

2018 Income Tax Returns

THE HADASSAH FOUNDATION, INC.

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB	Nο	1545-1878
OIVID	INO.	1343-1070

for an Exempt Organization For calendar year 2018, or fiscal year beginning _ ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number THE HADASSAH FOUNDATION, INC. 13-4022483 Name and title of officer SUE BELLER, CHAIRPERSON Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here ▶ **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here ▶ **b** Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize KPMG LLP to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 10/30/2019 ERO's signature ▶

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Inspection

A F	or th	ne 2018 calendar year, or tax year begi	nning	, 2018	3, and end	ding		, 2	20		
_		C Name of organization					D Employer ide	entification nu	mber		
Вс	heck if ap	pplicable: THE HADASSAH FOUNDATI	ON, INC.								
	Addre						13-4022	2483			
	7 7	Number and street (or P.O. box if mail is	not delivered to street addre	ess)	Room/suit	:e	E Telephone number				
	Initial	return 40 WALL STREET					(212) 355-7900				
	Termi	City or town, state or province, country,	and ZIP or foreign postal coo	de							
	Amen						G Gross receip	ts \$,660	,347.	
		F Name and address of principal officer	SUE BELLER				H(a) Is this a grou		Yes	X No	
	pendi	40 WALL STREET, NEW Y	ORK, NY 10005				subordinates H(b) Are all subord		Yes	No	
$\overline{}$	Tax-ex	xempt status: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or	527		ـــــ ch a list. (see instr	uctions)		
		ite: ► WWW.HADASSAHFOUNDATION.		1 1 1 (4)(1)	<u> </u>		H(c) Group exemp	otion number	•		
_		of organization: X Corporation Trust	Association Other	-	L Yea	ar of format	tion: 1998 M			NY	
$\overline{}$	art I	Summary	7 to o o o o o o o o o o o o o o o o o o		12 100	ar or rommat		Otato or rogar o	1011110110.		
		Briefly describe the organization's mission of	or most significant activitie	oe THE O	RGANT 7.7	ATTON'	S MISSION	TS TO I	MPRO	VE.	
Φ	l '	THE STATUS, HEALTH AND WEL								<u></u>	
ů		AND THE UNITED STATES.									
ř	2	Check this box if the organization of	diagontinuad ita aparatia				of its not coast				
Governance			•	•				s. 3		21.	
	4	Number of voting members of the governing	the governing had (Daw					4		21.	
es	_	Number of independent voting members of						5		0.	
ctivities &		Total number of individuals employed in cal						6		21.	
Υcti	6	Total number of volunteers (estimate if neces	ssary)							0	
`		Total unrelated business revenue from Part \						7a		0	
	D	Net unrelated business taxable income from	Form 990-1, line 34					7b	V		
	_						Prior Year		rrent Y		
ne	8	Contributions and grants (Part VIII, line 1h)			Y FOR	٦⊢—	127,20	-	193	3,953	
Revenue	9	Program service revenue (Part VIII, line 2g) $\underline{\ }$		BUBUCI		м <u>—</u>	200 03	0.	1.00	0	
Re	10	Investment income (Part VIII, column (A), lin		. L		┙ ├──	322,83		468	3,217	
	11	Other revenue (Part VIII, column (A), lines 5					450.03	0.			
_	12	Total revenue - add lines 8 through 11 (mus					450,03			2,170	
	13	Grants and similar amounts paid (Part IX, co					490,00		4/3	3,750	
	14	Benefits paid to or for members (Part IX, cold					001 50	0.	010 020		
es	15	Salaries, other compensation, employee ber					201,52		210	0,832	
Expenses	16a	Professional fundraising fees (Part IX, colum	n (A), line 11e)					0.		0	
Ϋ́		Total fundraising expenses (Part IX, column									
_		Other expenses (Part IX, column (A), lines 1					79,58			3,415	
	18	Total expenses. Add lines 13-17 (must equa	al Part IX, column (A), line	25)		-	771,10			7,997	
. 10	19	Revenue less expenses. Subtract line 18 from	m line 12				-321,07		-'/5	5,827	
Net Assets or Fund Balances						Begin	ning of Current Y		nd of Yea		
sset	20	Total assets (Part X, line 16)					12,886,97			3,279	
d As	21	Total liabilities (Part X, line 26)					86,60			5,500	
		Net assets or fund balances. Subtract line 2	1 from line 20	<u>.</u>			12,800,36	7. 1	1,881	L,779	
Pa	ırt II	Signature Block									
		nalties of perjury, I declare that I have examined the ct, and complete. Declaration of preparer (other that						my knowledg	e and be	elief, it is	
	5, 00110		ar omoor) to bacoa on an inte	Jimation or wit	ion proparoi	Tido arry iti	l l l l l l l l l l l l l l l l l l l				
C:-											
Sig He		Signature of officer					Date				
пе	е	SUE BELLER		CHAIR	PERSON						
		Type or print name and title									
D-:		Print/Type preparer's name	Preparer's signature	2.981	Date		Check	if PTIN			
Paid		PHILLIP GROFF		, Q	∠ 10/3	30/201	9 self-employe	ed P0124	17783		
	parer	Firm's name ► KPMG LLP						13-55652	07		
use	Only	Firm's address ▶ 345 PARK AVENUE	NEW YORK, NY 1	0154-010	02			212-758-	9700		
May	the I	RS discuss this return with the preparer show		\				X	Yes	No	
For	Pape	rwork Reduction Act Notice, see the separa	ite instructions.		_ <u> </u>					0 (2018)	

