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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 2011, and ending 2011, and ending 20

B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending

C Name of organization Jader Trust No. 4

D Employer identification number 51-0099477

E Telephone number 212-732-3200

G Gross receipts \$ 165,556,771

F Name and address of principal officer: Yad Hanadiv (A Rothschild Foundation)
Mintflower Place, 8Par-la-Ville Road, Hamilton, Bermuda

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1960 **M** State of legal domicile: DE

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Promotion of Social Welfare</u>		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	-0-
	6 Total number of volunteers (estimate if necessary)	6	-0-
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,398,595
b Net unrelated business taxable income from Form 990-T, line 34	7b	4,271,818	
Revenue	8 Contributions and grants (Part VIII, line 1h)		
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(11,628,249)	21,277,974
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	201,265	48,405
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	(11,426,984)	21,324,379
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,660,420	15,723,197
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 11e)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,398,110	9,483,939
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,058,530	25,207,136	
19 Revenue less expenses. Subtract line 18 from line 12	(36,485,514)	(3,882,757)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 618,956,127	End of Year 548,294,901
	21 Total liabilities (Part X, line 26)	4,929,220	645,562
	22 Net assets or fund balances Subtract line 21 from line 20	614,026,907	547,649,339

Part II Signature Block

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

Sign Here Signature of officer: [Signature] Date: 12/11/12

Type or print name and title: Randall Krebs, Secretary

Paid Preparer Use Only

Print/Type preparer's name: Joanne Guido Preparer's signature: [Signature] Date: 11/7/12 Check if self-employed PTIN: P01379403

Firm's name: Carter Ledyard & Milburn, LLP Firm's EIN: 13-4886540

Firm's address: 2 Wall Street, New York, NY 10005 Phone no.: 212-732-3200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
Religious, charitable, scientific, educational and social welfare purposes

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 15,723,197 including grants of \$ 15,479,914) (Revenue \$ _____)
Grants and allocations for educational, cultural, religious and social welfare purposes as per attached schedule

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 15,723,197

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		✓
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		✓
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, Part III		✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9 Did the organization report an amount in Part X, line 21; 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		✓
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		✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		✓
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	✓	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		✓
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," enter the name of the foreign country: Various See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<input type="checkbox"/>	<input type="checkbox"/>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
7	Organizations that may receive deductible contributions under section 170(c).	<input type="checkbox"/>	<input type="checkbox"/>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input type="checkbox"/>	<input type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<input type="checkbox"/>	<input type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<input type="checkbox"/>	<input type="checkbox"/>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/>	<input type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<input type="checkbox"/>	<input type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.	<input type="checkbox"/>	<input type="checkbox"/>
a	Did the organization make any taxable distributions under section 4966?	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<input type="checkbox"/>	<input type="checkbox"/>
10	Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a	Initiation fees and capital contributions included on Part VIII, line 12	<input type="checkbox"/>	<input type="checkbox"/>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
11	Section 501(c)(12) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a	Gross income from members or shareholders	<input type="checkbox"/>	<input type="checkbox"/>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<input type="checkbox"/>	<input type="checkbox"/>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<input type="checkbox"/>	<input type="checkbox"/>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<input type="checkbox"/>	<input type="checkbox"/>
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
c	Enter the amount of reserves on hand	<input type="checkbox"/>	<input type="checkbox"/>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<input type="checkbox"/>	<input type="checkbox"/>
b	Enter the number of voting members included in line 1a, above, who are independent	<input type="checkbox"/>	<input type="checkbox"/>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<input type="checkbox"/>	<input type="checkbox"/>
a	The governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<input type="checkbox"/>	<input type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<input type="checkbox"/>	<input type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input type="checkbox"/>	<input type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input type="checkbox"/>	<input type="checkbox"/>
13	Did the organization have a written whistleblower policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<input type="checkbox"/>	<input type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input type="checkbox"/>	<input type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Les Bastions Trust Corporation S.A. 1 rue Albert-Gos, 1206 Geneva, Switzerland. +41 22 736 4949**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Doder Trust Limited Bermuda Corporate Trustee	N/A						✓	248,806	383,804	
(2) Yad Hanadiv (A Rothschild Foundation) Bermuda Corporate Trustee	N/A	✓						149,283	230,283	
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							398,089	614,087		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							398,089	614,087		

