Х						0.	0.	0.
_(4)KATHY_HERSHFIELD	2.00									
VICE PRESIDENT	11.00	Х		Х				0.	0.	0.
(5)MARCIA GABRILOVE LADIN	2.00									
VICE PRESIDENT	11.00	Х		Х				0.	0.	0.
(6)BONNIE LIPTON	2.00									
BOARD MEMBER	21.00	Х						0.	0.	0.
(7)MARCIE NATAN	4.00									
PRESIDENT	34.00	Х		Х				0.	0.	0.
(8)FRIEDA ROSENBERG	2.00									
VICE PRESIDENT	24.00	Х		Х				0.	0.	0.
(9)CAROL ROSENTHAL	2.00									
VICE PRESIDENT	12.00	Х		Х				0.	0.	0.
(10)RONI_SCHWARTZ	4.00	-								
NATIONAL TREASURER	34.00	X		Х				0.	0.	0.
(11)JUDY_SHERECK	3.00	-								
SECRETARY	34.00	X		Х				0.	0.	0.
(12)KACY_SPIVAK	2.00	-								
VICE PRESIDENT/TREASURER	21.00	X		Х				0.	0.	0.
(13)LAURIE WERNER	2.00									
VICE PRESIDENT	11.00	X		Х				0.	0.	0.
(14) RICHARD ANNIS	31.00									
CHIEF FINANCIAL OFFICER	9.00			Х				324,490.	100,179.	61,715.

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	(A)	(B)			(0	2)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	ition more rson irect	e than c is both or/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	am com	timated nount of other pensatio	'n
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anizations	
15) JANICE WEINMAN	31.00			37				205 700	100 560		<u> </u>	20
1.0	CHIEF EXECUTIVE OFFICER	9.00			Х				325,722.	100,560.		61,1	35
Τ0) SHERYL ZELIGSON	31.00							007 450	00 745		C1 0	~ ~
	GENERAL COUNSEL	9.00 39.00				Х			287,450.	88,745.		61,9	00
±/) GALIT S BRICHTA						37		000.000				
	DEVELOPMENT	1.00					Х		222,903.	766.		68,0	/5
<u>Τ</u> 8) LORI B LASSON	39.00					37		001 100	760			<u> </u>
	PLANNED GIVING	1.00					Х		221,162.	760.		74,5	9.
<u>1</u> 9) DAVID PASTERNACK	39.00							200.045	1 1 2 1			~ ~
	DEVELOPMENT	1.00					Х		328,945.	1,131.		75,4	96
20) JODI WECHTER-LEVY	31.00 9.00											
	FINANCE DIRECTOR						Х		155,074.	47,875.		40,6	
1k	Sub-total		1					►	324,490.	100,179.	-	61,7	15
	: Total from continuation sheets to Part VII, S								1,541,256.	239,837.	3	81,8'	78
	d Total (add lines 1b and 1c)	_						►	1,865,746.	340,016.	4	43,59	93
2	Total number of individuals (including but not reportable compensation from the organization	limited to t				oove	e) who	o re	ceived more than	\$100,000 of			
												Yes	Ν
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3		Σ
4	For any individual listed on line 1a, is the sorganization and related organizations greated organizations gre	sum of rep eater than	ortab \$15	le c 0,0	com 00?	pen If	satioi <i>"Ye</i> s	n ai s," (nd other compens complete Schedu	sation from the le J for such			
	individual			• •				• •			4	X	_
5	Did any person listed on line 1a receive or												
	for services rendered to the organization? If "Ye	es " comple	to Sch	nedu	IIP.I	for	such	nor	son		5	i	2

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

	(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT	2		
2 Total number of more than \$100			
194			- 000 (22.1)

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Form	990	(2015
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Par	t VII						
		Check if Schedule O contains a respon	se or note to an	y line in this Part VI	11		· · · · · · L
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
An A	с	Fundraising events 1c	398,547.				
liar Git	d	Related organizations 1d					
Sin	е	Government grants (contributions) 1e	802,315.				
buti	f	All other contributions, gifts, grants,					
lo di		and similar amounts not included above . 1f	61,183,487.				
an C	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	1,599,745.	62,384,349.			
ne			Business Code	02,304,349.			
Program Service Revenue	2a						
e Re	b						
, ci	с						
Sei	d						
am	е						
logi	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividend		0 660 015		C0.007	0 607 040
	4	and other similar amounts).		2,668,215.		60,867.	2,607,348.
	4 5	Royalties		39,722.			39,722.
		(i) Real	(ii) Personal	35,722.			55,722
	6a	Gross rents					
	b	Less: rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 184,793,471.					
	b	Less: cost or other basis					
	_	and sales expenses <u>171,181,490</u> . Gain or (loss) <u>13,611,981</u> .					
	c d	Gain or (loss) <u>13,611,981.</u> Net gain or (loss)		13,611,981.		3,885,112.	9,726,869.
		Gross income from fundraising		15,011,501.		3,003,112.	5,120,005.
nue	ou	events (not including \$398,547.					
Seve		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18	27,670.				
Gth	b	Less: direct expenses	84,464.				
	С	Net income or (loss) from fundraising events.	<u></u> ▶	-56,794.			-56,794.
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activities.	<u></u> ▶	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0.			
				1.55			
	11a	CATALOG SALES	453220 900099	165. 8,370.			165.
	b	OTHER REVENUE	200022	0,370.			8,370.
	c d	All other revenue					
	e	Total. Add lines 11a-11d		8,535.			
	12	Total revenue. See instructions.		78,656,008.		3,945,979.	12,325,680.
JSA		х.					Form 990 (2015)

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HADASSAH MEDICAL RELIEF ASSOCIATION

Section 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a respo			· · · · · · · · · · · · · · · · · · ·	
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	38,665,089.	38,665,089.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	45,318,796.	45,318,796.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	976,450.		976,450.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	7,389,319.		2,799,502.	4,589,81
B Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	576,128.		251,340.	324,78
9 Other employee benefits	1,479,336.		692,251.	787,08
Payroll taxes	610,112.		300,697.	309,41
Fees for services (non-employees):				
a Management	1,892,837.	1,616,645.	252,160.	24,03
b Legal	980,515.	343,944.	316,878.	319,69
c Accounting	338,925.	31,650.	307,275.	
d Lobbying	28,121.		28,121.	
e Professional fundraising services. See Part IV, line 17.	248,084.			248,08
f Investment management fees	1,359,276.		1,359,276.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	248,500.		176,546.	71,95
2 Advertising and promotion	0.			
B Office expenses	1,768,397.	21,397.	604,596.	1,142,40
Information technology	0.			
Royalties	0.			
Occupancy	1,649,449.		748,502.	900,94
Travel	754,989.	195,405.	256,803.	302,78
B Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
Conferences, conventions, and meetings	299,431.	539.	143,863.	155,02
Interest	0.			· -
Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	621,696.		273,806.	347,89
Insurance	416,619.		180,681.	235,93
Other expenses. Itemize expenses not covered			,	
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aPROGRAM DEVELOPMENT	24,118.		24,118.	
	952,546.		952,546.	
cPUBLIC_RELATIONS	818,510.	1,000.	603,858.	213,65
dOVERHEAD_ALLOCATION	-156,634.	±,000.	-156,634.	213,03
	363,734.	36,424.	173,921.	153,38
e All other expenses	107,624,343.	86,230,889.	11,266,556.	10,126,89
5 Total functional expenses. Add lines 1 through 24e 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	107,027,343.	00,230,007.	±1,200,330.	10,120,05
fundraising solicitation. Check here \blacktriangleright if following SOP 98-2 (ASC 958-720)	0			

JSA 5E1052 1.000

following SOP 98-2 (ASC 958-720)

0.