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

	6-Month Extension of Time. Only sub		`				
-	ons required to file an income tax return ot		·	20-C filers), partnerships,	RE	MICs,	and trusts
nust use Fo	orm 7004 to request an extension of time to	file income	tax returns.				
	In the second of the second			Enter filer's identifyin			
Гуре or	Name of exempt organization or other filer, see	instructions.		Employer identification nu	ımbe	r (EIN)	or
orint	THE HADACCAH ECHNIDATION TAIC	HADASSAH FOUNDATION, INC. 13-4022483					
ile by the	THE HADASSAH FOUNDATION, INC		ations				
lue date for	Number, street, and room or suite no. If a P.O. I	box, see instruc	e instructions. Social security number (SSN)				
ling your eturn. See	40 WALL STREET	or a foreign ad	Idraga, aga instructions				
nstructions.	City, town or post office, state, and ZIP code. F NEW YORK, NY 10005	or a roreign au	luress, see instructions.				
	NEW TORK, NI 10005						
Enter the Re	eturn Code for the return that this application	on is for (file	a separate application f	or each return)			0 1
Application		Return	Application				Return
s For		Code	Is For				Code
orm 990 o	r Form 990-EZ	01	Form 990-T (corporate	tion)			07
orm 990-B		02	Form 1041-A	,			08
orm 4720		03	Form 4720 (other tha	an individual)			09
orm 990-P	,				10		
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-T	(trust other than above)	06	Form 8870				12
If the org If this is for the whole list with the	e No. ► 212 355-7900 anization does not have an office or place of or a Group Return, enter the organization's the group, check this box ► □ . e names and EINs of all members the extension of time organization named above. The extension calendar year 20 18 or	of business in four digit Ground digit Groun	oup Exemption Number art of the group, check 11/15, 20 ganization's return for:	this box ▶ this box	org	If t and a	this is ttach
▶	tax year beginning	, 20	, and ending	,	20_	<u> </u>	
	ax year entered in line 1 is for less than 12 Change in accounting period				n		
	application is for Forms 990-BL, 990-PF,	990-T, 4720	0, or 6069, enter the	tentative tax, less any			
	undable credits. See instructions.				3a	\$	0.
	application is for Forms 990-PF, 990-					1	
	ited tax payments made. Include any prior ye				3b	\$	0.
	ce due. Subtract line 3b from line 3a. Includ		ent with this form, if re	equired, by using EFTPS			_
	onic Federal Tax Payment System). See inst				3с		0.
	u are going to make an electronic funds withdrav	val (direct deb	it) with this Form 8868, s	ee Form 8453-EO and Form	1 88°	79-EO	for payment
nstructions.							
or Privacy A	Act and Paperwork Reduction Act Notice, see in:	structions.			Forr	ո 8868	8 (Rev. 1-2019)

Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO IMPROVE THE STATUS, HEALTH AND WELL BEING OF WOMEN AND GIRLS IN ISRAEL AND THE UNITED STATES. 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?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 590,203. including grants of \$ 473,750.) (Revenue \$ THE ORGANIZATION FUNDS PROJECTS THAT SERVE WOMEN & GIRLS FROM DIVERSE CULTURAL GROUPS WITHIN ISRAEL AND THE JEWISH COMMUNITY IN THE UNITED STATES, AND FOCUSES ON THE ECONOMIC EMPOWERMENT IN ISRAEL AND LEADERSHIP PROGRAMS FOR ADOLESCENT GIRLS AND YOUNG WOMEN IN THE UNITED STATES. OUR GRANTEES SEEK TO PROMOTE FUNDAMENTAL CHANGE BY ADDRESSING THE OBSTACLES THAT IMPEDE THE FULL PARTICIPATION OF WOMEN AND GIRLS IN SOCIETY. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 590,203. **4e** Total program service expenses ▶

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Form **990** (2018)

PAGE 2

Form 990 (2018) 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," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III , 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Form **990** (2018)

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Form 990 (2018) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
	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		
	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		Х
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		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
_	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	<u> </u>		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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,			
٠.	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2018)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 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)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		- 25
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	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			Х
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			3.5
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) Part VI

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

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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- V	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401-	Х	
	rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
	describe in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	14	X	-
14	Did the organization have a written document retention and destruction policy?	'-		
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? The organization's CEO, Executive Director, or top management official	15a		Х
a	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, MI, PA, VA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		. ,
	X Own website X 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.		-	
20	State the name, address, and telephone number of the person who possesses the organization's books and record JODI WECHTER LEVY 40 WALL STREET NEW YORK, NY 10005	s 🕨		

Form **990** (2018)

JSA

8E1042 1.000 12730M 2231 V 18-7.6F 2172108 PAGE 6

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles:	s pei	ition more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JULIA MORRIS	15.00									
BOARD MEMBER/CHAIR	0.	Х		х				0.	0.	0.
(2)DEBORAH MINKOFF(DEBBIE)	3.00									
BOARD MEMBER/VICE CHAIR	0.	Х		х				0.	0.	0.
(3)MARGARET (MEG) GOLD	3.00									
BOARD MEMBER/SECRETARY	0.	Х		Х				0.	0.	0.
(4)MADELYN BUCKSBAUM ADAMSON	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(5)LIZ ALPERT	1.00									
BOARD MEMBER	9.00	Х						0.	0.	0.
(6)JACQUIE BAYLEY	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)SUE BELLER	1.00									
BOARD MEMBER	9.00	Х						0.	0.	0.
(8)ELIZABETH BRENNER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)HELAINE OHAYON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10)DIANE SIGEL	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11)PHYLLIS SILVERSTEIN	3.00									
BOARD MEMBER/ TREASURER	0.	X		Х				0.	0.	0.
(12)ANNA SOLOMON	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)ROZ GARBER TOLEDANO	1.00			Ţ						
BOARD MEMBER	0.	Х						0.	0.	0.
(14)ROSELLE UNGAR	1.00									
BOARD MEMBER	0.	X						0.	0.	0.

Form **990** (2018)

JSA.

