

2013 Income Tax Returns

HADASSAH FOUNDATION INC (PUBLIC INSPECTION COPY)

Cumulative E-File History 2013

Federal

Locator: 12730M

Taxpayer Name: HADASSAH FOUNDATION INC

Return Type: 990, 990

Submitted Date 11/4/2014 3:58:08 PM Acknowledgement Date 11/4/2014 4:26:22 PM

Status Accepted

Submission ID 13407320143085000000

> Print Close

Form 8879-EO	for an Exempt O	rganization	ÓМВ No. 1545-18	78
Department of the Terrains			²⁰	
TOY AIR EXEMPT Organization For celendary year 2019, or feed year Sprained For celendary year 2019, or feed year year records. **This was been as the control of the sprained of the sprained year 2019. **Netre of sermet organization HADASSAH FOUNDATION INC **Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8878-EO and enter the applicable smount, if any, if check the box on line 1st, 2s, 2s, 4s, or 5s, below, and the amount on that line for the return being field with this leave line 1st, 2s, 3s, 4s, or 5s, below, and the amount on that line for the return being field with this leave line 1st, 2s, 3s, 4s, or 5s, below, and the amount on that line for the return being field with this leave line 1st, 2s, 3s, 4s, or 5s, below, and the amount on that line for the return being field with this leave line 1st, 2s, 3s, 4s, or 5s, below, and the amount on that line for the return being field with this leave line 1st, 2s, 3s, 4s, or 5s, below, and the amount on that line for the return being field with this leave line 1st, 2s, 3s, 4s, or 5s, below, and the amount of the return being field with this leave line 1st, 2s, 3s, 4s, or 5s, below, and the amount of the return land accompany and the amount of the return 1st, 2s, 2s, 2s, 2s, 4s, or 5s, below, and the amount of the return 1st, 2s, 2s, 2s, 4s, or 5s, below, and the amount in Part I, line 3c or Part II, line 3c, 3s, 3s, 4s, or 3s, 2s, 2s, 4s, or 5s, below, and the amount in Part I, line 3c or Part II, line 3c, 3s, 3s, 4s, or 3s, 2s, 4s, 4s, or 5s, 2s, 2s, 4s, 4s, or 5s, 2s, 2s, 4s, 4s, 4s, 2s, 2s, 2s, 2s, 2s, 2s, 2s, 2s, 2s, 2		7940. ZW 13		
			Employer identification number	
	DATION INC		13-4022483	
Part I Type of Re	turn and Return Information (Whole Dollars (Only)		—
check the box on line the leave line 1b, 2b, 3b,	a, 2a, 3a, 4a, or 5a, below, and the amount on the 4b, or 5b, whichever is applicable, blank (do not delow. Do not complete more than 1 line in Part I.	at line for the return being file enter -0-). But, if you entered	ed with this form was blank, the -0- on the return, then enter	nad
Internation Property Internation Property Property Internation Property Internation Internation	1b <u>1,023,75</u> !	<u>9.</u>		
	k here b Total revenue, if any (Form 5	190-EZ, line 9)	2b	
	k here b Tax based on investment inc	ome (Form 990-PF, Part VI lin	,, 30	
		Hne 3c or Part II, line 8c)	5b	_
are frue, correct, and corganization's electronic send the organization the transmission, (b) the authorize the U.S. Treafinancial institution accreturn, and the financial Agent at 1-888-353-45 involved in the process reactive lasues related in the second correction.	omplete. I further declare that the amount in Part I c return. I consent to allow my intermediate service its return to the IRS and to receive from the IRS (a) a reason for any deley in processing the return or na sury and its designated Financial Agent to initiate a punt indicated in the tax preparation software for part i institution to debit the entry to this account. To rea to later than 2 business days prior to the payment ing of the electronic payment of taxes to receive of the payment. I have selected a personal identification.	above is the amount shown of provider, transmitter, or elect an acknowledgement of receptured, and (c) the date of any an electronic funds withdrawa ayment of the organization's fivoke a payment, I must containent (settlement) date, I also a perfidential information necessibility of the payment of the payment of the action mation necessibility of the payment of th	n the copy of the stronic return originator (ERO) ipt or reason for rejection of refund. If applicable, I (direct debit) entry to the ederal taxes owed on this of the U.S. Treasury Financial institution and to answer inquiries and	18
X I authorize KE			as my signati	ure
	⊏ां प्रशास । त्रामक			
being filed with	a state agency(les) regulating charities as part of	ave indicated within this retur the IRS Fed/State program, i	n that a copy of the return is also authorize the aforemention	i e đ
If I have indicat	ed within this return that a copy of the return is bei	ng filed with a state agency(le	ear 2013 electronically filed ret s) regulating charities as part of	turn, of
	Dana Gerson	Date ▶ C	Oct. 27, 2014	_
				_
	•	134]
indicated above. I confi	rm that I am submitting this return in accordance w	the 2013 electronically filed reith the requirements of Pub. 4	eturn for the organization 4163, Modernized e-File (MeF)	
ERO's signature 🕨	Journe (. /halle		1/4/14	
	ERO Must Retain This Form Do Not Submit This Form To the IRS !	- See instructions Unless Requested To Do S		_
For Paperwork Reduct			Form 8879-EO (20	13)
J9A				

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ 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.