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Yad Hanadiv, 16 Ibn Givrol, Jerusalem, 92430, Israel	Grant administration	2,514,327
Cogent Partners Europe LLP, 6-8 Tokenhouse Yard, London EC2R 7AS, UK	Investment adviser	888,881
GSO Capital Investment Partners L.P. 280 Park Avenue, New York, NY 10017	Investment management	252,095
Xander Capital Management Limited, Edith Cavell St, Port Louis, Mauritius	Investment management	205,422
Black Diamond Capital Management LLC, One Sound Shore Drive, CT 06830	Investment management	185,322

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **5**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2a Business Code						
	b						
	c						
	d						
	e						
	f All other program service revenue .						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,047,716		6,398,595		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	638,952				
		(ii) Other	155,823,698				
	b Less: cost or other basis and sales expenses		685,238				
	c Gain or (loss)		(46,286)				
	d Net gain or (loss)		12,230,258				
	8a 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	a						
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a Management fee rebates		900099	35,572				
b Litigation receipts		900099	10,833				
c							
d All other revenue							
e Total. Add lines 11a-11d			46,405				
12 Total revenue. See instructions.			21,324,379		6,398,595		

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	15,723,197	15,723,197		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	118,160		118,160	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,922,959		4,922,959	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 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.)				
a Trustee administration	398,089		398,089	
b Safe Custody and other bank charges	64,904		64,904	
c Professional fees	179,002		179,002	
d Grant related administration	2,514,327		2,514,327	
e All other expenses Taxes	1,286,498		1,286,498	
25 Total functional expenses. Add lines 1 through 24e	25,207,136	15,723,197	9,483,939	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,754,292	1	34,840,471
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	140,525	4	1,100,993
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	9,435,108	11	9,491,255
	12 Investments—other securities. See Part IV, line 11	587,201,007	12	502,564,828
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,425,195	15	297,355
16 Total assets. Add lines 1 through 15 (must equal line 34)	618,956,127	16	548,294,901	
Liabilities	17 Accounts payable and accrued expenses	4,929,220	17	645,562
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
26 Total liabilities. Add lines 17 through 25	4,929,220	26	645,562	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	614,026,907	32	547,649,339
33 Total net assets or fund balances	614,026,907	33	547,649,339	
34 Total liabilities and net assets/fund balances	618,956,127	34	548,294,901	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,324,379
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,207,136
3	Revenue less expenses. Subtract line 2 from line 1	3	(3,882,757)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	614,026,907
5	Other changes in net assets or fund balances (explain in Schedule O)	5	(62,494,811)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	547,649,339

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	✓	
b Were the organization's financial statements audited by an independent accountant?	✓	
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.	✓	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. See separate instructions.

Name of the organization

Employer identification number

JADER TRUST NO. 4

51/0099477

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed status.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number, total acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Rows include questions about reporting works of art, historical treasures, and similar assets for public service and financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) _____				

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other See Schedule to Part VII	502,564,828	End-of-year fair value
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	502,564,828	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

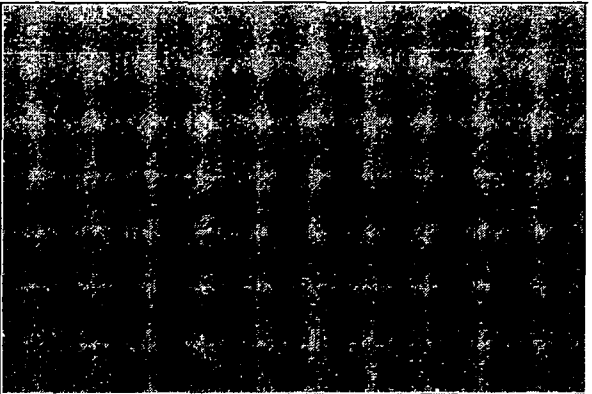
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	