Part VII Section A. Officers, Directors, Tru (A)	(B)	ĺ	•	, (C				(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related	box,	unles r and	Posi neck ss per	ition more rson irect	e than on is both or/truste	an ee)	the	Reportable compensation from related organizations (W-2/1099-MISC)	amo o comp	timated ount of other oensation the	f
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1033-MISC)	orga and	anizatio I related nization	d
5) LINDA SAKER	1.00											
BOARD MEMBER	0.	Х						0.	0.			(
6) RENEE M. EVANS	1.00											
BOARD MEMBER (START 1/1/18)	0.	Х						0.	0.			(
7) SARA ADLER	1.00											
BOARD MEMBER (START 1/1/18)	0.	Х						0.	0.			(
8) AMY R. SPITALNICK	1.00											
BOARD MEMBER (START 1/1/18)	0.	Х						0.	0.			(
9) LIVIA S. ASHER	1.00											
BOARD MEMBER (START 1/1/18)	0.	Х						0.	0.			(
0) ELLEN HERSHKIN	1.00											
BOARD MEMBER (START 1/1/18)	40.00	Х						0.	0.			
1) TRACEY SPIEGELMAN	1.00											
BOARD MEMBER (START 1/1/18)	0.	Х						0.	0.			(
2) ELLEN FLAX	35.00											
FOUNDATION DIR. (END 10/17/18)	0.					X		126,792.	0.		29,6	584
1b Sub-total		•						0.	0.			(
c Total from continuation sheets to Part VII, S	ection A						>	126,792.	0.		29,6	84
d Total (add lines 1b and 1c)							\blacktriangleright	126,792.	0.		29,6	84
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				re	ceived more than	\$100,000 of			
											Yes	N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3		Σ
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	," (complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or										•		
for services rendered to the organization? If "Ye Section B. Independent Contractors										5		Σ
Complete this table for your five highest com compensation from the organization. Report c												-

year.

	(A) Name and business address	(B) Description of services	(C) Compensation
NONE			
		·	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	193,953.				
	h	Total. Add lines 1a-1f		193,953.			
Program Service Revenue	2a b c d e f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u></u>	0.		1	
	3	Investment income (including dividendent and other similar amounts) Income from investment of tax-exempt bor	▶	171,457. 0.			171,457.
	6a b c	Royalties	(ii) Personal	0.			
	d 7a b	, ,	٠.	0.			
	d	Net gain or (loss)		296,760.			296,760.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 0.				
U	c	Net income or (loss) from fundraising event		0.			
		Gross income from gaming activities. See Part IV, line 19	a 0.				
		Less: direct expenses					
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances		0.			
	b c	Less: cost of goods sold	<u> </u>	0.			
		Miscellaneous Revenue	Business Code				
	11a b c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.	<u></u>	662,170.			468,217.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	139,000.	139,000.									
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	224 550	224 550									
	individuals. See Part IV, lines 15 and 16	334,750.	334,750.									
	Benefits paid to or for members	0.										
5	Compensation of current officers, directors, trustees, and key employees	0.										
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	161,586.	81,297.	64,130.	16,159.							
	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	8,892.	4,474.	3,529.	889.							
9	Other employee benefits	28,341.	14,259.	11,248.	2,834.							
10	Payroll taxes	12,013.	6,044.	4,768.	1,201.							
11	Fees for services (non-employees):											
а	Management	0.										
b	Legal	0.										
C	Accounting	6,375.		6,375.								
d	Lobbying	0.										
	Professional fundraising services. See Part IV, line 17	0.		05 404								
f	f Investment management fees	25,494.		25,494.								
g	Other. (If line 11g amount exceeds 10% of line 25, column	4 000	720.	2 600	400							
	(A) amount, list line 11g expenses on Schedule O.)	4,800.	720.	3,600.	480.							
	Advertising and promotion	2,445.		2,445.								
13	Office expenses	405.		405.								
14	Information technology	0.		105.								
15	Royalties	0.										
	Occupancy	3,967.	3,769.		198.							
	Payments of travel or entertainment expenses	3,757.1	377031									
10	for any federal, state, or local public officials	0.										
19	Conferences, conventions, and meetings	6,200.	5,890.		310.							
	Interest	0.	·									
	Payments to affiliates	0.										
	Depreciation, depletion, and amortization	0.										
	Insurance	0.										
	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.)											
а	MISCELLANEOUS EXPENSE	3,729.		3,729.								
b												
c	;											
d												
е	All other expenses				22.5							
	Total functional expenses. Add lines 1 through 24e	737,997.	590,203.	125,723.	22,071.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs											
	from a combined educational campaign and fundraising solicitation. Check here											
	following SOP 98-2 (ASC 958-720)	0.										
		- ·	į.	<u> </u>								

Form 990 (2018) Page **11**

Part X Balance Sheet

	ILA				
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	9,095.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
(n		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
Ass	8	Inventories for sale or use	0.	8	0.
•	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	_		_
	b	Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities	0.	• •	0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.	1.7	0.
	15	Other assets. See Part IV, line 11	12,877,879.		11,938,279.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,886,974.	16	11,938,279.
	17	Accounts payable and accrued expenses	83,000.		56,500.
	18	Grants payable	03,000.	18	0.
	19	Deferred revenue	0.		0.
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
"	22	Loans and other payables to current and former officers, directors,	<u> </u>	21	0.
Liabilities	22	trustees, key employees, highest compensated employees, and			
iii		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	86,607.	26	56,500.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
ũ	27	Unrestricted net assets	12,772,888.	27	11,858,168.
3alë	28	Temporarily restricted net assets	27,479.	28	23,611.
ğ	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	12,800,367.	33	11,881,779.
	34	Total liabilities and net assets/fund balances	12,886,974.	34	11,938,279.
					Form 990 (2019)

Page **12** Form 990 (2018)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			62,1 37,9	
2						
3	Revenue less expenses. Subtract line 2 from line 1	3			75,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,8		
5	Net unrealized gains (losses) on investments	5		-8	42,7	761.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		11,8	81,7	779.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Ш
					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	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			3.7
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

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. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