Open to Publ	ic
Inspection	

<u>A</u> F	or the 20	13 calendar year, or tax year beginning , 2013,	and ending		, 20
B ^	heck if applicable	C Name of organization		D Employer identi	fication number
_	_	HADASSAH FOUNDATION INC			
	Address change	Doing Business As		13-402248	
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	
	Initial return	50 WEST 58TH STREET		(212) 355-	7900
	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	NEW YORK, NY 10019		G Gross receipts \$	
	Application pending	F Name and address of principal officer: DONNA GERSON		H(a) Is this a group re subordinates?	eturn for Yes X No
		50 WEST 58TH STREET, NEW YORK, NY 10019		H(b) Are all subordinate	s included? Yes No
<u> </u>	Tax-exempt		or 527	If "No," attach a	list. (see instructions)
J		WWW.HADASSAHFOUNDATION.ORG		H(c) Group exemption	
		anization: X Corporation Trust Association Other	L Year of fo	rmation: 1998 M Sta	te of legal domicile: NY
P		ummary			
		ly describe the organization's mission or most significant activities: $_{\text{THE}}$ OR			S TO IMPROVE
Se	TH:	E STATUS, HEALTH AND WELL BEING OF WOMEN AND GI	RLS IN IS	SRAEL 	
nar		O THE UNITED STATES.			
Governance		ck this box 🕨 🔛 if the organization discontinued its operations or dispose		i i	1
ŏ	3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	
S	4 Num	ber of independent voting members of the governing body (Part VI, line 1b) .		4	
Activities &		I number of individuals employed in calendar year 2013 (Part V, line 2a)			
Ę	6 Tota	I number of volunteers (estimate if necessary)		<u>6</u>	20.
⋖		I unrelated business revenue from Part VIII, column (C), line 12			+
	b Net	unrelated business taxable income from Form 990-T, line 34	<u> </u>		
			_	Prior Year	Current Year
ē	8 Con	ributions and grants (Part VIII, line 1h)	r FOR	71,374.	
Revenue	9 Prog	ram service revenue (Part VIII, line 2g)	ISPECTION		0 (
Re	io ilive	strient income (Fart VIII, column (A), lines 3, 4, and 7d)		358,329.	
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42.	,
		I revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		429,745.	
		ats and similar amounts paid (Part IX, column (A), lines 1-3)		294,395.	
		efits paid to or for members (Part IX, column (A), line 4)		`) 100 560
es		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		160,326.	
Expenses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)		(0
Ä		I fundraising expenses (Part IX, column (D), line 25) ▶9,430			
	17 Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		73,378.	
		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		528,099.	
- s	19 Reve	enue less expenses. Subtract line 18 from line 12		-98,354.	
ts o			В	eginning of Current Year	
sse	20 Tota	l assets (Part X, line 16)		11,216,583.	-
Net Assets or Fund Balances	21 Tota	I liabilities (Part X, line 26)		5,000.	
		assets or fund balances. Subtract line 21 from line 20.		11,211,583.	12,553,408.
		ignature Block			. Ironialana and haliaf it is
true	e, correct, an	of perjury, I declare that I have examined this return, including accompanying schedu d complete. Declaration of preparer (other than officer) is based on all information of whice	ch preparer has a	ny knowledge.	/ knowledge and bellel, it is
Sig	n	Signature of officer		 Date	
He	1 '	orginate of one of		24.0	
		Type or print name and title			
_	Prin	t/Type preparer's name Preparer's signature	Date	- I a I	PTIN
Paid	.	celyne C. Miller	11/4/14	Check if self-employed	P00634378
Pre	oarer 💳	<u> </u>	11/4/14		
Use	Only —	's name ► KPMG LLP 's address ► 345 PARK AVENUE NEW YORK, NY 10154-010	2		<u>-5565207</u> 2-758-9700
Mar		scuss this return with the preparer shown above? (see instructions)			
					Yes No Form 990 (2013)
ror	raperwor	Reduction Act Notice, see the separate instructions.			rorm 330 (2013)

JSA 3E1065 2.000

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-1709

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part II or Part II with the exception of Form 8870, Information

					proms.
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				·	
Allo	ther cornerations (including 1120-C filers) partnersh	ins RFMIC	Ce and truete must use F	Form 7004 to request an extension	of time
		iips, ixciviic	os, and trusts must use r	•	
10 111	Name of exempt organization or other filer, see in	structions.			
Type	eor			Zimproyor radiimioandii riambor (Zinv)	01
prin	t HADASSAH FOUNDATION, INC.			13-4022483	
	the Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension to file income tax returns. Type or print Type or print HADASSAH FOUNDATION, INC. File by the due date for filing your return. See instructions. NEW YORK, NY 10019 Enter the Return code for the return that this application is for (file a separate application for each return). Application Is For Code Form 990 or Form 990-EZ Form 990-BL Outper or print Return Code Form 990-PF Outper or print Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) Is for Lodge Form 4004 Form 5227 FAX No. ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization the care of the instructions. Enter filer sidentifying number. Employer identification number (Eln Employer identification number (Eln Employer identification number (Eln 13-4022483 Social security number, Social security number (SSN) Social security number, Social security number (SN) 13-4022483 Social security number (SN) 15-4022483 Social security number (In the proporation) Form 990-T (corporation) Form 990-T (corporation) Form 990-T (corporation) Form 990-T (corporation) Form 6069 Form 870 Form 990-T (sec. 401(a) or 408(a) trust)					
Actorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of to file income tax returns. Type or print HADASSAH FOUNDATION, INC. File by the due date for filing your returns. Enter filer's identifying number, see in filing your return. See instructions. Name of exempt organization or other filer, see instructions. HADASSAH FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) 50 WEST 58th STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10019 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL 01 Form 990-T (corporation) Form 990-PF 04 Form 5227 Form 990-T (see. 401(a) or 408(a) trust) Form 990-T (see. 401(a) or 408(a) trust) Form 990-T (see. 401(a) or 408(a) trust) Form 990-T (trust other than above) • The books are in the care of ▶ HADASSAH Telephone No. ▶ 212-355-7900 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attact					
ınstru					
Ento	•	is for (file s	s senarate application fo	r each return)	0 1
LING	The Neturn code for the return that this application	13 101 (1116 6	a separate application to	reach return)	• ——
Appl	ication	Return	Application		Return
Is For					Code
Form	990 or Form 990-EZ	01	Form 990-T (corporati	on)	07
Form	1 990-BL	02	Form 1041-A	,	08
Forn	n 4720 (individual)	03	Form 4720 (other than	n individual)	09
Form	1990-PF	04	Form 5227	·	10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form	990-T (trust other than above)	06	Form 8870		12
Te If If for the	elephone No. 212-355-7900 the organization does not have an office or place of this is for a Group Return, enter the organization's for the whole group, check this box	 business ir ur digit Gro f it is for pa	FAX No. ► the United States, checoup Exemption Number (k this box	nis is
1				The state of the s	
	until $08/15$, 20 14 _, to file the	exempt or	ganization return for the	organization named above. The	extension is
	for the organization's return for:				
	► X calendar year 20 13 or				
	tax year beginning	, 20	, and ending	, 20	
2	If the tax year entered in line 1 is for less than 12 m Change in accounting period	onths, ched	ck reason: Initial re	eturn Final return	
3a	If this application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the t	entative tax, less any	
	nonrefundable credits. See instructions.			3a \$	
b	If this application is for Form 990-PF, 990-T,		-		
	estimated tax payments made. Include any prior yea				
С	Balance due. Subtract line 3b from line 3a. Include		ent with this form, if red		
	(Electronic Federal Tax Payment System). See instru	ctions.		3c \$	