2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,324,379
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,207,136
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(3,882,757)
4	Net unrealized gains (losses) on investments	4	(62,494,811)
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	(62,494,811)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(66,377,568)

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	21,324,379
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	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,324,379

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	25,207,136
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,207,136

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

JADER TRUST NO. 4 (EIN 51:0099477)

Schedule D to Form 990
for the year ended 31 December 2011
Part VII Investments - Other Securities

	Market Value 12/31/2011 \$
21ST CENTURY COMMUNICATIONS T-E	103,471
ACCEL VIII, L.P.	574,433
ANDOR OPPOR. OFFSHORE FD CI A Sub 1 Ser. Nov 2011	12,530,316
AVENUE HOLDINGS GROUP LIMITED	3,195
BALDERTON CAPITAL I (ex-BENCHMARK I)	1,953,748
BALDERTON CAPITAL II(ex-BENCHMARK II)	814,755
BATTERY VENTURES IX L.P.	1,790,075
BATTERY VENTURES VI, L.P.	1,374,483
BATTERY VENTURES VII, L.P.	2,401,721
BATTERY VENTURES VIII Side Fund L.P.	2,198,247
BATTERY VENTURES VIII, L.P.	5,828,071
BAUPOST LP 1983	95,658,466
BESSEMER VENTURE PARTNERS VII INST L.P.	4,623,171
BLACKSTONE GSO SECURED TRUST	10,041,827
BLACKSTONE SPEC FDING CAYMAN LP -INCA	12,487,072
BOSTON VENTURES V, L.P.	418,056
BRANT POINT FD INTL LTD C LA UNREST	14,475,310
BRANT POINT FD INTL LTD CL C UNREST	8,135,935
CA RESOURCES FUND LP SERIES BAIN EUR III	3,068,297
CA RESOURCES FUND LP SERIES BAIN X	5,396,682
CAMBRIDGE ASSOCIATES LLC	26,580,998
CAMBRIDGE ASSOCIATES LTD LLC	768,032
CENTENNIAL ENERGY PARTNERS L.P.	13,168,673
CHRYSALIS CAPITAL III, LLC	1,488,667
CHRYSALIS CAPITAL IV, LLC	1,021,523
CHRYSACAPITAL V, LLC	939,959
CPP HOLDINGS LTD. E-29	1,380
CRESTVIEW TULIP INVESTORS LLC	9,998,765
CYRUS OPPORTUNITIES FUND II	17,961,129
DRAWBRIDGE SP OPPOR FD SIDE POCKET INV	190,516
FIREBIRD AVRORA FD LTD REST NOV 09 SERIES	14,545,033
GB PARTNERSHIP INVESTMENT ASSOCIATES	56,167
GEMINI OIL & GAS FUND II, L.P.	7,370,629
GLADWYNE FUND LTD EURO B CLASS	15,246,993
GOBI FUND II, L.P.	5,444,186
GREAT JONES OFFSHORE FUND LTD A/1	20,867,560
GREAT JONES OFFSHORE FUND LTD B/1	17,543,420
GSC EUROP MEZZAN. OFFSHORE CAPITAL II	5,033,162
HHR TITAN OFFSHORE LTD. CL A	4,329,355
Carried forward	346,433,478

JADER TRUST NO. 4 (EIN 51:0099477)**Schedule D to Form 990****for the year ended 31 December 2011****Part VII Investments - Other Securities**