THE	HADASSAH FOUNDATION	, INC.				13-40224	83
Part	Reason for Public Ch	arity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	
Гhe o	organization is not a private fo	undation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of c	nurches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in sec	tion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3	A hospital or a cooperativ			-			
4	A medical research organ	•	-				(iii). Enter the
_	hospital's name, city, and	· ·	,	•		(/ / / /	` '
5	An organization operated		a college or universit	v owne	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)(A)(iv).			,			
6	A federal, state, or local g		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	An organization that norr	_			-		om the general public
	described in section 170(•	•		3-		J
8	A community trust describ			Part II)			
9	An agricultural research of	-		-		I in conjunction with a	land-grant college
_	or university or a non-land	-			-		
	university:	i grani conogo or as	grioditaro (oco mondo			name, oxy, and oxate o	i alo collogo ci
о Г	An organization that norm	ally receives: (1) m	ore than 331/3 % of its	support	from co	ntributions membersh	nin fees, and gross
	receipts from activities re	ated to its exempt t	functions - subject to (certain e	exception	s, and (2) no more tha	n 331/3 % of its
	support from gross invest acquired by the organizat	ment income and u	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
11 [An organization organized						
—	X An organization organized	•	•				carry out the nurnoses
- <u>-</u>	of one or more publicly s	-	-	-			
	Check the box in lines 12a						. , , ,
_	X Type I. A supporting or	•	· ·			·	
а	the supported organizat			•		• , ,	
	supporting organization.	. , .	• • • •		ajority of	the directors of truste	es of the
b	Type II. A supporting or	-			with ite	supported organization	on(s) by having
	control or management	-					
	organization(s). You must			tilo odili	о ролоо.	io that control of man	ago ino oapponoa
c	Type III functionally int	•		ited in co	onnectio	n with and functional	lly integrated with
•	its supported organization	•					,g.a.a,
d	Type III non-functionall		· ·				ted organization(s)
	that is not functionally in			•		• • • • • • • • • • • • • • • • • • • •	• ,
	requirement (see instru		,	•		•	
е	Check this box if the org	•	•				I. Type III
	functionally integrated, of					• • • • • • • • • • • • • • • • • • • •	
f	Enter the number of supporte		·				
g l	Provide the following information	tion about the supp	orted organization(s).				
(i	i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
AT	TTACHMENT 1		, , , , , , , , , , , , , , , , , , , ,	Yes	No	,	,
A)							
B)							
C)							
D)							
E)							
Γotal .							

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

Schedule A (Form 990 or 990-EZ) 2018

Page 2 Schedule A (Form 990 or 990-EZ) 2018

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	4		, լ		,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	Γ	T	1	1	1	1
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is forganization, check this box and stop here	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup	port Percenta	age				
14	Public support percentage for 2018 (li			11. column (f))		14	%
15	Public support percentage from 2017						%
	331/3% support test - 2018. If the or						check this
	box and stop here. The organization q						
b	331/3% support test - 2017. If the org						
	this box and stop here . The organizati						
17a	10%-facts-and-circumstances test - 2	2018. If the or	ganization did r	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization	meets the "fa	cts-and-circums	stances" test, ch	neck this box a	nd stop here.	Explain in
	Part VI how the organization meets t	the "facts-and-	circumstances"	test. The organ	ization qualifies	as a publicly	supported
	organization						
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the organization of	on meets the	facts-and-circu	mstances" test.	The organization	on qualifies as	a publicly
18	supported organization						

Schedule A (Form 990 or 990-EZ) 2018

8E1220 1.000 12730M 2231 V 18-7.6F 2172108 PAGE 14 Schedule A (Form 990 or 990-EZ) 2018 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, I	'	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
٠	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	ı T						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
o	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(-,	(,	(1, 111	(.,	(1)	(,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· · · · · · · · · · · · · · · · · · ·						
	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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
.,	and 12.)	41	Aire de la fin f	and Alakand C. C.	6:64		F04/-\/0\
14	First five years. If the Form 990 is for	· ·	·		•		` ^ ` / □
<u></u>	organization, check this box and stop here.						🟲 🔃
	tion C. Computation of Public Supp		<u> </u>	mp (f))		45	0/
15 16	Public support percentage for 2018 (line 8,					15	<u>%</u>
16 Soc	Public support percentage from 2017 Sche					16	<u></u> %
	tion D. Computation of Investment			10 pale (0)		47	0/
17	Investment income percentage for 2018 (lin					17	%
18	Investment income percentage from 2017 S					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check this	-	-	•	• •	• • •	
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3%, check		-				
20	Private foundation. If the organization of	aid not check	a box on line	14, 19a, or 19b	, cneck this bo	ox and see instr	uctions 🟲 📗

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Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.)

		Yes	No
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. •	10b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part	Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		Х
b	A family member of a person described in (a) above?	11b		Х
С	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		Х
	on B. Type I Supporting Organizations			•
			Yes	No
1	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	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Secti	on C. Type II Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
Socti	on D. All Type III Supporting Organizations	1		
Jecu	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
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	2-		
	that these activities constituted substantially all of its activities.	2a		
b	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? 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.	24		
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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>	20		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). See			
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Section	ns A through E.			
Section A - Adjusted Net Income	Section A - Adjusted Net Income (A) Prior Year					
		(A) I HOI TEAI	(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			
		(A) FIIOI Teal	(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					
	3					
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-functionall		ted Type III supporting	n organization (see			
instructions).	y mitegra	itod Type iii supportiii	g organization (See			

Schedule A (Form 990 or 990-EZ) 2018

8E1231 1.000 12730M 2231 V 18-7.6F 2172108 PAGE 18 Schedule A (Form 990 or 990-EZ) 2018

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

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

12730M 2231 V 18-7.6F 2172108 PAGE 19

E0100

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

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

SCHEDULE A, PART I, LINE 12G

AS SET FORTH IN ITS IRS FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION, THE FOUNDATION FURTHERS THE PURPOSES OF ITS SUPPORTED ORGANIZATIONS, HWZOA AND HMRA, BY IDENTIFYING OTHER ORGANIZATIONS AND PROGRAMS THAT PROMOTE HWZOA'S AND HMRA'S CHARITABLE GOALS AND, IN PARTICULAR, BY SUPPORTING INNOVATIVE AND CREATIVE PROGRAMS IN ISRAEL AND WITHIN THE AMERICAN JEWISH COMMUNITY WHICH FOCUS ON ISSUES OF PARTICULAR IMPORTANCE TO WOMEN, THEIR HEALTH, EDUCATION AND WELL-BEING, AND THE HEALTH AND WELL-BEING OF THEIR FAMILIES.