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

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

Form 8868	3 (Rev. 1-2014)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Me	onth Exter	nsion, complete only Part	II and check this box	> X
Note. Or	nly complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a previously filed Form 88	 68.
• If you	are filing for an Automatic 3-Month Extension,	complete o	only Part I (on page 1).		
Part II				ginal (no copies needed).	
	· · · · · · · · · · · · · · · · · · ·		E	nter filer's identifying number, s	ee instruction
	Name of exempt organization or other filer, see in	structions.		Employer identification number	
Type or					
print	HADASSAH FOUNDATION, INC.			13-4022483	
P	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)	
File by the due date for	r 50 WEST 58th STREET				
filing your	City, town or post office, state, and ZIP code. For	a foreign ac	dress, see instructions.	1	
return. See instructions		3			
	e Return code for the return that this application	is for (file :	a separate application for e	ach return)	0 1
Applica			1	acirretum)	Return
	tion	Return	Application		
Is For		Code	Is For		Code
	90 or Form 990-EZ	01			
Form 99		02	Form 1041-A		08
	720 (individual)	03	Form 4720 (other than in	ndividual)	09
Form 99		04	Form 5227		10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	90-T (trust other than above)	06	Form 8870		12
	o not complete Part II if you were not already	granted a	n automatic 3-month exte	nsion on a previously filed Fo	orm 8868.
• The b	ooks are in the care of ▶ HADASSAH				
Telep	hone No. ▶ <u>212-355-7900</u>		Fax No. ▶		
• If the	organization does not have an office or place of	business ir	n the United States, check t	his box	▶
• If this	is for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GE	N) . If	this is
	/hole group, check this box ▶ I				attach a
	the names and EINs of all members the extension	-	3 , ,		
	quest an additional 3-month extension of time u		5	, 20 14 .	
	calendar year 2013, or other tax year beginni			nd ending	, 20
	ne tax year entered in line 5 is for less than 12 m				_,
<u> </u>	Change in accounting period	1011110, 0110		That rotain	
7 Sta	enames in decounting period the in detail why you need the extension INFORM	маттом	NECESSARY TO PREP	ARE A COMPLETE AND	
	CCURATE RETURN IS NOT YET AVAILA		THE BOTTH TO THE		
		<u> </u>			
-					
9a If t	his application is for Forms 990-BL, 990-PF, 9	00 T 472	0 or 6060 enter the ten	tative tax less any	
	nrefundable credits. See instructions.	30-1, 412	o, or occa, enter the ten		
		4720 0	r 6060 onter ony refur	8a \$	
	this application is for Forms 990-PF, 990-T,		•		
	imated tax payments made. Include any pri	ior year c	overpayment allowed as	· -	
-	ount paid previously with Form 8868.			8b \$	
	ance Due. Subtract line 8b from line 8a. Include		nent with this form, if requi		
(Ele	ectronic Federal Tax Payment System). See instru			8c \$	
	Signature and Verifica	ation mu	st be completed for F	Part II only.	
	nalties of perjury, I declare that I have examined the and belief, it is true, correct, and complete, and that I	,	. , ,	dules and statements, and to the	ne best of my
	Isabye C. Thille				
Signature I	- Julia		Title ▶ Tax Prepar	rer Date ▶ 6/2	7/14

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

Form 990 (2013) Page **2**

Ľ		ment of Program Service A if Schedule O contains a re	.ccomplishments esponse or note to any line in this Part	Ⅲ	X
1	Briefly describe	e the organization's mission LE O	:		
_	Did the susses		·		
2	prior Form 990	or 990-EZ?	icant program services during the ye		Yes X No
3	Did the organ		or make significant changes in h		
	If "Yes," descril	be these changes on Sched			Yes X No
4	expenses. Sec	etion 501(c)(3) and 501(c)(vice accomplishments for each of i 4) organizations are required to rep each program service reported.		
4a	· —		ncluding grants of \$	201,349.) (Revenue \$)
			CTS THAT SERVE WOMEN AND G		
			IN ISRAEL AND THE JEWISH C		
			ES ON ECONOMIC EMPOWERMENT		
		N IN THE UNITED STA	IP PROGAMS FOR ADOLESCENT ATES. OUR GRANTEES SEEK T		
			SING THE OBSTACLES THAT IN		
			AND GIRLS IN SOCIETY.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Sche including gra		÷\$)	
4e	<u> </u>	service expenses ▶		,	

JSA 3E1020 2.000

Form **990** (2013)

Form 990 (2013) Page 3

-ar	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,"		3.7	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		Х
6	Part III	3		Λ
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>		21	
ıza	complete Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		37
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20 -	If "Yes," complete Schedule G, Part III	202		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Х
<u>u</u>	ii 100 to line 200, the trie organization attach a copy of its addited illiancial statements to this fetuin!	200		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	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			
27 u	\$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	240		
С		24c		
لد	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	l		Х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	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? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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			
٠.	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			
50	19? Note. All Form 990 filers are required to complete Schedule O	l	Х	
	13: NOTE: 7 th 1 Offit 330 filets are required to complete Schiedule O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	55	22	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 _ 2a0			
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 e-file (see instructions)	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		3.7
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	UD.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Gross income from members or shareholders			
J	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
h	If "Ves " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schedule O	1/h		l