	Market Value 12/31/2011 \$
Brought forward	346,433,478
HONY CAPITAL FUND 2008, L.P.	6,620,656
HONY CAPITAL FUND III, L.P.	8,168,584
INDIA CAPITAL FUND Class A2	11,737,336
ISRAEL SEED IV, L.P.	94,629
LAKE CAPITAL PARTNERS II	5,694,888
LANSDOWNE UK STRATEGIC INV FUND S 1	6,702,513
LANSDOWNE UK STRATEGIC INV FUND S 3	3,461,613
LOTUS CHINA FUND L P	1,415,915
MANGOSOFT INCORPORATED	859
MEDIA TECHNOLOGY VENTURES IV ANNEX LP	661,301
MEDIA TECHNOLOGY VENTURES IV-B, L.P.	1,300,922
MEDIA TECHNOLOGY VENTURES V (A), L.P.	5,179,738
NCH BALKAN FUND, LP	4,490,238
NEW NIB PARTNERS LP	7,495,004
NGP ENERGY TECHNOLOGY PARTNERS II L.P	1,260,664
POLARIS VENTURE PARTNERS III LP	2,840,515
ROYAL FINANCING LLC - INCA	20,989
SANDLER CAPITAL PARTNERS IV FTE, LP	515,668
SANDLER CAPITAL PARTNERS V FTE, LP	11,883,810
SANDLER TECHN PARTN.(SANDLER INTERNET)	14,543
SANDSTONE CAP INDIA OFFSH FD SP A	298,474
SANDSTONE CAP INDIA OFFSH FD SP B	12,781
SANDSTONE CAP INDIA OFFSH FD SP C	156,800
SILVERLAKE PARTNERS, L.P.	12,763
TA IX, L.P.	1,001,261
TA X, L.P.	4,442,264
TAU CAPITAL PLC	4,150,000
TFP OVERSEAS FUND LTD	1,943,873
TONTINE CAP OVERS FD II CLA LEGACY S 1 L	5,300,686
TONTINE CAPITAL OVERSEAS FUND II CL S S 1	395,956
TONTINE TOTAL RETURN OVERSEAS FD CL A S 1	2,041,653
TONTINE TOTAL RETURN OVERSEAS FD CL A S5	1,348,559
TRIAN CREDIT PARTNERS LTD CL C ELIGIBLE S 1	18,033,259
TRINITY VENTURES IX, L.P.	4,665,458
TRINITY VENTURES VIII, L.P.	893,226
TRUE VENTURES II-A LP	2,158,503
UTTRUP FINANCIAL ADVISORS A/S	21,800
VENROCK ASSOCIATES IV, L.P.	2,932,694
VENROCK ASSOCIATES V, L.P.	3,790,757
VSS COMMUNICATIONS PARTNERS LP	2,886,324
XANDER MASTER FD III SELEUCUS III LP	6,401,768
XANDER SELEUCUS RETAIL L.P.	13,682,106
	<hr/> 502,564,828 <hr/>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

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

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 & North Africa	None	1	Grants		15,010,326
(2) Middle East & North Africa	None	1	Program services		243,283
(3) Middle East & North Africa	None	1	Grant administration		2,514,327
(4) Europe	None	0	Grants		35,000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					17,802,936
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					17,802,936

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N.Africa	Support activities	86,014				
(2)			MidEast/N.Africa	Centre for Ration.	5,360				
(3)			MidEast/N.Africa	Hebrew/Arabic dict	2,787				
(4)			MidEast/N.Africa	Dig arab press arc	16,093				
(5)			MidEast/N.Africa	Anl 3rd Sec Israel			2,394	Services	
(6)			MidEast/N.Africa	Excav. synagogue	13,480				
(7)			MidEast/N.Africa	Teachers' training	62,419				
(8)			MidEast/N.Africa	Resrch stone beads	1,329				
(9)			MidEast/N.Africa	Inter-un Prog Arch	183,910				
(10)			MidEast/N.Africa	Appl edu research	112,038				
(11)			MidEast/N.Africa	Seminar Rabbis&Drs	6,857				
(12)			MidEast/N.Africa	Internatnl confer	10,000				
(13)			MidEast/N.Africa	Inst Sch Ldership	3,429,042				
(14)			MidEast/N.Africa	Flwshp Exper Neuro	21,559				
(15)			MidEast/N.Africa	Act-orient resrch	197,998				
(16)			MidEast/N.Africa	Media edu Arab sec	46,900				