				ATTACHMENT 3	1
SCHEDULE A, PART I - INFORMATION ABOUT SU	PPORTED (DRGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.	13-1656651	7	X	0.	0.
HADACCAH MEDICAL DELLER ACCOCTARION INC	13-6110872	7	X	0.	0.
HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	13-01100/2	1	Δ	0.	0.
TOTAL AMOUNT OF SUPPORT				0.	0.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

THE HADASSAH FOUNDATION, INC. 13-4022483 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** \mid X \mid For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE HADASSAH FOUNDATION, INC.

Employer identification number 13-4022483

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$ 80,585.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE HADASSAH FOUNDATION, INC.

Employer identification number 13-4022483

Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE HADASSAH FOUNDATION, INC.

Employer identification number 13-4022483

art II	Noncash Property	(see instructions)). Use duplicate c	opies of Part II if ad	ditional space is needed.
--------	------------------	--------------------	--------------------	------------------------	---------------------------

raitii	Noticasti Froperty (see instructions). Ose duplicate copies	or rait in additional space is no	caca.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of o	rganization THE HADASSAH FOUNDATIO	N, INC.		Employer identification number				
				13-4022483				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any of ions completing Part e year. (Enter this int	one contributor. C Ill, enter the total of formation once. Se	omplete columns (a) through (e) and f exclusively religious, charitable, etc.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transfe	er of gift					
	Transferee's name, address, at	nd ZIP + 4	Relation	ship 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, a	nd ZIP + 4	Relation	ship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	Transferee's name, address, a	er of gift	ship of transferor to transferee					
	Transferee 3 flame, address, at			simp 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) Transfe	er of gift					
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE 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.

OMB No. 1545-0047
2018

Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number THE HADASSAH FOUNDATION, INC. 13-4022483 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

Schedule D (Form 990) 2018

▶ \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

	rt Organizations Maintaini	na Callactions of	Art Historical Tra	acuras ar Othar	Cimilar Assats /	ontinued)	Page Z
	-	_ 			<u>'</u>		
3	Using the organization's acquisition		other records, check	cany of the follow	ring that are a sign	illicant use	OI ITS
	collection items (check all that app	y):	. 🖂 .				
а	Public exhibition			or exchange prograi	ms		
b	Scholarly research		e Other				
С	Preservation for future gene						_
4	Provide a description of the organ	nization's collections	and explain how t	hey further the or	ganization's exemp	t purpose i	n Part
	XIII.						
5	During the year, did the organization						_
	assets to be sold to raise funds rath		ained as part of the o	organization's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A						
	Complete if the organiza	tion answered "Ye	s" on Form 990, F	Part IV, line 9, or re	eported an amour	nt on Form	1
	990, Part X, line 21.						
1 a	Is the organization an agent, truste						
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tab	ole:			
					Amount		
С	Beginning balance			1c			
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
2a					account liability?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been provided	on Part XIII		
	rt V Endowment Funds.						
	Complete if the organiza	ition answered "Ye	s" on Form 990, F	Part IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1 2	Beginning of year balance	12,307,648.	11,224,691.	11,285,526.	12,045,396.	11,954	4,783
_	Contributions						
b							
С	Net investment earnings, gains,	-402,134.	1,601,230.	535,066.	-235,273.	545	5,378
	and losses	360,750.	280,000.	,			,
	Grants or scholarships	,	,				
е	Other expenditures for facilities	233,350.	238,273.	595,901.	524,597.	454	4,765
	and programs	233,330.	2307273.	3,3,7,01.	321/377.	13	
f	Administrative expenses	11,311,414.	12,307,648.	11,224,691.	11,285,526.	12,045	3 3 9 6
g	End of year balance					12,01	
2	Provide the estimated percentage Board designated or quasi-endown	of the current year of	end balance (line 1g,	column (a)) held as	•		
a			_%				
D	Permanent endowment	%					
С	Temporarily restricted endowment	•	1000/				
•	The percentages on lines 2a, 2b, a	·		and hald and advis	Satura d'Espetha		
за	Are there endowment funds not in	the possession of th	ne organization that	are neid and admir	nistered for the	Vac	a No
	organization by:					Yes	
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii) X	
b	If "Yes" on line 3a(ii), are the relate	•	•			3b X	
4	Describe in Part XIII the intended u		tion's endowment fur	nds.			
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	lipment. ation answered "Ye	es" on Form 990 I	Part IV/ line 11a 9	See Form 990 Pa	rt X line 1	0
	Description of property	(a) Cost or				Book value	<u>. </u>
	· · · ·	(invest			eciation	,	
1 a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment						
_е	Other						
Tota	I. Add lines 1a through 1e. (Column		n 990, Part X, columi	n (B), line 10c.)	▶		

Schedule D (Form 990) 2018

Page 3 Schedule D (Form 990) 2018

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990	. Part IV. line 1	1b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation	on:
(1) Financia	al derivatives				
	held equity interests				
(3) Other_					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answere	d "Ves" on Form 990	Part IV line 1	1c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value		(c) Method of valuati	on:
			Co	ost or end-of-year marke	et value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
I alt IX	Complete if the organization answere		, Part IV, line 1	1d. See Form 990,	
		escription			(b) Book value
	FROM AFFILIATES				11,938,279
(2)					
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col. (B)	line 15.)			11,938,279
Part X	Other Liabilities. Complete if the organization answere line 25.				
1.	(a) Description of liability	(b) Book valu	ie		
	al income taxes	(4) 200111	-		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to th	e organization's fina	ncial statements that rep	orts 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