HADASSAH MEDICAL RELIEF ASSOCIATION

_		Balance Sheet			Faye II
Fa	rt X	Check if Schedule O contains a response or note to any line in the	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	. 0.	1	0.
	2	Savings and temporary cash investments	22,669,007.	2	625,408.
	3	Pledges and grants receivable, net	35,197,407.	3	32,533,918.
	4	Accounts receivable, net	245,142.	4	140,679.
	5	Loans and other receivables from current and former officers, director	S,		
		trustees, key employees, and highest compensated employee			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	. 0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employee and sponsoring organizations of section 501(c)(9) voluntary employees' beneficia organizations (see instructions). Complete Part II of Schedule L	rs ry	6	0.
ets	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use	0.	8	0.
٩	9	Prepaid expenses and deferred charges	0.	9	165,291.
	-	Land, buildings, and equipment: cost or			,
		other basis. Complete Part VI of Schedule D 10a 125, 74	5.		
	b	Less: accumulated depreciation		10c	77,189.
	11	Investments - publicly traded securities			188,478,601.
	12	Investments - other securities. See Part IV, line 11		12	274,179,876.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11	34,874,890.	15	38,296,989.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	534,497,951.
	17	Accounts payable and accrued expenses	. 76,048.	17	67,615.
	18	Grants payable		18	0.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities	. 0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	•	21	0.
es	22	Loans and other payables to current and former officers, director			
Liabilities		trustees, key employees, highest compensated employees, ar			
-iab		disqualified persons. Complete Part II of Schedule L			0.
_	23	Secured mortgages and notes payable to unrelated third parties	. 0.		0.
	24	Unsecured notes and loans payable to unrelated third parties		24	0.
	25	Other liabilities (including federal income tax, payables to related this			
		parties, and other liabilities not included on lines 17-24). Complete Part		0.5	120 207 500
	26	of Schedule D Total liabilities. Add lines 17 through 25	. <u>264,482,952</u> . 264,559,000.	25 26	130,327,522. 130,395,137.
	20	Organizations that follow SFAS 117 (ASC 958), check here X an		20	130,395,137.
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	65,411,840.	27	155,174,981.
3al	28	Temporarily restricted net assets	143,305,526.	28	136,415,536.
Ъ	29	Permanently restricted net assets	110,100,923.	29	112,512,297.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ar complete lines 30 through 34.	d		
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	_	31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32	
Nei	33	Total net assets or fund balances		33	404,102,814.
_	34	Total liabilities and net assets/fund balances		34	534,497,951.
					Form 990 (2015)

Form 990 (2015)

Form 990 (2015)

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HADASSAH MEDICAL RELIEF ASSOCIATION

Form 99	90 (2015)				Pa	ge 12		
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	78,6	56,0	08.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10)7,6	24,3	343.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	-28,968,335.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31	318,818,289.				
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6				0.		
7		7				0.		
8	Prior period adjustments	8	13	38,7	50,9	901.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,9	12,9	959.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	<u>33,</u> column (B))	10	40)4,1	02,8	314.		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>			
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi							
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	oversi	aht					
-	of the audit, review, or compilation of its financial statements and selection of an independent acc		- 1	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.	r						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
Ju	the Single Audit Act and OMB Circular A-133?			3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	0		3b	Х			

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Depa	rtment of the Treasury	N last int		Attach to Form 990 or			1 (Open to Public
	nal Revenue Service		n about Schedule A	(Form 990 or 990-EZ) a	ind its ins	tructions		
	e of the organization							tification number
HADASSAH MEDICAL RELIEF ASSOCIATION 13-6110872 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
			· ·	*			,	
	<u> </u>			t is: (For lines 1 through the second s	-	-		
1				tion of churches desc				
2				. (Attach Schedule E	-			
3		-		rganization described				(iii) Entar tha
4		-		conjunction with a hos	spital de		Section 170(b)(1)(A)	(III). Enter the
5	hospital's nam	-		a college or universit		d or one	rated by a governme	ental unit described in
J	•	•	Complete Part II.)	a college of universit	y owned		aled by a governme	
6	``		• •	rnmental unit describe	d in sect	ion 170(h(1)(A)(y)	
7		-	-			-		om the general public
')(1)(A)(vi). (Compl	-		oni a go		oni the general public
8				b)(1)(A)(vi). (Complete	Part II)			
9					-	ort from	contributions. memb	ership fees, and gross
•								re than 331/3% of its
								tax) from businesses
		-		975. See section 509				,
10	An organizatio	n organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
11	An organizatio	n organized	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to ca	rry out the purposes of
	one or more p	ublicly suppo	orted organizations	described in section s	509(a)(1) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	the box in line	s 11a througl	h 11d that describe	es the type of support	ing orga	nization	and complete lines 11	e, 11f, and 11g.
а	Type I . A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trus	tees of the supporting
	organization	. You must c	omplete Part IV, S	ections A and B.				
b				ed or controlled in co				
		-		organization vested in	the sam	e persor	is that control or man	age the supported
			-	, Sections A and C.				
С		-		ng organization opera				lly integrated with,
		-		ns). You must comple				
d		-		porting organization c	-			
		-		nization generally mus	-		-	d an attentiveness
		-	-	omplete Part IV, Sect				. .
е				a written determinatio				п, туре п
f				ionally integrated sup		nganizai	юп.	
' a				orted organization(s).				•••••
	(i) Name of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
		0		(described on lines 1-9	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(A)								
(B)								
(2)								
(C)								
/								
(D)								
(E)								

OMB No. 1545-0047

2015

Total

Schedule A (Form 990 or 990-EZ) 2015

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,591,165.	92,568,818.	78,461,845.	76,841,858.	63,422,981.	403,886,667.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	92,591,165.	92,568,818.	78,461,845.	76,841,858.	63,422,981.	403,886,667.
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)						0.
6	Public support. Subtract line 5 from line 4.						403,886,667.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92,591,165.	92,568,818.	78,461,845. 9,197,189.	76,841,858. 6,418,244.	63,422,981. 2,735,607.	403,886,667. 30,701,460.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.					0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) $$\rm ATCH\ 1$	208.	29,509.	13,967.	10,640.	8,535.	62,859.
11	Total support. Add lines 7 through 10						434,650,986.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2015 (li					14	92.92%
15	Public support percentage from 2014					15	92.27%
16a	331/3% support test - 2015. If the c	organization did	not check the l	box on line 13,	and line 14 is	331/3 % or mo	
	this box and stop here. The organizati			-			
b	331/3% support test - 2014. If the c	-					
	check this box and stop here. The org	-					
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						•
	Part VI how the organization meets to organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati supported organization						
18	Private foundation. If the organization instructions						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 disgualified 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						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support	-				-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	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 five years. If the Form 990 is f	-					
	organization, check this box and stop here						<u></u> ▶
	tion C. Computation of Public Sur			(1)			
15	Public support percentage for 2015 (line 8					15	%
<u>16</u>	Public support percentage from 2014 Sche			<u></u>		16	%
	tion D. Computation of Investme			10 eelume (f))		47	0/
17	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2014 Schedule A, Part III, line 17 18 %						
18						18	%
19 a	331/3% support tests - 2015. If the or						
	17 is not more than 331/3%, check th	-	· •	•			
α	331/3% support tests - 2014. If the orga						
20	line 18 is not more than 331/3%, check Private foundation. If the organization		•	•			
20 JSA		and not theth		1-, 13a, 01 19L		Schedule A (Form 9	
5E122	1 1.000						,

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- **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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **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.
- **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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10 a** 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 10b below.*
 - **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 Schedule A (Form 990 or 990-EZ) 2015

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1	e A (Form 990 or 990-EZ) 2015		F	Page 5
Part I	V Supporting Organizations (continued)		V	
	Lies the exception eccented a gift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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? <i>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.</i>	2		
Sectio	on C. Type II Supporting Organizations			
			Yes	No
	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		
Sectio	on D. All Type III Supporting Organizations			
	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	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Sectio	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
а	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
JSA	Schedule A (Form	990 or	990-EZ	Z) 2015

Schedule A (Form 990 or 990-EZ) 2015			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com			structions. All
Section A - Adjusted Net Income	ipiete	(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 1-1/2% 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 .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 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
		· · · · · · · · · · · · · · · · · · ·	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

chedu Part	IE A (Form 990 or 990-EZ) 2015 V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOME	2			ATTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
CATALOG SALES	208.	94.	442.	270.	165.	1,179.
MISCELLANEOUS		29,415.	13,525.	10,370.	8,370.	61,680.
TOTALS	208	29,509.	13,967.	10,640.	8,535.	62,859.