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

sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 20			
	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 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur				v
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to el		7.	Х	
	one or more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval		7b		X
	stockholders, or persons other than the governing body?		7.0		
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	ertaken during			
_	the year by the following: The governing body?		8a	X	
a	The governing body?		8b	Х	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Int		Code) .)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	-	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	hat could give			
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review ar	d 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		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	-			37
_	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	sateguard the	40.		
Sect	ion C. Disclosure		16b		<u> </u>
17	, , , , , , , , , , , , , , , , , , , ,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	1990-1 (Section	501(0	:)(3)S	only)
	X Own website X Another's website X Upon request Other (explain in Sch	nedule ())			
10		•	orost:	ممائم	, 054
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, commet of int	erest	ooney	, and
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books	and records of th	00		
LU	organization: Diddt wechter Levy, Hadassah, 50 West 58th Street, New York, NY 10019		iC		

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	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)ANDREA SILAGI BOARD MEMBER	1.00	X						C	0	0
(2)ANNE GLAUBER BOARD MEMBER	1.00	X						C	0	0
(3)CAROL M. JOSEPH BOARD MEMBER	1.00	Х						C	0	0
(4)DONNA GERSON BOARD MEMBER/CHAIR	3.00	Х		Х				C	0	0
(5)GEORGIANNE CUTTER BOARD MEMBER	1.00	Х						C	0	0
(6)ILANA HOROWITZ RATNER BOARD MEMBER	1.00	Х						(0	0
(7)KAREN HERMAN BOARD MEMBER	1.00	X						0		0
(8)KATIE EDELSTEIN BOARD MEMBER	1.00	X								0
(9)KIM MORRIS HEIMAN BOARD MEMBER/TREASURER	1.00	X		Х				C	-	0
(10)LONYE RASCH BOARD MEMBER	1.00	X						C		0
(11)RACHEL SHEINBEIN BOARD MEMBER	1.00	Х						C	0	0
(12)RHODA BERNSTEIN BOARD MEMBER	1.00	Х						C		0
(13)SARA ADLER BOARD MEMBER	1.00	Х						C	0	0
(14)SOPHIE BLUM BOARD MEMBER	1.00	Х						C	0	0

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	(A)	(B)			((C)			(D)	(E)		(F)	
	Name and title		box,	unles er and	Pos heck ss pe	Position eck more than one person is both an a director/trustee)			Reportable compensation from the	Reportable compensation from related organizations	con	stimated mount of other npensation	f ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orç ar	ganizatio d related anization	on d
15)	SUSAN WILKOF	1.00											
	BOARD MEMBER/SECRETARY		Х		Х				0	0			
6)	SUZANNE OFFIT	1.00											
	BOARD MEMBER		Х						0	0			
7)	WILLA SHALIT	1.00											
	BOARD MEMBER		Х						0	0			
8)	AMY FRIEDKIN	1.00											
	BOARD MEMBER		Х						0	0			
9)	DALE MARCUS	1.00											
	BOARD MEMBER		Х						0	0			
0)	JULIE MORRIS	1.00											
	BOARD MEMBER		Х						0	0			
1)	ELLEN FLAX	40.00											
	FOUNDATION DIRECTOR						X		107,559.	0		21,7	758
1b	Sub-total	'							C	0			
С	Total from continuation sheets to Part VII, S	ection A			• •			•	107,559.	0		21,7	758
	Total (add lines 1b and 1c)	_				• •		•	107,559.	0		21,7	758
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				re		\$100,000 of			
												Yes	N
3	Did the organization list any former offic employee on line 1a? <i>If</i> "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?	ⁱ If	"Yes,	."	complete Schedu	le J for such	4		2
5	Did any person listed on line 1a receive or												
J	for services rendered to the organization? If "Ye										5		Х

year.

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues С Fundraising events d Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . 1f 149.713 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 149.713 Program Service Revenue **Business Code** 2a b All other program service revenue Investment income (including dividends, interest, and 318,514. Income from investment of tax-exempt bond proceeds . . . > 0 4 5 (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . d Net rental income or (loss) (ii) Other (i) Securities Gross amount from sales of 4,102,401. assets other than inventory **b** Less: cost or other basis and sales expenses 3,548,869. 553,532. c Gain or (loss) 553,532 553,532. Other Revenue Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** MISCELLANEOUS 900099 2,000 2,000 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 874,046.

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	onse or note to any line	e 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 governments and				
	organizations in the United States. See Part IV, line 21	37,849.	37,849.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	163,500.	163,500.		
4	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	143,137.		135,980.	7,157.
	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	9,730.		9,243.	487.
9	Other employee benefits	25,440.		24,167.	1,273.
10	Payroll taxes	10,262.		9,749.	513.
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
	Accounting	7,884.		7,884.	
d	I Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0		41 004	
1	f Investment management fees	41,204.		41,204.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	2 025		2 025	
	(A) amount, list line 11g expenses on Schedule O.)	3,835.		3,835.	
	Advertising and promotion	4,224.		4,224.	
	Office expenses	4,224.		4,224.	
14	5,	0			
15	Royalties	0			
	Occupancy	6,046.		6,046.	
	Travel	0,010.		0,040.	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
10	Conferences, conventions, and meetings	7,752.		7,752.	
	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 EXPENSES	1,806.		1,806.	
b					
c	:				
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	462,669.	201,349.	251,890.	9,430.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
		Chook ii Conodalo C Containo a response or mote te arry iine iir ano r a	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	12,600.	2	60,388.
	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.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	0
		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 organizations (see instructions). Complete Part II of Schedule L	0	6	0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
∢	9	Prepaid expenses and deferred charges	0		999.
	10 a	Land, buildings, and equipment: cost or		_	
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	0	10c	0
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities. See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	. •	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	11,203,983.	15	12,492,773.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,216,583.	16	12,554,160.
	17	Accounts payable and accrued expenses	0	•••	752.
	18	Grants payable	5,000.	18	0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	20 21	0
Liabilities	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors,	U	21	0
þi	22	trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	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	5,000.	26	752.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	11,193,338.	27	12,524,266.
Bala	28	Temporarily restricted net assets	18,245.	28	29,142.
힏	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.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	11,211,583.	33	12,553,408.
	34	Total liabilities and net assets/fund balances	11,216,583.	34	12,554,160.