JSA 8E1270 1.000

Schedule D (Form 990) 2018 Page 4

Part	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.	, ago i
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated Services and use of Identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
C C	Recoveries of prior year grants	-	
d	Add lines 2a through 2d	2e	
е 3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
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: Investment expenses not included on Form 990, Part VIII line 7h 4a		
a	investment expenses not included on Form 555, Fart Vin, inc 75 F F F F F F	-	
b	Other (Describe in Late Ann.)	4c	
с 5	Add lines 4a and 4b	5	
	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		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

12730M 2231 V 18-7.6F 2172108 PAGE 29

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V

HADASSAH FOUNDATION'S ENDOWMENT FUNDS ARE DESIGNATED BY THE BOARD OF DIRECTORS. THE FUNDS WILL BE USED TO ENHANCE THE HADASSAH FOUNDATION'S MISSION WHICH IS TO IMPROVE THE STATUS, HEALTH AND WELL BEING OF WOMEN AND GIRLS; BRING THEIR CONTRIBUTIONS, ISSUES, AND NEEDS FROM THE MARGINS TO THE CENTER OF JEWISH CONCERN; AND ENCOURAGE AND FACILITATE THEIR ACTIVE PARTICIPATION IN DECISION-MAKING AND LEADERSHIP IN ALL SPHERES OF LIFE.

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX PROVISIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. 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, 2018 AND 2017, 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) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 018**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE HADASSAH FOUNDATION, INC. 13-4022483 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in émployees, region (by type) (such as, a program service, expenditures for fundraising, program services, describe specific type of the region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) MIDDLE EAST AND NORTH AFRICA Ω GRANTMAKING 334,750. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Subtotal 3a 334,750. Total from continuation sheets to Part I

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

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2018

334,750.

THE HADASSAH FOUNDATION, INC. 13-4022483

Page 2 Schedule F (Form 990) 2018

1	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
•	organization	section and EIN (if applicable)	(b) Negion	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
				GENERAL					
(1)			MIDDLE EAST/NORTH AFRICA	PURPOSES	25,000.	WIRE TRF			
				GENERAL					
(2)			MIDDLE EAST/NORTH AFRICA	PURPOSES	27,500.	WIRE TRF			
				GENERAL					
(3)			MIDDLE EAST/NORTH AFRICA	PURPOSES	20,000.	WIRE TRF			
				GENERAL					
(4)			MIDDLE EAST/NORTH AFRICA	PURPOSES	25,000.	WIRE TRF			
				GENERAL					
(5)			MIDDLE EAST/NORTH AFRICA	PURPOSES	15,000.	WIRE TRF			
				GENERAL					
(6)			MIDDLE EAST/NORTH AFRICA	PURPOSES	25,000.	WIRE TRF			
				GENERAL					
(7)			MIDDLE EAST/NORTH AFRICA	PURPOSES	25,000.	WIRE TRF			
				GENERAL					
(8)			MIDDLE EAST/NORTH AFRICA	PURPOSES	20,000.	WIRE TRF			
				GENERAL					
(9)			MIDDLE EAST/NORTH AFRICA	PURPOSES	20,000.	WIRE TRF			
				GENERAL					
(10)			MIDDLE EAST/NORTH AFRICA	PURPOSES	15,000.	WIRE TRF			
				GENERAL					
(11)			MIDDLE EAST/NORTH AFRICA	PURPOSES	6,750.	WIRE TRF			
				GENERAL					
(12)			MIDDLE EAST/NORTH AFRICA	PURPOSES	25,000.	WIRE TRF			
				GENERAL					
(13)			MIDDLE EAST/NORTH AFRICA	PURPOSES	8,000.	WIRE TRF			
				GENERAL					
(14)			MIDDLE EAST/NORTH AFRICA	PURPOSES	12,500.	WIRE TRF			
				GENERAL					
(15)			MIDDLE EAST/NORTH AFRICA	PURPOSES	15,000.	WIRE TRF			
				GENERAL					
(16)			MIDDLE EAST/NORTH AFRICA	PURPOSES	10,000.	WIRE TRF			

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

Schedule F (Form 990) 2018

THE HADASSAH FOUNDATION, INC. 13-4022483

Schedule F (Form 990) 2018

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of					
		()		grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				GENERAL					
(1)			MIDDLE EAST/NORTH AFRICA	PURPOSES	25,000.	WIRE TRF			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	er total number of recipient org the IRS, or for which the grantee er total number of other organiz	e or counsel has prov	vided a section 501(c)(3) ed	quivalency lette	r		•		17.

13-4022483 THE HADASSAH FOUNDATION, INC.

Schedule F (Form 990) 2018

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 Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) _(4) (5) (6) (7) (8) (9) (10)(11) (12) (13) (14)(15)

Schedule F (Form 990) 2018

(16)

(17)

(18)

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

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

Schedule F (Form 990) 2018

JSA

Schedule F (Form 990) 2018 Page **5**

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

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

Schedule F (Form 990) 2018

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

Schedule I (Form 990) (2018)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