Schedule A (Form 990 or 990-EZ) 2015

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

HADASSAH MEDICAL RELIEF ASSOCIATION

Employer identification number

13-6110872

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HADASSAH MEDICAL RELIEF ASSOCIATION

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$1,900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HADASSAH MEDICAL RELIEF ASSOCIATION

art 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					
		\$						

JSA 5E1254 2.000 12690M 2231

2172104

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

				13-6110872			
Part III	the following line entry. For organizati contributions of \$1,000 or less for the	the year from any ions completing Par e year. (Enter this in	one contributor. t III, enter the tota formation once.	Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc.			
(a) No	Use duplicate copies of Part III if addit	ional space is neede	ed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transi	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relat	ionship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
Part I	(c) = = (c) = =						
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relat	ionship of transferor to transferee			
(a) No							
(a) No. from Part I	(b) Purpose of gift	gift (c) Use		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relat	ionship 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, ar	nd ZIP + 4	Relat	ionship of transferor to transferee			
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2015			

(For Organizations Exempt Fro	m Income Tax Under section	on 501(c) and section 527	2015
Department of the Treasury Internal Revenue Service	 Complete if the organization is dee Information about Schedule C (Forr 		to Form 990 or Form 990-EZ. ctions is at <i>www.irs.gov/form990</i> .	Open to Public Inspection
-	ered "Yes," on Form 990, Part IV, line 3 ganizations: Complete Parts I-A and B. Do		6 (Political Campaign Activities),	
	r than section 501(c)(3)) organizations: (•	Do not complete Part I-B.	
 Section 527 organiza 	ations: Complete Part I-A only.			
-	ered "Yes," on Form 990, Part IV, line 4			
	ganizations that have filed Form 5768 (e			
If the organization answ Tax) (see separate instru				-
Name of organization	5), or (6) organizations: Complete Part III.		Employer identifica	tion number
Ũ	RELIEF ASSOCIATION		13-611087	
	te if the organization is exempt	under section 501(c) or		
	tion of the organization's direct and			
•	ires			
	te if the organization is exempt			
	of any excise tax incurred by the org			
	of any excise tax incurred by organi			
•	n incurred a section 4955 tax, did it f	•		Yes No
	made?			Yes No
b If "Yes," describe				
Part I-C Comple	te if the organization is exempt	under section 501(c), ex	xcept section 501(c)(3).	
	directly expended by the filing org			
2 Enter the amount	of the filing organization's funds co	ntributed to other organizat	ions for section	
527 exempt func	tion activities		▶\$	
•	ction expenditures. Add lines 1 ar			
 4 Did the filing orga 5 Enter the names, organization mad the amount of po as a separate seg 	nization file Form 1120-POL for this addresses and employer identificati e payments. For each organization I litical contributions received that we regated fund or a political action corr	year? on number (EIN) of all section isted, enter the amount pain are promptly and directly de amittee (PAC). If additional sp	on 527 political organizations d from the filing organization elivered to a separate politica pace is needed, provide inform	l's funds. Also enter I organization, such nation in Part IV.
(a) Name	(b) Address	(c) EIN	filing organization's contr funds. If none, enter -0 pr del	Amount of political ributions received and omptly and directly livered to a separate itical organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
For Paparwork Poductio	n Act Notice, see the Instructions for Fr	orm 990 or 990-E7	Sabadula C (E	orm 990 or 990-E7) 2015

Political Campaign and Lobbying Activities

rk Reduction Act Notice, see the instructions for Form 990 or 990-i

Schedule C (Form 990 or 990-EZ) 2015

OMB No. 1545-0047

2015

SCHEDULE C

(Form 990 or 990-EZ)

Sch	nedule C (Form 990 or 990-EZ) 2015 HADASS	AH MEDICAL RELIEF ASSOCIATION	13-6	110872 Page 2
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's
В	Check ► if the filing organization	checked box A and "limited control" provision	ions apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
k	> Total lobbying expenditures to influence	a legislative body (direct lobbying)		
c	: Total lobbying expenditures (add lines 1	a and 1b)		
C	I Other exempt purpose expenditures			
e	Fotal exempt purpose expenditures (additional exemption of the second expenditure) and the second expenditure of the se	d lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the	e amount from the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
		5% of line 1f)		
		ess, enter -0-		
		ss, enter -0-		
j		on either line 1h or line 1i, did the organiza		
	reporting section 4911 tax for this year?	<u></u>		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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column (e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (F	Schedule C (Form 990 or 990-EZ) 2015					
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed For	rm 5768			
		(a)	(b)			

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	<u> </u>	,			
	cription of the lobbying activity.	Yes	No	Am	ount	
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:					
а	Volunteers?		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
С	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			28	,121
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities?		Х			
j	Total. Add lines 1c through 1i				28	,121
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	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?		Х			
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	• • •	• • • •	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501					

501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," 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).		
а	Current year	2a	
b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
с 3 4	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2c 3 4	

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 PAGE 4

Page 4

Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B

THE CORMAC GROUP WORKS ON ISSUES FOR HADASSAH RELATING TO THE ANNUAL GRANTS IT RECEIVES FROM U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT ("AID"), INCLUDING THE AMERICAN SCHOOLS AND HOSPITALS ABROAD AND OCEAN FREIGHT PROGRAMS. CORMAC GROUP ACTIVITIES FOR HADASSAH INCLUDE ENSURING BOTH PROGRAMS ARE FUNDED BY AID AND CONGRESS AS WELL AS ARRANGING MEETINGS IN WASHINGTON FOR HADASSAH OFFICIALS.

SCHEE	DULE	D
(Form	990)	

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.

2015 Open to Public

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990.			Open to Public
Inter	nal Revenue Service	Information about Schedul	e D (Form 990) and its instruction	ons is at www		Inspection
	e of the organization				Employer identific	
1		RELIEF ASSOCIATION	land Funda an Other C' '	an Fronde	13-61108	372
Pa		tions Maintaining Donor Adv			or accounts.	
	Complete	e if the organization answered	(a) Donor advised fun		(b) Euroda an	d other accounts
			(a) Donor advised fun	us	(b) Funds an	
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	ion inform all donors and donor	_			
c	-	inization's property, subject to the				
6	-	on inform all grantees, donors, a purposes and not for the bene	-	-		
	•	issible private benefit?				
P		tion Easements.	<u> </u>			
		e if the organization answered	"Yes" on Form 990. Part I	V. line 7.		
1		servation easements held by the				
		n of land for public use (e.g., rec			n of a historically ir	nportant land area
		of natural habitat	·		n of a certified hist	
	Preservatio	n of open space				
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation o	contribution i	in the form of a co	nservation
	easement on the l	last day of the tax year.			Held at the	e End of the Tax Year
а	Total number of c	onservation easements			2a	
b	Total acreage res	tricted by conservation easements	8		2b	
С	Number of conser	vation easements on a certified	historic structure included in (a)	2c	
d	Number of conse	rvation easements included in (c) acquired after 8/17/06, an	d not on a		
		isted in the National Register			2d	
3	Number of conse	rvation easements modified, trar	nsferred, released, extinguish	ed, or termi	inated by the orga	inization during the
	tax year 🕨					
4		where property subject to conse				
5		ation have a written policy reg				
		orcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, inspec	sting, handling of violations, and	enforcing co	inservation easement	s during the year
7	Amount of overage	es incurred in monitoring, inspec	ting handling of violations on	donforcing	opportion opport	monto durina the year
1	Amount of expens	ses incurred in monitoring, inspec	ung, handling of violations, an	id enforcing (conservation easer	nents during the year
8	F Ψ	vation easement reported on line	2(d) above satisfy the requirer	nents of sec	tion 170(b)(4)(B)(i)	
-)(4)(B)(ii)?				Yes No
9		be how the organization reports				
-		d include, if applicable, the text of				
		ounting for conservation easeme				
Pa	art III 🛛 Organiza	tions Maintaining Collections	of Art, Historical Treasur	res, or Othe	er Similar Assets	5.
	Complete	e if the organization answered	"Yes" on Form 990, Part I	V, line 8.		
1a	If the organizatior	n elected, as permitted under Sl corical treasures, or other simila	FAS 116 (ASC 958), not to	report in its	revenue stateme	nt and balance sheet
	works of art, hist	torical treasures, or other similativide, in Part XIII, the text of the fo	ar assets held for public ex	chibition, ed	ucation, or reseau	ch in furtherance of
b		n elected, as permitted under				
D		corical treasures, or other simila				
		wide the following amounts relat		, <i>.</i>	,	•
		ded in Form 990, Part VIII, line 1				S
		ed in Form 990, Part X				44,800
2	•	n received or held works of a				ial gain, provide the
		s required to be reported under S				
a		in Form 990, Part VIII, line 1				§
b	Assets included in	Form 990, Part X			🕨 🤅	5