Form **990** (2013)

Form 990 (2013) Page **12**

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23,7	759.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	62,6	569.	
3	Revenue less expenses. Subtract line 2 from line 1	3			61,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,2	11,5	583.	
5	Net unrealized gains (losses) on investments	5		7	80,7	735.	
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			12,5			
	33, column (B))						
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
	According with a local transverse the Francisco Cook. W. Accord. College				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," explain in						
20	Schedule O.						
Za	2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:	ipiieu	i Oi				
				2b	Х		
b	Were the organization's financial statements audited by an independent accountant?			20	71		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ieu o	II a				
	Separate basis						
•							
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.	λριαιι					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in				
Ja	the Single Audit Act and OMB Circular A-133?	. 10111		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b			

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

20

Open to Public

OMB No. 1545-0047

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

Open to Public Inspection

name of tr	ne organization							Emplo	yer iden	tification numbe	er
HADASSA	AH FOUNDATION	INC							13	-4022483	
Part I	Reason for Publ	ic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions		
The organ	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
	hospital's name, city	y, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A		· · · · · · · · · · · · · · · · · · ·								
		-	or governmental unit des								
	An organization that described in sectio	•	es a substantial part of it (Complete Part II.)	s supp	ort fro	m a go	vernme	ental un	nt or fro	om the genera	al public
			on 170(b)(1)(A)(vi). (Com	plete F	art II.)						
			es: (1) more than 331/3%	-		rt from	contrib	utions.	memb	ership fees, ar	nd gross
	_		exempt functions - subj								_
			ome and unrelated busi			-					
			ne 30, 1975. See section				-			,	
			ted exclusively to test for			-).		
11 X	An organization or	ganized and ope	rated exclusively for the	bene	fit of,	to perf	orm the	e funct	ions of	, or to carry	out the
	purposes of one or	r more publicly su	ipported organizations de	scribe	d in s	ection 5	509(a)(1) or se	ection 5	09(a)(2). See	section
	509(a)(3). Check th	ne box that describ	es the type of supporting	organ	ization	and co	mplete	lines 1	1e thro	ugh 11h.	
	a X Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d 🗌	Type II	I-Non-fu	unctionally inte	grated
e X	By checking this bo	ox, I certify that the	e organization is not conf	trolled	direct	y or inc	directly	by one	or mor	e disqualified	persons
	other than foundati	ion managers and	other than one or more	oublicl	y supp	orted o	rganiza	tions d	lescribe	d in section 5	09(a)(1)
	or section 509(a)(2).									
f	If the organization	received a writte	n determination from the	e IRS	that it	is a T	ype I, T	ype II,	or Typ	e III supportin	ıg
	organization, check	this box									_
g	Since August 17, 2	006, has the orgai	nization accepted any gift	or co	ntributi	on from	any of	the			-
	following persons?										
	(i) A person who	directly or indirec	tly controls, either alone	or toge	ether v	vith per	sons de	escribe	d in (ii)	and `	Yes No
	(iii) below, the	governing body of	the supported organization	on?						11g(i)	X
	(ii) A family memb	er of a person des	scribed in (i) above?							11g(ii)	X
	(iii) A 35% controll	ed entity of a pers	on described in (i) or (ii) a	bove?						11g(iii)	X
h	Provide the following	ng information abo	ut the supported organiza	ation(s)							
	me of supported	(ii) EIN	(iii) Type of organization		ls the		ou notify		s the	(vii) Amount of	
(organization		(described on lines 1-9 above or IRC section		zation in listed in overning		anization of your		zation in	support	
			(see instructions))	your go	overning ment?		ort?		U.S.?		
				Yes	No	Yes	No	Yes	No		
(Δ)											
ATTAC	CHMENT 1										
(B)											
(C)											
(D)											
(E)											
Total											

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

Schedule A (Form 990 or 990-EZ) 2013

	HADAS	SAH FOUNDAT	CION INC			13-40224	183
	dule A (Form 990 or 990-EZ) 2013						Page 2
Pa	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on I	ine 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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			I	I	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11	Total support. Add lines 7 through 10					10	
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						

Section	C. Computation of Public Support Percentage

15	Public support percentage from 2012 Schedule A, Part II, line 14
16a	331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check
	this box and stop here. The organization qualifies as a publicly supported organization
b	331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,
	check this box and stop here. The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
	organization▶ □
b	10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
	supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14

Schedule A (Form 990 or 990-EZ) 2013

%

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	· ·			•		` ` `
	organization, check this box and stop here						🕨 🔼
	tion C. Computation of Public Sup			(0)			
15	Public support percentage for 2013 (line 8,					15	<u>%</u>
16	Public support percentage from 2012 Sche			<u> </u>		16	<u>%</u>
	tion D. Computation of Investmer					T .= T	
17	Investment income percentage for 2013 (lin					17	<u>%</u>
18	Investment income percentage from 2012 S					18	<u>%</u>
19 a	331/3% support tests - 2013. If the org	-					
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2012. If the orga				· ·		
00	line 18 is not more than 331/3%, check		-	•			
20	Private foundation. If the organization	aid HOL CHECK	a bux un ime	14, 13a, 01 19t	, UNCCK MIS DO	on and see mistr	uctions -

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013

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

				ATTACE	HMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT SU	PPORTED (DRGANIZATIO	NS			
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.	13-1656651	07	X	X	X	0
HADASSAH MEDICAL RELIEF ASSOCIATION, INC.	13-6110872	07	X	X	X	0
TOTAL AMOUNT OF SUPPORT						0

Schedule B

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

Schedule of Contributors

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

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number 13-4022483

Part I Cor	tributors (see	e instructions).	Use duplicate	copies of Part I	if additional s	pace is needed.
------------	----------------	------------------	---------------	------------------	-----------------	-----------------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_		\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2 _		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3 _		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4 _		\$5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6 _		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-4022483

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7 _		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9 _		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 10 _		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 11 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

13-4022483

(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

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

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

(a) No.

from

Part I

(b)

Description of noncash property given

(c)

FMV (or estimate)

(see instructions)