Open to Public Inspection

Employer identification number

THE HADASSAH FOUNDATION, INC.						13-402248	33
Part I General Information on Grants ar	nd Assistanc	е				•	
 Does the organization maintain records to set the selection criteria used to award the grant in Part IV the organization's process. 	nts or assistand edures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERATION OF METRO CHICAGO							GENERAL
30 SOUTH WELLS RD. CHICAGO, IL 60606	36-2167761	501(C)(3)	11,000.				SUPPORT
(2) JEWISH COMMUNITY CENTER OF CHICAGO							GENERAL
300 REVERE DRIVE NORTHBROOK, IL 50502	36-2167758	501(C)(3)	20,000.				SUPPORT
(3) AMERICAN FRIENDS OF BAR ILAN UNIVERSITY							GENERAL
160 E 56TH ST. NEW YORK, NY 10022	13-6192275	501(C)(3)	32,000.				SUPPORT
(4) MOVING TRADITIONS							GENERAL
261 OLD YORK RD. JENKINTOWN, PA 19046	34-2015014	501(C)(3)	36,000.				SUPPORT
(5) EDITH & CARL MARKS JEWISH COMMUNITY HOUSE							GENERAL
7802 BAY PARKWAY BROOKLYN, NY 11214	11-1633484	501(C)(3)	15,000.				SUPPORT
(6) JGIRLS MAGAZINE - FJC							GENERAL
520 EIGHTH AVENUE. NEW YORK, NY 10018	13-3848582	501(C)(3)	25,000.				SUPPORT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lie	•	•					6.

JSA 8E1288 1 000

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

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

SCHEDULE I, PART I, LINE 2

ALL GRANTEES ARE REQUIRED TO PROVIDE WRITTEN DOCUMENTATION ON THE

USE OF THE FUNDS AND ANNUAL FINANCIAL STATEMENTS. THERE IS ONGOING

COMMUNICATION BETWEEN ALL GRANTEES AND MANAGEMENT INCLUDING PERIODIC

SITE VISITS. GRANTS ARE AWARDED AFTER BOARD APPROVAL. CRITERIA INCLUDE

OVERALL FIT IN TO HADASSAH FOUNDATION'S MISSION AND

AVAILABLE RESOURCES.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE HADASSAH FOUNDATION, INC.

Employer identification number

13-4022483

Part	Questions Regarding Compensation			
4.			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
-	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			37
а	The organization?	5a		X
b	Any related organization?	5b		Λ
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
a h	Any related organization?	6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
,	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown o	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
ELLEN FLAX	(i)	107,670.	0.	19,122.	11,825.	17,859.	156,476.	
1 FOUNDATION DIR. (END 10/17/18)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018 Page 3

Part | Supplemental Information

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

COMPENSATION

OFFICERS' SALARIES AND RELATED BENEFITS ARE PAID BY HADASSAH FOUNDATION, 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. THE FOUNDATION RELIES ON HWZOA FOR ESTABLISHING COMPENSATION OF THE TOP MANAGEMENT OFFICIAL THROUGH THE USE OF AN INDEPENDENT COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

ADDITIONAL DISCLOSURE

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.

Schedule J (Form 990) 2018

Part || Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS:

ELLEN FLAX, FORMER DIRECTOR, SEPARATED FROM THE ORGANIZATION IN 2018

AND IS ENTITLED TO PAYMENTS PURSUANT TO AN AGREEMENT WHICH IS REPORTED

ON SCHEDULE J, PART II, COLUMN (B) (III).

Schedule J (Form 990) 2018

SCHEDULE 0 (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.

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

13-4022483

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

FORM 990, PART III, LINE 1

THE HADASSAH FOUNDATION, INC.

THE HADASSAH FOUNDATION, INC. (THE "FOUNDATION") IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. THE FOUNDATION'S MISSION IS TO IMPROVE THE STATUS, HEALTH AND WELL BEING OF WOMEN AND GIRLS; BRING THEIR CONTRIBUTIONS, ISSUES AND NEEDS FROM THE MARGINS TO THE CENTER OF JEWISH CONCERN; AND ENCOURAGE AND FACILITATE THEIR ACTIVE PARTICIPATION IN DECISION-MAKING AND LEADERSHIP IN ALL SPHERES OF LIFE.

FORM 990, PART VI, LINE 7A

SIXTY PERCENT OF THE BOARD OF DIRECTORS OF THE HADASSAH FOUNDATION IS ELECTED BY THE BOARD OF DIRECTORS OF HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC., A RELATED ORGANIZATION, OR THE BOARD OF DIRECTORS OF HADASSAH MEDICAL RELIEF ASSOCIATION, INC., A RELATED ORGANIZATION. ALL OTHER DIRECTORS OF THE HADASSAH FOUNDATION ARE ELECTED BY THE BOARD OF DIRECTORS OF THE HADASSAH FOUNDATION.

FORM 990, PART VI, LINE 11B

THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE FOUNDATION AND IN CONSULTATION WITH HWZOA SHARED EMPLOYEES. THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN CAREFULLY REVIEWED BY THE FOUNDATION. 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 Name of the organization

THE HADASSAH FOUNDATION, INC.

Employer identification number

13-4022483

ON HADASSAH FOUNDATION'S WEBSITE.

FORM 990, PART VI, LINE 12C

EACH YEAR A COPY OF THE CONFLICT OF INTEREST POLICY IS GIVEN TO THE

HADASSAH FOUNDATION BOARD AND OFFICERS WHO ARE CURRENTLY SERVING THE

ORGANIZATION. THE BOARD AND OFFICERS OF THE FOUNDATION ARE REQUIRED TO

COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS.

WHEN A CONFLICT ARISES FOR ANY FOUNDATION BOARD MEMBER OR OFFICER,

THAT PERSON SHALL DISCLOSE IT IN WRITING TO THE HADASSAH FOUNDATION

BOARD FOR REVIEW AND APPROVAL. THE INTERESTED PERSON MAY NOT VOTE ON

RELATED MATTER, OR PARTICIPATE IN OR BE PRESENT AT THE DISCUSSION.