HADASSAH MEDICAL RELIEF ASSOCIATION

Schee	lule D (Form 990) 2015		1.22221 11000	02002-000			-			Paç	ge 2
Par	t III Organizations Maintaini	ng Collections of	Art, Historical	Treasur	es, o	r Oth	er Similar	Asse	ts (cont	inuec	1)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its										
	collection items (check all that app	ly):									
а	X Public exhibition		d 🗌 Loa	n or excha	ange p	orogran	าร				
b	Scholarly research		e 🗌 Oth	er							_
С	X Preservation for future gene	rations									
4	Provide a description of the organ	nization's collections	and explain how	w they fur	ther t	he org	anization's	exemp	t purpose	in P	art
	XIII.										
5	During the year, did the organization	on solicit or receive o	donations of art, h	istorical tre	easure	es, or c	other similar				
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of th	e organiza	ation's	collec	tion?	[Yes	Х	No
Par	t IV Escrow and Custodial Ar										
	Complete if the organizat	ion answered "Yes	s" on Form 990,	Part IV, li	ne 9,	or rep	ported an a	mount	on Forn	n	
	990, Part X, line 21.										
1a	Is the organization an agent, truste							_			
	included on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the following	table:							
							Am	ount			
С	Beginning balance				1c						
d	Additions during the year				1d						
е	Distributions during the year				1e						
f	Ending balance				1f						
2a	Did the organization include an am	ount on Form 990,	Part X, line 21, fo	r escrow o	or cust	todial a	account liabi	lity?	Yes	Х	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanat	ion has bee	en pro	vided c	on Part XIII				
Par											
	Complete if the organizat	ion answered "Yes	s" on Form 990,	Part IV, li	ine 10).					
		(a) Current year	(b) Prior year	(c) Two	o years	back	(d) Three yea	rs back	(e) Four y	ears ba	ack
1a	Beginning of year balance	151,720,602.	143,398,000). 130,3	351,3	350.	122,036,	478.	122,7	14,5	04
b	Contributions	2,411,374.	1,873,497	7. 1,0	377,	578.	459,	805.	1,3	06,4	69
С	Net investment earnings, gains,										
	and losses	-3,102,545.	8,558,636	5. 17,5	543,	784.	8,928,	151.	- 8	15,0	98
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs	1,327,189.	3,071,699	9. 5,5	574,	712.	1,073,	084.	1,1	69,3	97
f	Administrative expenses										
g	End of year balance	149,702,242.	150,758,434	143,3	398,0	000.	130,351,	350.	122,0	36,4	78
2	Provide the estimated percentage	of the current year	end balance (line [·]	1a. column	(a)) h	eld as:					
а	Board designated or quasi-endown	nent . 6000	%	3,	(//						
b	Permanent endowment 75.1		_								
С	Temporarily restricted endowment	▶ 24.2400 %									
	The percentages on lines 2a, 2b, a	and 2c should equal '	100%.								
3a	Are there endowment funds not in	the possession of th	ne organization th	at are held	d and	admini	istered for th	e			
	organization by:								Y	es I	No
	(i) unrelated organizations								3a(i)		Х
	(ii) related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on S	Schedule R	?				3b		
4	Describe in Part XIII the intended u	uses of the organiza	tion's endowment	funds.					· · · ·		
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.		5							
	Complete if the organiza										
	Description of property	(a) Cost or (inves		st or other ba (other)	SIS		umulated eciation	(0	i) Book valu	е	
1a	Land			,							
b	Buildings			125,74	5.	4	48,556.		7	7,18	9.
с	Leasehold improvements										
d	Equipment										
е	Other										
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Forr	n 990, Part X, colu	ımn (B), lin	ie 10c.	.)	►		7	7,18	9.
					_		·				

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) ALTERNATIVE 274,179,876. FMV INVESTMENTS (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 274,179,876 Investments - Program Related. Part VIII 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, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 31,127,196. (1) DEFERRED GIVING ARRANGEMENTS (2) DUE FROM AFFILIATES 7,169,793. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 38,296,989. ► 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 AND OTHER RELATED PARTIES 80,794,474 (3)(4) LIABILITIES UNDER DEFERRED GIVING ARRANGEMENTS 49,533,048 (5)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►
 130, 327, 522.

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(6) (7) (8) (9)

Х

Schedu	le D (Form 990) 2015		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
		1	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	4	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		urn.	
	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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	mation.	

SEE PAGE 5

SCHEDULE D, PART III, LINE 4

HADASSAH MEDICAL RELIEF ASSOCIATION, INC'S WORKS OF ART REFLECT THE MISSION AND SPIRIT OF THE ORGANIZATION. TWO TAPESTRIES ARE DISPLAYED AT THE HADASSAH ACADEMIC COLLEGE IN JERUSALEM, ISRAEL WHERE THE COLLEGE COMMUNITY CONGREGATES. THE OTHER WORKS OF ART REMAIN AT THE HWZOA/HMRA HEADQUARTERS IN NEW YORK.

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

HADASSAH MEDICAL RELIEF ASSOCIATION INC.'S (HMRA) ENDOWMENT FUNDS REPRESENTED IN SCHEDULE D, PART V ARE COMPRISED OF PERMANENTLY RESTRICTED, TEMPORARILY RESTRICTED AND BOARD DESIGNATED NET ASSETS. THE PERMANENTLY RESTRICTED NET ASSETS ARE SUBJECT TO DONOR-IMPOSED RESTRICTIONS, WHICH STIPULATE THAT THE PRINCIPAL BE MAINTAINED PERMANENTLY BUT PERMIT HMRA 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. THESE FUNDS WILL BE USED TO ENHANCE HMRA'S MISSION WHICH IS TO SUPPORT HEALTHCARE, EDUCATION, YOUTH PROGRAMS AND THE QUALITY OF AMERICAN AND JEWISH LIFE IN THE UNITED STATES AND ISRAEL.

UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX PROVISIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE Schedule D (Form 990) 2015

Part XIII

HADASSAH MEDICAL RELIEF ASSOCIATION Supplemental Information (continued)

IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. TAXES ON DISALLOWED EXPENSES AND VALUE ADDED TAX PAID WERE INCLUDED IN THE SECTIONS OF THE EXPENSES ON WHICH THE TAX WAS IMPOSED. AS OF DECEMBER 31, 2015 AND 2014, THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED INCOME TAX LIABILITY WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2015

SCHEDULE F (Form 990)	Stateme	ent of A	ctivities	Outside the Uni	ted St	ates o	MB No. 1545-0047	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.							
Department of the Treasury Internal Revenue Service	► Information	about Schedu		o Form 990. and its instructions is at WM	w.irs.gov/	ln	pen to Public spection	
Name of the organization	DELTER ACC	OCTATION				Employer identifica		
HADASSAH MEDICAL Part I General Int			Outside the l	Jnited States. Complete	if the orc			
	art IV, line 14b.							
assistance, the gran	tees' eligibility	for the grant	s or assistance	ubstantiate the amount o e, and the selection criter	ia used to	award the	X Yes No	
2 For grantmakers. assistance outside t		-	ganization's pr	ocedures for monitoring	the use	e of its grants a	and other	
3 Activities per Regio		-		e duplicated if additional sp				
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a pro describ	tivity listed in (d) is ogram service, be specific type of ice(s) in region	(f) Total expenditures for and investments in region	
(1) MIDDLE EAST AND NOP	RTH AFRICA			GRANTMAKING			45,318,796.	
(2) CENTRAL AMERICA/CAR	RIBBEAN			INVESTMENTS			56,725,664.	
(3) MIDDLE EAST AND NOP	RTH AFRICA			PROGRAM SERVICES	HEALTHC	ARE & EDUCATION	122,702.	
(4) MIDDLE EAST AND NOP	RTH AFRICA			INVESTMENTS			31,293.	
(5)								
_(6)								
_(7)								
(8)								
(9)								
<u>(10)</u>								
<u>(11)</u>								
(12)								
(13)								
(14)								
<u>(15)</u>								
<u>(16)</u>								
(17)								
sheets to Part I							102,198,455.	
c Totals (add lines For Paperwork Reduction /		he Instructions	s for Form 990.			Schedul	102,198,455. e F (Form 990) 2015	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 5E1274 1.000 12690M 2231

HADASSAH MEDICAL RELIEF ASSOCIATION

Page **2**

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	MEDICAL PROG	42,847,367.	WIRE TFR			
()			MIDDLE EAST/NORTH AFRICA	MEDICAL PROG	42,047,307.	WIKE IFK			
(2)			MIDDLE EAST/NORTH AFRICA	YOUTH PROG	1,003,437.	WIRE TFR			
(3)			MIDDLE EAST/NORTH AFRICA	MEDICAL PROG	872,925.	WIRE TFR			
(4)			MIDDLE EAST/NORTH AFRICA	EDUCATIONAL	538,067.	WIRE TFR			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL	50,000.	WIRE TFR			
(6)			MIDDLE EAST/NORTH AFRICA	YOUTH PROG	7,000.	WIRE TFR			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	er total number of recipient orga	anizations listed abo	we that are recognized as c	charities by the	foreign country, rea	cognized as ta	x-exempt		

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

б.