Employer identification number

- 1	2 _	1	$^{\circ}$	2/	1 Q	2

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organization
	that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferacie name address an	Polationship of transferor to transferor				
	Transferee's name, address, an		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

	or the organization	Employer identification number
	ASSAH FOUNDATION INC	13-4022483
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	counts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	onor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot	her purpose
	conferring impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of a	in historically important land area
	Protection of natural habitat Preservation of a	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in th	e form of a conservation
	easement on the last day of the tax year.	
	_	Held at the End of the Tax Year
а	Total number of conservation easements	a
b		b
С	(4)	lc
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
		d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easem	ients during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
7	S	during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170/h)//)/R)
U	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Par		imilar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev works of art, historical treasures, or other similar assets held for public exhibition, educated	venue statement and balance shee
	works of art, historical treasures, or other similar assets held for public exhibition, educate public considering part XIII, the text of the featpate to its figure is least a that described as a second control of the featpate to its figure is least a se	tion, or research in furtherance o
h	public service, provide, in Part XIII, the text of the footnote to its financial statements that describe the organization elected as permitted under SEAS 116 (ASC 958), to report in its row	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reveworks of art, historical treasures, or other similar assets held for public exhibition, educate	
	public service, provide the following amounts relating to these items:	, 3. 15553.5 14.115.41160 0
	(i) Revenues included in Form 990, Part VIII, line 1	 ▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	-
а	Revenues included in Form 990, Part VIII, line 1	 ▶ \$
	Assets included in Form 990, Part X	P C

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

Par	t III Organizations Maintaini	ng Collections of	Art, His	storical T	reasur	es, c	or Oth	er Simila	r Asse	ts (cor	ntinue	ed)
3	Using the organization's acquisition collection items (check all that app	on, accession, and c ly):	other reco	ords, check	k any o	of the	follow	ing that ar	e a sigr	nificant	use o	of its
а	Public exhibition		d [Loan	or excha	ange i	orogran	ns				
b	Scholarly research		e	Other								
C	Preservation for future gene	rations										
4	Provide a description of the organ		and exp	lain how t	hev fur	ther	the ord	anization's	exemp	t purpo:	se in	Part
	XIII.				,							
5	During the year, did the organization	on solicit or receive d	lonations	of art, histo	orical tr	easur	es, or o	other simila	r			
	assets to be sold to raise funds rath								_	Yes		No
Par	t IV Escrow and Custodial Ar									0, Part	IV, Iii	ne 9,
	or reported an amount or									ŕ	,	,
1a	Is the organization an agent, truste	e, custodian or other	intermed	diary for co	ntributi	ons o	r other	assets not				
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in	Part XIII and comple	ete the fo	llowing tab	le:							
								An	nount			
С	Beginning balance				[1c						
d	Additions during the year				[1d						
е	Distributions during the year				[1e						
f	Ending balance				[1f						
	Did the organization include an am								L	Yes		No
b	If "Yes," explain the arrangement in	Part XIII. Check her	e if the e	xplanation	has be	en pro	ovided i	in Part XIII.				
Par	t V Endowment Funds. Com	plete if the organize	zation ar	nswered "	Yes" to	Forr	n 990	, Part IV, li	ne 10.			
		(a) Current year		ior year	(c) Two			(d) Three ye		(e) Fou		
	Beginning of year balance	10,780,825.	10,24	48,348.	10,5	580,	513.	9,937		9,	424,	,805.
	Contributions			42.			35.		511.			364.
С	Net investment earnings, gains,											
	and losses	1,544,457.	9:	24,209.	-1	155,	684.	833	,387.	1,	436,	615.
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	370,499.	3.	91,774.	-	176,	516.	190	,605.		924	,564.
	Administrative expenses											
g	End of year balance	11,954,783.		30,825.	10,2			10,580	,513.	9,	937,	,220.
2	Provide the estimated percentage			e (line 1g,	column	ı (a)) h	neld as:					
a	Board designated or quasi-endown		-% -									
b	Permanent endowment Temporarily restricted endowment	%										
C	The percentages in lines 2a, 2b, ar	•	000/									
20	Are there endowment funds not in	•		ration that	ara bal	d and	admin	ictored for t	ho			
sa	organization by:	the possession of the	ie organiz	Zation that	are nei	u anu	aumm	iistereu ior t	HE	Г	V	NI -
	(i) unrelated organizations									20(i)	Yes	No
	(ii) related organizations									3a(i)	37	X
h	If "Yes" to 3a(ii), are the related or									3a(ii) 3b	X	
4	Describe in Part XIII the intended u		•							30	X	
rai	t VI Land, Buildings, and Equ Complete if the organiza	tion answered "Ye	s" to For	m 990, Pa	art IV, I	ine 1	1a. Se	e Form 9	90, Part	t X, line	10.	
	Description of property	(a) Cost or	other basis	(b) Cost of	or other ba		(c) Acc	umulated		d) Book va		
12	Land	(invest	ment)	(0	ther)		аерге	eciation				
	Buildings			+		-						
	Leasehold improvements			+		+						
	Equipment			+		+						
	Other			+		+						
	I. Add lines 1a through 1e. (Column		1 990. Par	t X. columr	า (B). lin	ne 10/	c),)_					
		, ,	- ,	,	1 //	- (//					

Part VII	form 990) 2013			Page .
Part VII	Investments - Other Securities. Complete if the organization answer	ered "Yes" to Form 990,	Part IV, line 11b. See Form 990, F	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)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments - Program Related. Complete if the organization answer	ered "Yes" to Form 990,	Part IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	on:
(1)			- Cook of one or your marke	
(2)				
(3)				
(4)				
(4) (5)				
(6)				
(7)				
(8)				
(9)	(1) 15 15 15 15 15 15 15 15 15 15 15 15 15			
Part IX	o (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Ιαιτιχ	Complete if the organization answer	ered "Yes" to Form 990.	Part IV. line 11d. See Form 990. F	Part X. line 15.
		(a) Description	· i	(b) Book value
(1) DUE I	FROM AFFILIATES			12,492,773
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col.	(B) line 15.)		12,492,773
Part X	Other Liabilities. Complete if the organization answline 25.			990, Part X,
1.	(a) Description of liability	(b) Book value	9	
	al income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line	25.) ▶		
2 iability fa	r uncertain tay positions. In Part VIII. provide	the text of the feetness to the	a arganization la financial atatamanta that ran	outo the