FORM 990, PART VI, LINES 15A AND 15B

OFFICERS AND KEY EMPLOYEES' SALARIES AND RELATED BENEFITS, IF ANY, ARE

PAID BY THE HADASSAH FOUNDATION, INC.'S RELATED ORGANIZATION, HADASSAH,

THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. [HWZOA, EIN:

13-1656651]. WHEN A NEW OFFICER OR KEY EMPLOYEE IS HIRED, THE

ORGANIZATION CONDUCTS A REVIEW OF VARIOUS COMPARABILITY DATA FOR

COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, WITH THE

ASSISTANCE OF OUTSIDE COUNSEL AND A SEARCH FIRM. THE ORGANIZATION SETS

COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE. THE COMPENSATION

AMOUNT IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE

BOARD. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST IS PERMITTED TO

PARTICIPATE IN THE REVIEW OR DECISION. THESE PROCEDURES ARE DOCUMENTED

CONTEMPORANEOUSLY. IN SUBSEQUENT YEARS, AN INDIVIDUAL MAY RECEIVE A

SALARY INCREASE AS APPROVED BY THE COMPENSATION COMMITTEE. BONUSES ARE

Name of the organization

THE HADASSAH FOUNDATION, INC.

Employer identification number

13-4022483

GENERALLY NOT AWARDED.

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 ORGANIZATION'S WEBSITE.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

THE HADASSAH FOUNDATION, INC.

Employer identification number

13-4022483

(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	contr	g) 512(b)(13) rolled ity?
						Yes	No
(1) HADASSAH, THE WOMEN'S ZIONIST ORGANIZATI 13-1656651							
40 WALL STREET NEW YORK, NY 10005	CHARITABLE	NY	501(C)(3)	7	N/A	X	
(2) HADASSAH MEDICAL RELIEF ASSOCIATION, INC 13-6110872							
40 WALL STREET NEW YORK, NY 10005	CHARITABLE	NY	501(C)(3)	7	N/A	Х	
(3) HADASSAH OFFICE IN ISRAEL 99-999999							
40 WALL STREET NEW YORK, NY 10005	CHARITABLE	IS	N/A	N/A	N/A	X	
(4) HADASSAH INTERNATIONAL LTD. 99-999999							
C/O 40 WALL STREET NEW YORK, NY 10005	CHARITABLE	BR	N/A	N/A	N/A	X	
(5) HADASSAH MEXICO, A.C. 99-999999							
HACIENDA EL CIERVO , HUIXQUILUCAN MX 7A-JR2 5	CHARITABLE	MX	N/A	N/A	N/A	X	
(6) HADASSAH MEDICAL ORGANIZATION 99-999999							
KIRYAT HADASSAH, P.O. BOX 1200 , JERUSALEM IS	CHARITABLE	IS	N/A	N/A	N/A	X	
(7) HADASSAH YOUTH SERVICES AMUTA 99-999999							
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) 2018

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PAGE 46

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

THE HADASSAH FOUNDATION, INC.

Employer identification number

13-4022483

(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 contr	12(b)(13) rolled
						Yes	No
(1) HADASSAH INTERNATIONAL ISRAEL LTD (CC) 99-999999							
C/O 40 WALL STREET NEW YORK, NY 10005	CHARITABLE	IS	N/A	N/A	N/A	X	İ
(2) MEIR SHFEYAH FOR PROMOTION OF EDUCATION 99-999999							
C/O 40 WALL STREET NEW YORK, NY 10005	CHARITABLE	IS	N/A	N/A	N/A	X	l
(3) HADASSAH STIFTUNG DEUTSCHLAND 99-999999							
HAMORSTRABE 16 , NEUSS GM 41460	CHARITABLE	GM	N/A	N/A	N/A	X	l
(4)							
(5)							
							İ
(6)							
(7)							

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

Schedule R (Form 990) 2018

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PAGE 47

Schedule R (Form 990) 2018 Page 2

Part III	Identification of Relate because it had one or						nswered "Yes"	on Form	n 990, Part IV,	line 34,	
	(a)	(b)	(c)	(d)	_ (e)	(f)	(g)	(h)	(i)	(j)	ī

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate		Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
			oodiitiy)		,			Yes	No		Yes	No					
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity?
(4)								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

- GI	Transactions with related Organizations. Complete in the organization answered Te					V N	_					
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes N)					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a 1b	2						
b	b one, grant, or outside contribution to related organization(o)											
	c Gift, grant, or capital contribution from related organization(s)											
	2 Educition of four guaranteed to of for foliated organization(b)											
е	Loans or loan guarantees by related organization(s)				1e]	_					
					4.6							
f	Dividends from related organization(s)				1f		<u>_</u>					
g	Sale of assets to related organization(s)				1g 1h							
h	h Purchase of assets from related organization(s)											
i	Exchange of assets with related organization(s)				1i	1	_					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
					1k							
k	k Lease of facilities, equipment, or other assets from related organization(s)											
I	I Performance of services or membership or fundraising solicitations for related organization(s)											
m	m Performance of services or membership or fundraising solicitations by related organization(s)											
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	_					
0	Sharing of paid employees with related organization(s)				10	X	_					
	Reimbursement paid to related organization(s) for expenses				1p		X					
q Reimbursement paid by related organization(s) for expenses												
r	Other transfer of cash or property to related organization(s)				1r							
	Other transfer of cash or property from related organization(s).				1s		<u>\</u>					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t		· ·	action thre		3.	_					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rmining						
	·	type (a-s)			unt invo							
							-					
(4)	HADASSAH, THE WOMEN'S ZIONIST ORG. OF AMERICA	0	210,832.	COST								
(1)	HADASSAH, THE WOMEN S ZIONISI ORG. OF AMERICA		210,032.	CO51			-					
(2)												
(2)							-					
(2)												
(3)							-					
(4)												
(4)							-					
(E)												
(5)							-					
(6)												
(0)		1	1	1								

JSA 8E1309 1.000 Schedule R (Form 990) 2018

12730M 2231 V 18-7.6F 2172108 PAGE 49

Schedule R (Form 990) 2018 Page 4

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

Schedule R (Form 990) 2018

JSA

8E1310 1.000

12730M 2231 V 18-7.6F 2172108 PAGE 50

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

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