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

Part III can be duplicated if ac	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
11)							
12)							
3)							
14)							
5)							
6)							
17)							
8)							

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.

Schedule F (Form 990) 2015

Page 3

HADASSAH MEDICAL RELIEF ASSOCIATION

Sched	ule F (Form 990) 2015		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X 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? <i>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)</i>	X 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)	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Page 5

Schedule F (Form 990) 2015

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

SCHEDULE F, PART I, LINE 3

ACCORDING TO THE IRS' TIPS AND FAQS OF REPORTING OF CERTAIN ACTIVITIES OUTSIDE OF THE UNITED STATES THE ORGANIZATION MAY USE THE METHOD IT USED FOR ITS FINANCIAL STATEMENTS TO REPORT EXPENDITURES FOR SCHEDULE F, PART I, COLUMN (F). THE ORGANIZATION'S CURRENT ACCOUNTING PROCEDURES DO NOT SEPARATELY TRACK ALL EXPENDITURES AND SUCH EXPENDITURES ARE THEREFORE NOT REQUIRED TO BE INCLUDED IN PART I, COLUMN (F).

2172104

Schedule F (Form 990) 2015

	Supplemen	tal Information R	egarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047		
SCHEDULE G (Form 990 or 990-EZ)	Complete if the	Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury	Information of	 ► Attach to Form 990 or Form 990-EZ. ● Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection 							
Internal Revenue Service Name of the organization	Information ab	out Schedule G (Form s	990 OF 990-E	2) and its in:	structions is at www.ir	Employer identification	Inspection		
HADASSAH MEDICAL	DELIER YGGOG.	ΤΛΨΤΟΝΙ				13-6110872			
Fundraisi	ng Activities. Com		nization a	answered	"Yes" on Form 9				
Dort	-EZ filers are not								
	the organization rais	· · ·			activities. Check a	II that apply.			
a Mail solicitat	-	e		-	non-government g				
	email solicitations	f			government grants				
c Phone solicit	ations	g			ising events				
d 📃 In-person so	licitations	_	-		-				
2a Did the organizat	ion have a written o	r oral agreement w	rith any ind	dividual (in	cluding officers, d				
	s listed in Form 990					0	X Yes No		
b If "Yes," list the to	U 1		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be		
compensated at h	east \$5,000 by the	organization.							
(i) Name and addre or entity (fur		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization		
			Yes	No		col. (i)			
1									
ATTACHMENT 1									
2									
3									
4									
-									
5									
6									
7									
8									
9									
10									
					2,575,406.	248,084			
	which the organizat	tion is registered o	r licensed	d to solicit	contributions or	has been notified	it is exempt from		
registration or lice	ensing.								
CA, FL, KY, MI, NJ, P	A,TN,VA,WA,								

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Schedule G (Form 990 or 990-EZ) 2015

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V 15-7F

13-6110872

Schedule (G	(Form	990	or	990-	EZ)	2015

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 MAJ DONOR RECEP	(b) Event #2 SO. FL. EVENT	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	` col. (c))
Revenue	1	Gross receipts	212,076.	205,974.	8,167.	426,217.
R		Less: Contributions	201,830.	191,070.	5,647.	398,547.
	3	Gross income (line 1 minus line 2)	10,246.	14,904.	2,520.	27,670.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	38,840.	40,145.	5,479.	84,464.
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	4 through 9 in column (d) 0 from line 3. column (d))		
Ра						
		than \$15,000 on Form 990-E		,	· · ·	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
JSes	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9		nter the state(s) in which the organizat			<u>_</u>	
a b	ls	the organization licensed to conduct g		of these states?		Yes No
		'ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe			Yes No

Schedule G (Form 990 or 990-EZ) 2015

HADASSAH	MEDICAL	RELIEF	ASSOCIATION

Sched	lule G (Form 990 or 990-EZ) 2015 Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Yes No Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
13	formed to administer charitable gaming?
а	The organization's facility
b 14	An outside facility
14	records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party \blacktriangleright \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	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 > \$
Par	

Schedule G (Form 990 or 990-EZ) 2015

13-6110872

ATTACHMENT 1

990,	SCHEDULE	G,	PART	Ι	-	HIGHEST	PAID	FUNDRAISER
------	----------	----	------	---	---	---------	------	------------

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
LAUTMAN, MASKA, NEIL & CO 1730 RHODE ISLAND AVE. SUITE 301 WASHINGTON DC 20036	CONSULTING	x	2,467,863.	136,715.	2,331,148.
MARTS&LUNDY 1200 WALL ST. 5TH FLOOR LYNDHURST NJ 07071	CONSULTING	X		58,273.	-58,273.
DONOR SERVICES GROUP, LLC 6715 SUNSET BLVD. LOS ANGELES CA 90028	CONSULTING	X	107,543.	53,096.	54,447.

SCHEDULE I (Form 990)	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.	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 	Open to Public Inspection		
Name of the organization	Employer identification number			
HADASSAH MEDICA	L RELIEF ASSOCIATION	13-6110872		
Part I General In	formation on Grants and Assistance			
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, a the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 				

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HADASSAH THE WOMEN'S ZIONIST ORG OF AMERICA							
40 WALL STREET NEW YORK, NY 10005	13-1656651	501(C)(3)	38,170,584.				GENERAL SUPPORT
(2) YOUNG JUDEA GLOBAL							
575 8TH AVE 11TH FLOOR NEW YORK, NY 10018	45-2640858	501(C)(3)	331,255.				YOUTH PROGRAMS
(3) BRANDEIS UNIVERSITY							
415 SOUTH STREET WALTHAM, MA 02454	04-2103552	501(C)(3)	97,000.				EDUCATIONAL PROGRAMS
(4) CAMP MIDWEST							
4711 GOLD ROAD SUITE 600 SKOKIE, IL 60076	39-1672846	501(C)(3)	35,350.				YOUTH PROGRAMS
(5) CAMP YOUNG JUDEA HENDERSONVILLE							
48 CAMP JUDEA HENDERSONVILLE, NC 28792	58-6014651	501(C)(3)	28,900.				YOUTH PROGRAMS
(6)							
_(7)	_						
(8)							
(9)							
(10)							
(11)							
(12)	_						
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 t	able		└ · · · · · · · · · · ►	5.
<u>3</u> Enter total number of other organizations li							
					<u></u>		

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000 5

6

7

Part IV

information.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4

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

SCHEDULE I, PART I, LINE 2

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

THE FUNDS AND ANNUAL FINANCIAL STATEMENTS. THERE IS ONGOING COMMUNICATION

BETWEEN ALL GRANTEES AND MANAGEMENT INCLUDING PERIODIC SITE VISITS.

GRANTS ARE AWARDED AFTER BOARD APPROVAL. CRITERIA INCLUDE OVERALL FIT

INTO HADASSAH MISSION AND AVAILABLE RESOURCES.