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^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	<u> </u>
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 on investments 2a	-	
b	Donated services and use of facilities 2b	-	
C	Recoveries of prior year grants Other (Describe in Port VIII)	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Complete if the organization answered "Yes" to 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 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2c 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
		1	
b	Other (Describe in Part XIII.)		
b c	Add lines 4p and 4b	4c	
	Add lines 4p and 4b	4c 5	
с 5			
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1	5 art V, I	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	

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

SCHEDULE 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.
 ► See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HADASSAH FOUNDATION INC 13-4022483

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Pa	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on	
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No						
2	For grantmakers. Describe in	Part V the or				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.) 							
3							
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		163,500.	
(2							
_(3							
_(4							
_(5)						
_(6)						
_(7)						
_(8)						
_(9)						
<u>(10</u>)						
<u>(11</u>)						
(12)						
(13)						
(14							
(15					1		
<u>(16</u>							
(17							
3 ;	a Sub-total b Total from continuation sheets to Part I					163,500.	
	c Totals (add lines 3a and 3b)					163.500.	

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

HADASSAH FOUNDATION INC 13-4022483

Schedule F (Form 990) 2013

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method o valuation (book, FMV, appraisal, other)
				GENERAL SUPP					
(1)			MIDDLE EAST/NORTH AFRICA	SUPPORT	15,000.				
				GENERAL SUPP					
(2)			MIDDLE EAST/NORTH AFRICA	SUPPORT	18,000.				
				GENERAL SUPP					
(3)			MIDDLE EAST/NORTH AFRICA	SUPPORT	18,000.				
				GENERAL SUPP					
(4)			MIDDLE EAST/NORTH AFRICA	SUPPORT	10,000.				
				GENERAL SUPP					
(5)			MIDDLE EAST/NORTH AFRICA	SUPPORT	20,000.				
				GENERAL SUPP					
(6)			MIDDLE EAST/NORTH AFRICA	SUPPORT	15,000.				
				GENERAL SUPP					
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT	10,000.				
				GENERAL SUPP					
(8)			MIDDLE EAST/NORTH AFRICA	SUPPORT	10,000.				
				GENERAL SUPP					
(9)			MIDDLE EAST/NORTH AFRICA	SUPPORT	10,000.				
				GENERAL SUPP					
(10)			MIDDLE EAST/NORTH AFRICA	SUPPORT	10,000.				
(11)									
(12)									
(13)									
(14)									
,									
(15)									
(16)									

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	10.
	Enter total number of other organizations or entities.	

HADASSAH FOUNDATION INC 13-4022483

Schedule F (Form 990) 2013

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

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

Schedule F (Form 990) 2013

Page 4

Part IV Foreign Forms

rarı	Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X	No

Schedule F (Form 990) 2013 Page **5**

Part V Suppleme

Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

SCHEDULE F, PART I, LINE 3

ACCORDING TO THE IRS' TIPS AND FAQS OF REPORTING OF CERTAIN ACTIVITIES

OUTSIDE OF THE UNITED STATES, THE ORGANIZATION MAY USE THE METHOD IT USED

FOR ITS FINANCIAL STATEMENTS TO REPORT EXPENDITURES FOR SCHEDULE F, PART

I, COLUMN (F). THE ORGANIZATION'S CURRENT ACCOUNTING PROCEDURES DO NOT

SEPARATELY TRACK SUCH EXPENDITURES OTHER THAN GRANTS, AND SUCH

EXPENDITURES ARE THEREFORE NOT REQUIRED TO BE INCLUDED IN PART I, COLUMN

(F).

SCHEDULE I (Form 990)

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

HADASSAH FOUNDATION INC						13-4022483	3
Part I General Information on Grants and	d Assistance)					
1 Does the organization maintain records to so	ubstantiate the	e amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used to award the grant	s or assistance	e?					X Yes No
2 Describe in Part IV the organization's proceed	dures for mon	itoring the use o	of grant funds in the	United States.			
Part II Grants and Other Assistance to C Part IV, line 21, for any recipient the							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KESHET, INC							GENERAL SUPPORT
284 AMORY STREET JAMAICA PLAIN, MA 02130	48-1278664	501(C)(3)	7,500.				SUPPORT
(2) SHALOM BAYIT							GENERAL SUPPORT
P.O. BOX 10102 OAKLAND, CA 94610	94-3213100	501(C)(3)	7,500.				SUPPORT
(3) AVODAH							GENERAL SUPPORT
45 WEST 36TH ST NEW YORK, NY 10018		501(C)(3)	7,500.				SUPPORT
(4) JEWISH ORTHODOX FEMINIST ALLIANCE							GENERAL SUPPORT
520 8TH AVE NEW YORK NEW YORK, NY 10018	52-2106560	501(C)(3)	7,000.				SUPPORT
_(5)							
_(7)							
_(8)							
_(9)							
(10)							
(11)	. –						
(12)	. –						
2 Enter total number of section 501(c)(3) and	government o	rganizations lis	ted in the line 1 tab	le		·	4.
3 Enter total number of other organizations list	ed in the line	1 table				<u> ▶</u>	
For Paperwork Reduction Act Notice, see the II	nstructions fo	r Form 990.				Sched	lule I (Form 990) (2013)

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HADASSAH FOUNDATION INC 13-4022483

Schedule I (Form 990) (2013)

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

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

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

SCHEDULE I, PART I, LINE 2

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

THE FUNDS AND ANNUAL FINANCIAL STATEMENTS. THERE IS ONGOING COMMUNICATION

BETWEEN ALL GRANTEES AND MANAGEMENT INCLUDING PERIODIC SITE VISITS.