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 7

3 Enter total number of other organizations or entities 9

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N.Africa	Multi-yr capacity	265,887				
(2)			MidEast/N.Africa	Centre for Ration.	54,468				
(3)			MidEast/N.Africa	Archaeo. conserv.	25,000				
(4)			MidEast/N.Africa	Map Earthquake Act	21,765				
(5)			MidEast/N.Africa	Youth Orchestras	1		17,400	Services	
(6)			MidEast/N.Africa	Rational Land Use	49,550		279	Services	
(7)			MidEast/N.Africa	Centre student vil	18,974				
(8)			MidEast/N.Africa	Kids safety on rds	15,500				
(9)			MidEast/N.Africa	Online database	957				
(10)			MidEast/N.Africa	Network eco. res.	83,147				
(11)			MidEast/N.Africa	Initiative Humanit	130,030		7,404	Services	
(12)			MidEast/N.Africa	Woman Acad Gender	18,110		535	Services	
(13)			MidEast/N.Africa	Humanities lecture			1,660	Services	
(14)			MidEast/N.Africa	New Medical Tower	525,000				
(15)			MidEast/N.Africa	Periph health awar	3,716				
(16)			MidEast/N.Africa	Life sci. schlrshp	24,970				

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3 Enter total number of other organizations or entities 5

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N.Africa	Jer. Creat. Fest.	39,878				
(2)			MidEast/N.Africa	Centre Human Right	40,500				
(3)			MidEast/N.Africa	Architect. seminar			6,500	Services	
(4)			MidEast/N.Africa	Train volunteers	7,474				
(5)			MidEast/N.Africa	Ensemble YouthRisk	4,070				
(6)			MidEast/N.Africa	Digitization			458	Services	
(7)			MidEast/N.Africa	Res. road safety	63,733				
(8)			MidEast/N.Africa	Arab women employ	10,000				
(9)			MidEast/N.Africa	Digit. of journals	11,600				
(10)			MidEast/N.Africa	Trn tchrs Jew stdy	38,000				
(11)			MidEast/N.Africa	Filwshps Jew Stdy	23,546		6,658	Services	
(12)			MidEast/N.Africa	Confer. Jew Hstry	6,791				
(13)			MidEast/N.Africa	Bib Comm	52,567				
(14)			MidEast/N.Africa	Env. & Law Prog	40,000				
(15)			MidEast/N.Africa	Outdoor Sc Prk	30,482				
(16)			MidEast/N.Africa	Civil Society Mapp			27,155	Services	

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3 Enter total number of other organizations or entities 8

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	Dignzn of hist new	155,600				
(2)			MidEast/N. Africa	GuideStar Israel	2,528				
(3)			MidEast/N. Africa	Res. Endangrd Turt	17,003				
(4)			MidEast/N. Africa	Res. on Vintarism	40,608				
(5)			MidEast/N. Africa	Volunteer Program	6,591				
(6)			MidEast/N. Africa	Peri Comm Svce	15,000				
(7)			MidEast/N. Africa	Environm Jstce Res	59,679				
(8)			MidEast/N. Africa	Teachers Develop.	372				
(9)			MidEast/N. Africa	Social Cntr Yng Ad	27,500				
(10)			MidEast/N. Africa	Youth Soc. Network	13,347				
(11)			MidEast/N. Africa	Isr.SctstsAbroadPr	4,520				
(12)			MidEast/N. Africa	StudyGrpforTchrs	137,474				
(13)			MidEast/N. Africa	Disp for Ill Childr	20,000				
(14)			MidEast/N. Africa	ExcrRateDiffComp	--		420	Services	
(15)			MidEast/N. Africa	AncientNrEastPubl	10,000				
(16)			MidEast/N. Africa	ArabSocietySurvey	4,577				

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3 Enter total number of other organizations or entities 11