				0	MB No. 1	1545-0	047
(Forr	m 990) 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. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer id ASSAH MEDICAL RELIEF ASSOCIATION 13-		20	15			
Doporte	ant of the Treasury			. 0	pen to	o Puk	olic
	Revenue Service	Information about Schedule J (Formation about Schedule J)	orm 990) and its instructions is at www.irs.gov/f	orm990.	Inspe	ectio	n
Name	of the organization			Employer identificatior	numbe	r	
HADA				13-611087	2		
Part	Question	s Regarding Compensation					
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a perso	on listed on Form		Yes	No
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of persor	al residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiatio	n fees			
	Discretio	onary spending account	Personal services (e.g., maid, chauffe	eur, chef)			
b	or reimburse	ment or provision of all of the ex	penses described above? If "No," com	plete Part III to			
	explain				1b		
2	-						
	1a?				2		
3	Indicate which	n, if any, of the following the filing organ	nization used to establish the compensatio	n of the			
	organization's related organ	CEO/Executive Director. Check all the ization to establish compensation of the	at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa	ds used by a art III.			
	Comper	nsation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	0 of other organizations	Approval by the board or compensation	tion committee			
4			Part VII, Section A, line 1a, with respect to	the filing			
а	Receive a sev	verance payment or change-of-control page	ayment?		4a		Х
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х
С	Participate in	, or receive payment from, an equity-ba	ased compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each ite	em in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5–9.				
5	•			any			
	•	n contingent on the revenues of:					
а	The organizat	ion?			5a		Х
b	-				5b		X
	-	5a or 5b, describe in Part III.					
6	For persons I	isted on Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue a	any			
	compensatior	n contingent on the net earnings of:					
а	The organizat	ion?			6a		X
b	Any related o	rganization?			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization provid	de any non-fixed			
			escribe in Part III		7		X
8			paid or accrued pursuant to a contract tha				
			Regulations section 53.4958-4(a)(3)? If				
					8		X
9			low the rebuttable presumption procedu				
					9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 990.	Sched	ule J (Fo	orm 990	0) 2015

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RICHARD ANNIS	(i)	322,209.	0.	2,281.	21,261.	26,364.	372,115.	0.
1CHIEF FINANCIAL OFFICER	(ii)	99,475.	0.	704.	6,564.	7,859.	114,602.	0.
GALIT S BRICHTA	(i)	222,348.	0.	555.	23,714.	45,671.	292,288.	0.
2DEVELOPMENT	(ii)	764.	0.	2.	82.	157.	1,005.	0.
LORI B LASSON	(i)	219,656.	0.	1,506.	24,313.	51,568.	297,043.	0.
3PLANNED GIVING	(ii)	755.	0.	5.	84.	177.	1,021.	0.
DAVID PASTERNACK	(i)	327,076.	0.	1,869.	27,618.	49,071.	405,634.	0.
4DEVELOPMENT	(ii)	1,125.	0.	6.	95.	169.	1,395.	0.
JODI WECHTER-LEVY	(i)	154,535.	0.	539.	16,676.	15,406.	187,156.	0.
5FINANCE DIRECTOR	(ii)	47,709.	0.	166.	5,148.	4,756.	57,779.	0.
JANICE WEINMAN	(i)	318,856.	0.	6,866.	21,261.	25,455.	372,438.	0.
6CHIEF EXECUTIVE OFFICER	(ii)	98,440.	0.	2,120.	6,564.	7,859.	114,983.	0.
SHERYL ZELIGSON	(i)	286,684.	0.	766.	21,261.	27,095.	335,806.	0.
7GENERAL COUNSEL	(ii)	88,508.	0.	237.	6,564.	8,365.	103,674.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Part III Supplemental Information

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

ADDITIONAL DISCLOSURE

SCHEDULE J

PART II COLUMN C CONSISTS ONLY OF CONTRIBUTIONS TO COMPANY RETIREMENT

PLANS. PART II COLUMN D INCLUDES NOT ONLY EMPLOYER PROVIDED BENEFITS,

BUT ALSO EMPLOYEE CONTRIBUTIONS FOR HEALTH INSURANCE, MEDICAL AND/OR

CHILDCARE FLEXIBLE SPENDING ACCOUNTS, QUALIFIED TRANSPORTATION FRINGE

BENEFITS, AND RETIREMENT PLANS.

COMPENSATION

SCHEDULE J

OFFICERS AND KEY EMPLOYEES' SALARIES AND RELATED BENEFITS ARE PAID BY HADASSAH MEDICAL RELIEF ASSOCIATION, INC.'S RELATED ORGANIZATION, HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. [HWZOA, EIN: 13-1656651]. THE HWZOA'S CURRENT ACCOUNTING PROCEDURES DO NOT SEPARATELY TRACK SUCH EXPENDITURES FOR EACH ORGANIZATION. HOWEVER, FOR PURPOSES OF PART VII AND SCHEDULE J, SALARIES ARE ALLOCATED BETWEEN HWZOA AND HMRA IN A MANNER CONSISTENT WITH THE ALLOCATION OF THE EXPENSES BETWEEN THE TWO ORGANIZATIONS. HMRA RELIES ON HWZOA FOR ESTABLISHING COMPENSATION OF THE TOP MANAGEMENT OFFICIAL THROUGH THE USE OF AN INDEPENDENT COMPENSATION Schedule J (Form 990) 2015

Part III Supplemental Information

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

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

COMPENSATION COMMITTEE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

HADASSAH MEDICAL RELIEF ASSOCIATION

Employer identification number 13-6110872

		(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 de noncash contribu		0
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
Ū	goods.						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	341.	1,599,745.	FMV		
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 org	anization during the tax ye	ear for contributions for			
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29		
						Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least th	•			•		
	to be used for exempt purposes for		olding period?			a	X
b	If "Yes," describe the arrangement in						
31	Does the organization have a						
	contributions?					X	
32a	Does the organization hire or use		-	-			
_	contributions?					a	X
	If "Yes," describe in Part II.						
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a)) is checked,		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (F	orm 990)	(2015)

JSA

Part II Supplemental Information. Complete this part to 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.

SCHEDULE M, PART I, COLUMN (B)

THE NUMBER OF CONTRIBUTIONS IS REPORTED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HADASSAH MEDICAL RELIEF ASSOCIATION

13-6110872

GENERAL EXPLANATION ATTACHMENT SEE RELATED ENTITY'S FORM 990 - HADASSAH, THE WOMEN'S ZIONIST

ORGANIZATION OF AMERICA [HWZOA].

THERE IS AN OVERHEAD ALLOCATION OF EXPENSES, INCLUDING SALARIES AND RELATED EMPLOYEE BENEFITS, ALL OF WHICH IS PAID BY HADASSAH MEDICAL RELIEF ASSOCIATION, INC.'S RELATED ORGANIZATION, HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. [HWZOA] [EIN: 13-1656651].

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

HADASSAH MEDICAL RELIEF ASSOCIATION, INC. ("HMRA") IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. HMRA SUPPORTS THE HADASSAH MEDICAL ORGANIZATION ("HMO"), YOUTH AND EDUCATIONAL INSTITUTIONS AND PROGRAMS OF REFORESTATION IN ISRAEL. IN THE U.S., HMRA PROMOTED WOMEN'S HEALTH EDUCATION, COMMUNITY VOLUNTEERISM, SOCIAL ACTION, JEWISH EDUCATION AND THE YOUNG JUDAEA YOUTH MOVEMENT.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS LINE 4A:

HADASSAH MEDICAL ORGANIZATION HAS BUILT BRIDGES TO PEACE THROUGH MEDICINE SINCE ITS BEGINNING IN 1921. HMO'S TWO HOSPITALS --ONE IN EIN KEREM AND ONE IN MT. SCOPUS, JERUSALEM --SERVE THE LARGEST POPULATION GROUP IN ISRAEL. THEY TREAT ONE MILLION PATIENTS A YEAR, WITHOUT REGARD TO RACE,

Schedule O (Form 990 or 990-EZ) 2015				
Name of the organization	Employer identification number			
HADASSAH MEDICAL RELIEF ASSOCIATION	13-6110872			