GRANTS ARE AWARDED AFTER BOARD APPROVAL. CRITERIA INCLUDE OVERALL FIT IN

TO HADASSAH FOUNDATION'S MISSION AND AVAILABLE RESOURCES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

Employer identification number

13-4022483

HADASSAH FOUNDATION INC

FORM 990, PART III, LINE 1

THE HADASSAH FOUNDATION, INC. (THE "FOUNDATION") IS A NOT-FOR-PROFIT SUPPORTING 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 HWZOA OR THE BOARD OF DIRECTORS OF

HMRA. ALL OTHER DIRECTORS OF THE HADASSAH FOUNDATION ARE ELECTED BY THE

BOARD OF DIRECTORS OF THE HADASSAH FOUNDATION.

FORM 990, PART VI, LINE 11

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 ON HADASSAH FOUNDATION'S WEBSITE.

Name of the organization

HADASSAH FOUNDATION INC

Employer identification number

13-4022483

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, LINE 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 THE SEARCH FIRM. THE ORGANIZATION SETS

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

AMOUNT IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE

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

PARTICIPATE IN THE REVIEW OR DECISION. THESE PROCEDURES ARE DOCUMENTED

CONTEMPORANEOUSLY. IN SUBSEQUENT YEARS, AN INDIVIDUAL MAY RECEIVE A

SALARY INCREASE AS APPROVED BY THE COMPENSATION COMMITTEE. BONUSES ARE

GENERALLY NOT AWARDED.

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.

► See separate instructions.

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

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization
HADASSAH FOUNDATION INC

Employer identification number 13-4022483

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

Name, address, and EIN	(a) V (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FABULOUS FINDS LLC	20-3603057					
50 WEST 58TH STREET	NEW YORK, NY 10019	SELL GIFTS	DE	0	0	N/A
(2)						
_(3)						
_(4)						
<u>(5)</u>						
(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 rela	(a) Name, address, and EIN of related organization			(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
							Yes	No
(1) HADASSAH, THE WOMEN'S ZIONIST ORGANI	ZATI 13-1656651							
50 WEST 58TH STREET	NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	7	N/A	X	
(2) HADASSAH MEDICAL RELIEF ASSOCIATION,	INC 13-6110872							
	NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	7	N/A	X	
(3) HADASSAH OFFICE IN ISRAEL	99-999999							
	NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	N/A	X	
(4) HADASSAH INTERNATIONAL LTD.	99-999999							
	NEW YORK, NY 10019	CHARITABLE	BD	N/A	N/A	N/A	X	
(5) HADASSAH MEXICO, A.C.	99-999999							
HACIENDA EL CIERVO 7A-JR2 5276		CHARITABLE	MX	N/A	N/A	N/A	X	
(6) HADASSAH MEDICAL ORGANIZATION	99-999999							
KIRYAT HADASSAH, P.O. BOX 1200		MEDICAL	IS	N/A	N/A	N/A	X	
(7) HADASSAH YOUTH SERVICES AMUTA	99-999999							
C/O 50 WEST 58TH STREET	NEW YORK, NY 10019	CHARITABLE	IS	N/A	N/A	N/A	X	

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

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.

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

► See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
HADASSAH FOUNDATION INC

Employer identification number
13-4022483

(a) Name, address, and EIN (if applicable) of disregarded entity		F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co enti	ntrolling
_(1)								
(2)								
_(3)								
_(4)								
_(5)								
<u>(6)</u>								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	Complete if the tax year.	ne org	anization ansv	vered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activ	(b) Primary activity		(d) ate Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
							Yes	No
(1) HADASSAH WUJS ARAD, LTD 99-9999999 C/O 50 WEST 58TH STREET NEW YORK, NY 10019								
	CHARITABLE	<u> </u>	IS	N/A	N/A	N/A	X	
(2) MEIR SHFEYAH FOR PROMOTION OF EDUCATION 99-9999999 C/O 50 WEST 58TH STREET NEW YORK, NY 10019	_ CHARITABLE	C	IS	N/A	N/A	N/A	X	
_(3)	_							
<u>(4)</u>	-							
<u>(5)</u>								
<u>(6)</u>								
_(7)	_							

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000 Schedule R (Form 990) 2013

Part III Identification of Relate because it had one or r	ed Organizations more related orga	Taxable nization:	as a Partnersh treated as a pa	lip Complete if the cartnership during the	organization an e tax year.	swered "Yes" o	on Fo	orm	990, Part IV, li	ne 3	4	
(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 Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
		country)		000110110 012 011)			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	Sec 512(b contr	i) ction o)(13) rolled city?
								Yes	No
<u>(1)</u>									
(2)									
(3)									_
(4)									_
(5)									
(6)									
(7)									

JSA

Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X					
b	Gift, grant, or capital contribution to related organization(s)	1b		X					
С	Gift, grant, or capital contribution from related organization(s)	1c		Х					
d	Loans or loan guarantees to or for related organization(s)	1d		Х					
е	Loans or loan guarantees by related organization(s)	1e		Х					
f	Dividends from related organization(s)	1f							
g	Sale of assets to related organization(s)	1g		X					
h	Purchase of assets from related organization(s)	1h		Х					
i	Exchange of assets with related organization(s)	1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х					
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х					
m		1m		Х					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х						
0	Sharing of paid employees with related organization(s)	10	Х						
р	Reimbursement paid to related organization(s) for expenses	1p		Х					
q	Reimbursement paid by related organization(s) for expenses	1q		Х					
•		•							
r	Other transfer of cash or property to related organization(s)	1r		Х					
s	Other transfer of cash or property from related organization(s)	1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
	(a) (b) (c)								
		Method of determining amount involved							
	37-7-7								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HADASSAH, THE WOMEN'S ZIONIST ORG. OF AMERICA	10	188,568.	COST
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			

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Part V

Schedule R (Form 990) 2013

Page 3

HADASSAH FOUNDATION INC

Schedule R (Form 990) 2013

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes				Yes	No	(FORM 1005)	Yes	No	
(1)														
(2)														
(3)														
<u>(4)</u>														
<u>(5)</u>														
<u>(6)</u>														
<u>(7)</u>														
<u>(8)</u>														
<u>(9)</u>														
(10)														
<u>(11)</u>														
(12)														
<u>(13)</u>														
<u>(14)</u>														
(15)														
<u>(16)</u>														
														000) 0040

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Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 Page 5

Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).