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	Volunteer Training	15,590				
(2)			MidEast/N. Africa	Industrial Edu.	17,500				
(3)			MidEast/N. Africa	Conference	11,000				
(4)			MidEast/N. Africa	Arabic in Jew Schl	11,750				
(5)			MidEast/N. Africa	Publ. Jew. Culture	13,257				
(6)			MidEast/N. Africa	MusicEdu.Dis.Child	5,000				
(7)			MidEast/N. Africa	Evaluation	5,905				
(8)			MidEast/N. Africa	Archives	15,000				
(9)			MidEast/N. Africa	Arab Women Employ	133,794				
(10)			MidEast/N. Africa	Guidestar	246,134				
(11)			MidEast/N. Africa	VHNPEffect.Study	1,500				
(12)			MidEast/N. Africa	ArchitectureSemnr	0		13,383	Services	
(13)			MidEast/N. Africa	ITSysms3rdsec.mng	7,332				
(14)			MidEast/N. Africa	ArabicHotline&Webs	20,000				
(15)			MidEast/N. Africa	Ethiopian-IsrEmplo	6,000				
(16)			MidEast/N. Africa	Publi.bntEzraPoems	10,000				

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3 Enter total number of other organizations or entities 9

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	ProgforNeedySnrs	11,000				
(2)			MidEast/N. Africa	FamilyLawSvcs	3,705				
(3)			MidEast/N. Africa	MultIMCntrforBedou	13,180				
(4)			MidEast/N. Africa	Employ.Services	23,832				
(5)			MidEast/N. Africa	ArabWomenEmploy	24,500				
(6)			MidEast/N. Africa	EmployforDisablAdt	6,024				
(7)			MidEast/N. Africa	ArabWmnEmploy.	15		4,013	Services	
(8)			MidEast/N. Africa	ArbcSuppServCancr	7,585				
(9)			MidEast/N. Africa	SocialValueMsrNPO	25,000				
(10)			MidEast/N. Africa	ArchitectrJer.Cntr	10,000				
(11)			MidEast/N. Africa	ITSupportn/prSctr	53,156				
(12)			MidEast/N. Africa	Ethiopian-IsrBusTr	10,100				
(13)			MidEast/N. Africa	Res. for ArabicSpk	12,000				
(14)			MidEast/N. Africa	Palest-IsraeliYth	15,000				
(15)			MidEast/N. Africa	BeitMidrashUnderNe	35,098				
(16)			MidEast/N. Africa	Youth at Risk	22,500				

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3 Enter total number of other organizations or entities 9

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	Sexual health edu.	11,000				
(2)			MidEast/N. Africa	Food ass. agencies	24,833				
(3)			MidEast/N. Africa	Volunteer center	7,919				
(4)			MidEast/N. Africa	Arab Women Train	6,047				
(5)			MidEast/N. Africa	Software for NOPs	68,110				
(6)			MidEast/N. Africa	Committee literacy	206,829				
(7)			MidEast/N. Africa	Hearchilddeaf par	20,000				
(8)			MidEast/N. Africa	Arab wom employ	16,000				
(9)			MidEast/N. Africa	Wmn Buis Edu.	11,646				
(10)			MidEast/N. Africa	Labour rights	17,500				
(11)			MidEast/N. Africa	Prev. sexual abuse	15,000				
(12)			MidEast/N. Africa	Ethio.Thea.Ensem.	15,000				
(13)			MidEast/N. Africa	Agricultural res.	19,840				
(14)			MidEast/N. Africa	Prog.hear-imp.chil	20,000				
(15)			MidEast/N. Africa	EmployEthio-IsrGra	20,000				
(16)			MidEast/N. Africa	Oral HealEthioChil	19,200				

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3 Enter total number of other organizations or entities **13**