RELIGION OR NATIONALITY. THE SARAH WETSMAN DAVIDSON HOSPITAL TOWER IN EIN KEREM, DEDICATED IN 2012, IS HOME TO STATE-OF-THE-ART PATIENT ROOMS, OPERATING THEATERS, AND TRAUMA SERVICES. FIVE BELOW-GROUND FLOORS, HOUSING THE SURGICAL CENTER, ARE FORTIFIED AGAINST CHEMICAL, BIOLOGICAL AND TRADITIONAL WEAPONS. THEY CAN BE CONVERTED INTO A SELF-SUFFICIENT HOSPITAL IN CASE OF ATTACK OR NATURAL DISASTER. MEDICAL PERSONNEL FROM AROUND THE WORLD COME TO HMO AND TO HADASSAH-HEBREW UNIVERSITY MEDICAL SCHOOL TO WATCH AND LEARN ABOUT EXTRAORDINARY PATIENT CARE IN VIRTUALLY EVERY MEDICAL FIELD. HMO IS RENOWNED FOR ITS RESEARCH; IT RECEIVES MORE THAN 50 PERCENT OF ISRAEL'S MEDICAL RESEARCH BUDGET, PERFORMS HALF OF ALL HOSPITAL RESEARCH IN ISRAEL, AND RECEIVES 60 PERCENT OF NATIONAL SCIENCE AWARDS GIVEN IN ISRAEL. SOME OF HMO'S LEADING PHYSICIANS VISIT CITIES AROUND THE US, CONVERSING WITH MAJOR DONORS, POTENTIAL CONTRIBUTORS AND MEMBERS ABOUT THE CUTTING-EDGE RESEARCH AND PATIENT CARE HAPPENING AT HMO. THE EVENTS RANGE FROM ONE-ON-ONE MEETINGS TO INTIMATE INFORMAL BREAKFASTS TO BLACK-TIE GALAS. WE CONTINUE OUR EFFORTS TO FULLY EQUIP AND FURNISH THE 19-STORY TOWER, AND ESPECIALLY TO COMPLETE THE TOWER'S 20 ULTRA-MODERN OPERATING ROOMS AND THE ACCOMPANYING SURGICAL INTENSIVE CARE UNITS. THROUGH THEIR ACTIVE SUPPORT OF HADASSAH MEDICAL ORGANIZATION, THE MEN AND WOMEN OF HADASSAH INTERNATIONAL --REPRESENTING ALL FAITHS AND NATIONALITIES -- CREATE A WORLDWIDE NETWORK FOR HEALING. WITH EXTRAORDINARY PHILANTHROPISTS, DAZZLING SPECIAL EVENTS, AND CREATIVE PARTNERSHIPS, HADASSAH INTERNATIONAL CONTINUES TO PLAY A KEY ROLE IN SUPPORTING HMO AND COMPLETING THE BUILDING THE SARAH WETSMAN DAVIDSON HOSPITAL TOWER.

Page 2

LINE 4B:

SCHOLARSHIP:

HMRA ENHANCES ISRAEL'S ECONOMY BY PROVIDING SCHOLARSHIPS TO EDUCATE THE NEXT GENERATION OF ISRAEL'S SKILLED PROFESSIONALS AT THE HADASSAH ACADEMIC COLLEGE.

LINE 4C:

YOUTH AND EDUCATION:

HMRA SUPPORTED YOUTH ALIYAH VILLAGES THAT PROVIDE A SAFETY NET OF SERVICES-FOOD, SHELTER, EDUCATION AND LOVE-TO IMMIGRANTS AND AT-RISK ISRAELI CHILDREN FROM POOR OR ABUSIVE HOMES IN ISRAEL. WITH GUIDANCE, NURTURING AND FIRST-RATE INSTRUCTION, STUDENTS LEARN THE SKILLS THEY NEED TO SUCCEED IN MODERN-DAY ISRAEL. NEARLY 90 PERCENT OF THE GRADUATES JOIN THE IDF. YOUNG JUDAEA, THE PREMIER ZIONIST YOUTH MOVEMENT, DEVELOPS THE NEXT GENERATION OF VIBRANT JEWISH LEADERS THROUGH PROGRAMS FOR YOUNG MEN AND WOMEN, AGES 7-35, INCLUDING SUMMER CAMPS IN THE US FOR CHILDREN AND TEENS, AND A VARIETY OF PROGRAMS IN ISRAEL FOR TEENS AND YOUNG ADULTS. HADASSAH SUPPORTS YOUNG JUDAEA WITH FUNDING AND SCHOLARSHIPS THAT ENABLE PARTICIPATION BY MORE CHILDREN AND TEENS. AFTER 70+ YEARS AS PART OF HADASSAH, YOUNG JUDAEA GLOBAL, INC. IS NOW RESPONSIBLE FOR YOUNG JUDAEA PROGRAMS. HADASSAH SELECTS TWO EXTRAORDINARY YOUNG WOMEN, CURRENTLY IN THEIR SOPHOMORE OR JUNIOR YEAR OF HIGH SCHOOL, TO RECEIVE THE MERIT-BASED HADASSAH & YOUNG JUDAEA LEADERS OF TOMORROW AWARD. RECIPIENTS ARE AWARDED FULL TUITION TO ATTEND A LIFE-CHANGING, FOUR-WEEK YOUNG JUDAEA SUMMER

HADASSAH MEDICAL RELIEF ASSOCIATION

Page 2

PROGRAM IN ISRAEL.

MEMBERS

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

HADASSAH, THE WOMENS 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 ELECTED DIRECTORS OF THE NATIONAL BOARD ANNUALLY AT THEIR NATIONAL BUSINESS MEETING WHILE OTHER DIRECTORS SERVE BY VIRTUE OF THEIR POSITION IN THE ORGANIZATION. THE MEMBERSHIP OF HADASSAH MEDICAL RELIEF ASSOCIATION, INC. ("HMRA") CONSISTS OF THE NATIONAL BOARD OF HWZOA. THE EXECUTIVE COMMITTEE OF HWZOA ALSO SERVES AS THE BOARD OF DIRECTORS OF HMRA.

990 REVIEW POLICY

FORM 990, PART VI, LINE 11B

THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY HWZOA AND IN CONSULTATION WITH HWZOA'S STAFF. THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN CAREFULLY REVIEWED BY HWZOA. A COPY OF THE FINAL FORM 990 IS PROVIDED TO EACH OF THE BOARD MEMBERS PRIOR TO FILING WITH THE IRS. THE FORM 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND IS ALSO ON HADASSAH'S WEBSITE.

CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12C

Schedule O (Form 990 or 990-EZ) 2015				
Name of the organization	Employer identification number			
HADASSAH MEDICAL RELIEF ASSOCIATION	13-6110872			

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. THE INTERESTED PERSON MAY NOT VOTE ON RELATED MATTER, OR PARTICIPATE IN OR BE PRESENT AT THE DISCUSSION.

COMPENSATION

FORM 990, PART VI, LINE 15A AND 15B HADASSAH MEDICAL RELIEF ASSOCIATION, INC. HAS NO EMPLOYEES. INSTEAD, SERVICES ARE PERFORMED ON ITS BEHALF BY ITS RELATED ORGANIZATION, HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. [HWZOA, EIN: 13-1656651]. FOR PURPOSES OF PART VII AND SCHEDULE J, SALARIES ARE ALLOCATED BETWEEN HWZOA AND HMRA IN A MANNER CONSISTENT WITH THE ALLOCATION OF THE EXPENSES BETWEEN THE TWO ORGANIZATIONS. WHEN A NEW OFFICER OR KEY EMPLOYEE IS HIRED, HWZOA CONDUCTS A REVIEW OF VARIOUS COMPARABILITY DATA FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, WITH THE ASSISTANCE OF OUTSIDE COUNSEL AND THE SEARCH FIRM. THE ORGANIZATION SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE. THE COMPENSATION AMOUNT IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. NO INDIVIDUAL HAVING A CONFLICT OF

Schedule O (Form 990 or 990-EZ) 2015				
Name of the organization	Employer identification number			
HADASSAH MEDICAL RELIEF ASSOCIATION	13-6110872			

INTEREST IS PERMITTED TO PARTICIPATE IN THE REVIEW OR DECISION. THESE PROCEDURES ARE DOCUMENTED CONTEMPORANEOUSLY. IN SUBSEQUENT YEARS, AN INDIVIDUAL MAY RECEIVE A SALARY INCREASE AS APPROVED BY THE COMPENSATION COMMITTEE. BONUSES ARE GENERALLY NOT AWARDED.

GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 8

FROM 2004 TO 2012, THE ORGANIZATION RECORDED A TOP-SIDED ENTRY ON THE FORM 990 TO CHARGE OFF 92% OF FUNDRAISING EXPENSES AND 50% OF MANAGEMENT AND GENERAL EXPENSES FROM HWZOA'S FORM 990 TO HMRA'S FORM 990. THIS WAS DONE SO THAT EACH INDIVIDUAL FORM 990 WOULD BE MORE INFORMATIVE TO THE READER. IN 2013, THE ORGANIZATION STOPPED RECORDING THIS TRANSACTION AS A TOP-SIDED ENTRY BUT RATHER BOOKED IT AS A HARD ENTRY ON THE BOOKS OF HWZOA AND HMRA. IN ADDITION, THE ORGANIZATION PICKED UP THE CUMULATIVE EFFECT OF THESE TOP-SIDED ENTRIES FROM 2004 TO 2012 ON EACH COMPANY'S BOOKS IN THE AMOUNT OF \$138,750,901. THE BENEFIT OF THIS CHANGE IS THAT THE ORGANIZATION'S BOOKS AND TAX RETURN ARE NOW IN SYNC. THE JOURNAL ENTRY TO PICK UP THE CUMULATIVE EFFECT OF THESE TOP-SIDED ENTRIES HAD NO EFFECT ON THE FORM 990'S OR ON THE ORGANIZATION'S CONSOLIDATED AUDIT REPORT, HOWEVER, IT DID HAVE AN EFFECT ON HWZOA'S AND HMRA'S INDIVIDUAL SET OF BOOKS. AS STATED ABOVE, HMRA GAVE HWZOA A GRANT

2172104

Schedule O (Form 990 or 990-EZ) 2015						
Name of the organization	Employer identification number					
HADASSAH MEDICAL RELIEF ASSOCIATION	13-6110872					

EACH YEAR FROM UNRESTRICTED NET ASSETS AND BY PICKING UP THIS CUMULATIVE EFFECT OF THE TOP-SIDED ENTRY, HMRA REDUCED THEIR UNRESTRICTED FUND BALANCE AND HWZOA INCREASED THEIR UNRESTRICTED FUND BALANCE FOR A SECOND TIME IN THE AMOUNT OF \$138,750,901. THE ORGANIZATION RETURNED THESE UNRESTRICTED NET ASSETS TO HMRA THROUGH A PRIOR PERIOD ADJUSTMENT ON THE CY 2015 FORMS 990.

RECONCILIATION OF NET ASSETS

PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE - SPLIT INTEREST AGREEMENTS 3,970,182 BAD DEBT (2,057,223)

TOTAL

1,912,959

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

FRANCE

GERMANY

ISRAEL

SWITZERLAND

TAFNI	T WIND LTD					C	ONSUI	JTANT				1,634,220).
NAME	AND ADDRES	S				DE	SCRIE	PTION (OF S	ERVICES	3	COMPENSATIC	DN
990,	PART VII-	COMPENSATION	OF THE	FIVE	HIGHEST	PAID	IND.	CONTR	ACT	ORS	:		
										ATTACH	MENT	2	

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ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2015		Page 2
Name of the organization	Em	ployer identification number
HADASSAH MEDICAL RELIEF ASSOCIATION		13-6110872
	ATTA	ACHMENT 2 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHES	T PAID IND. CONTRACTORS	CES COMPENSATION
P.O. BOX 3381 JERUSALEM ISRAEL		
LAUTMAN, MASKA, NEILL & CO. 1730 RHODE ISLAND AVE. NORTHWEST ST. 301 WASHINGTON, DC 20036	CONSULTANT	603,400.
OFFIT CAPITAL ADVISORS LLC 495 LEXINGTON AVE 24FL NEW YORK, NY 10017	INVEST. CONSULTANTS	594,964.
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193	CONSULTANT	408,413.
YEHUDA RAVEH & CO 26 USHIKIN STREET PO BOX 7722 JERUSALEM ISRAEL	LEGAL	354,889.

2172104

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13-6110872

SCHEDULE R (Form 990)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

HADASSAH MEDICAL RELIEF ASSOCIATION

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)					
(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	Section 5 cont	g) 512(b)(13) rolled tity?
							Yes	No
(1) HADASSAH, THE WOMEN'S ZIONIST ORG.	13-1656651							
40 WALL STREET	NEW YORK, NY 10005	CHARITABLE	NY	501(C)(3)	7	N/A	x	
(2) THE HADASSAH FOUNDATION, INC.	13-4022483							
40 WALL STREET	NEW YORK, NY 10005	CHARITABLE	NY	501(C)(3)	11, I	N/A	x	
(3) HADASSAH INTERNATIONAL LTD.	99-9999999							
40 WALL STREET	NEW YORK, NY 10005	CHARITABLE	BR	N/A	N/A	N/A	x	
(4) HADASSAH MEXICO, A.C.	99-9999999							
HACIENDA EL CIERVO 7A-JR2 5276	HUIXQUILUC, MX	CHARITABLE	MX	N/A	N/A	N/A	x	
(5) MEIR SHFEYAH FOR PROMOTION OF EDUCA	NION 99-9999999							
C/O 40 WALL STREET	NEW YORK, NY 10005	CHARITABLE	IS	N/A	N/A	N/A	x	
(6) HADASSAH YOUTH SERVICES AMUTA	99-9999999							
C/O 40 WALL STREET	NEW YORK, NY 10005	CHARITABLE	IS	N/A	N/A	N/A	x	
(7) HADASSAH WUJS ARAD, LTD	99-9999999							
C/O 40 WALL STREET	NEW YORK, NY 10005	CHARITABLE	IS	N/A	N/A	N/A	x	

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

Schedule R (Form 990) 2015

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

13-6110872

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JSA

13-6110872

SCHEDULE R (Form 990)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

HADASSAH MEDICAL RELIEF ASSOCIATION

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
· · ·	1				

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 re	elated 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 5 contr ent	512(b)(13) rolled
							Yes	No
(1) HADASSAH OFFICE IN ISRAEL	99-9999999							
C/O 40 WALL STREET	NEW YORK, NY 10005	CHARITABLE	IS	N/A	N/A	N/A	X	
(2) HADASSAH MEDICAL ORGANIZATION	99-9999999							
KIRYAT HADASSAH, P.O. BOX 1200	JERUSALEM, IS	MEDICAL	IS	N/A	N/A	N/A	X	
(3)								
(4)								
(5)								
(6)								
(7)								

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

13-6110872

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JSA

Schedule R (Form 990) 2015

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	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
		- country)		,			Yes	No		Yes	No	
(1)	4											
(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)		(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 TRUST (89)								
	INVESTMENTS	NY	HWZOA	TRUST				
(2) CHARITABLE REMAINDER UNITRUSTS (14)								
	INVESTMENTS	NY	HWZOA	TRUST				
(3) POOLED INCOME FUND (8)								
	INVESTMENTS	NY	HWZOA	TRUST				
(4)								
(5)								
(6)								
(7)								

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Part	V Transactions With Related Organizations Complete if the organization answered "Ye	s" 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.				١	/es	No		
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations liste	ed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
b	Gift, grant, or capital contribution to related organization(s)				1b	Х			
с	Gift, grant, or capital contribution from related organization(s)				1c		Х		
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
е	Loans or loan guarantees by related organization(s)				1e		Х		
	• • • • • • • • • • • • • • • • • • • •								
f	Dividends from related organization(s)			[1f				
g									
	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)			F	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)			F	1j		Х		
•									
k	k Lease of facilities, equipment, or other assets from related organization(s)								
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х		
m	m Performance of services or membership or fundraising solicitations by related organization(s).								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)				10	Х			
р	p Reimbursement paid to related organization(s) for expenses.								
-	Reimbursement paid by related organization(s) for expenses				1q		Х		
r	Other transfer of cash or property to related organization(s)			[1r		Х		
S	s Other transfer of cash or property from related organization(s).								
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cover	ed relationships and trans	action thresh	nolds				
	(a)	(b)	(c)		(d)				
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amount			ıg		
(1)	HADASSAH, THE WOMEN'S ZIONIST ORG. OF AMERICA	М	19,135,198.	COST					
(2)	HADASSAH INTERNATIONAL LTD.	В	872,925.	COST					
(3)	HADASSAH MEDICAL ORGANIZATION	В	42,847,367.	COST					
(4)	HADASSAH, THE WOMEN'S ZIONIST ORG. OF AMERICA	В	38,170,584.	COST					
(5)									
(0)									
(6)				<u> </u>	-				
JSA 5E1309	1.000		Sch	nedule R (Fo	orm 9	90) 2	2015		

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	501(organiz	zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	(j) eral or aging tner?	(k) Percentag ownershi
			sections 512-514)	Yes	No			Yes	No		Yes	No	
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4)													
5)													
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Schedule R (F	orm 990) 2015
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).