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	Fam. finan. manag.	20,000				
(2)			MidEast/N. Africa	Training Sty Tell	4,000				
(3)			MidEast/N. Africa	Training Arab Edu	17,500				
(4)			MidEast/N. Africa	Sustain IndGalilee	27,500				
(5)			MidEast/N. Africa	Greywater recyclin	30,000				
(6)			MidEast/N. Africa	Blind Prev Program	14,891				
(7)			MidEast/N. Africa	Therapeutic equip	25,000				
(8)			MidEast/N. Africa	English Lang Libra	11,455				
(9)			MidEast/N. Africa	Train post-hosp Ad	11,040				
(10)			MidEast/N. Africa	Ctr. for spec. need	19,000				
(11)			MidEast/N. Africa	Social certificate	40,000				
(12)			MidEast/N. Africa	Bus. dev. peripher	600,000				
(13)			MidEast/N. Africa	Image Analheb manu	116,045				
(14)			MidEast/N. Africa	Arab Bedoujim part	40,000				
(15)			MidEast/N. Africa	Comp train childre	26,000				
(16)			MidEast/N. Africa	Imp teach mid sch	168,297				

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 0

3 Enter total number of other organizations or entities 16

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

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(1)			MidEast/N. Africa	Young Rang Prog	15,000				
(2)			MidEast/N. Africa	Serv for ArabDisab	100,245				
(3)			MidEast/N. Africa	Edu. research	443,094				
(4)			MidEast/N. Africa	Impr.NP Manage.	30,000				
(5)			MidEast/N. Africa	Ctr for Rationalit	88,408				
(6)			MidEast/N. Africa	Soc Entrepren			15,363	Services	
(7)			MidEast/N. Africa	NPO finan manage	282,896			Services	
(8)			MidEast/N. Africa	Mapping Hire Pract	11,250				
(9)			MidEast/N. Africa	Train volunteers	13,000				
(10)			MidEast/N. Africa	Peri mobilehearuni	17,322				
(11)			MidEast/N. Africa	Childlangenrichpro	39,295				
(12)			MidEast/N. Africa	Edu. conference	23,000				
(13)			MidEast/N. Africa	Sr. Resid. in Sout	30,000				
(14)			MidEast/N. Africa	Arabic database	20,000				
(15)			MidEast/N. Africa	Abuse prev. prog.	12,500				
(16)			MidEast/N. Africa	Equip.anim hosp.	13,611				

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3 Enter total number of other organizations or entities 11

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	Biol. conference	10,000				
(2)			MidEast/N. Africa	Independ Liv pro	5,000				
(3)			MidEast/N. Africa	Water price Comp	12,500				
(4)			MidEast/N. Africa	Arab women employ	27,803				
(5)			MidEast/N. Africa	Promtg.Bed. health	100,000				
(6)			MidEast/N. Africa	Emg. svcs. nedy. po	31,160				
(7)			MidEast/N. Africa	Ant. Edu.Thry&Prac	22,500				
(8)			MidEast/N. Africa	Vol. commu. svc.	30,000				
(9)			MidEast/N. Africa	Jewish Ethics	15,000				
(10)			MidEast/N. Africa	Pmtg. dig.behavior	12,500				
(11)			MidEast/N. Africa	Stdy needs fr.arab	1		22,255	Services	
(12)			MidEast/N. Africa	Soc. Inv. tsk forc	1		44,014	Services	
(13)			MidEast/N. Africa	Supp. yng. fam.	19,781				
(14)			MidEast/N. Africa	General support	30,000				
(15)			MidEast/N. Africa	Renov. Pres. Res.	330,000				
(16)			MidEast/N. Africa	Supp. immig. fmls.	10,000				

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 4

3 Enter total number of other organizations or entities 12

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	A.in Isrls HC ins	20,000				
(2)			MidEast/N. Africa	Sex.edu. for blind	15,000				
(3)			MidEast/N. Africa	tg.vics.ofsex abs	13,000				
(4)			MidEast/N. Africa	Psych. treatment	18,858				
(5)			MidEast/N. Africa	Emply of Arab womn	0		12,171	Services	
(6)			MidEast/N. Africa	Emply of Arab womn	3,971				
(7)			MidEast/N. Africa	Air quality cnsltn	29,756				
(8)			MidEast/N. Africa	Rat'l Land Use	22,963		73,662	Services	
(9)			MidEast/N. Africa	Volunteer Activity	45,000				
(10)			MidEast/N. Africa	Eval.middle-sch lit	77,966				
(11)			MidEast/N. Africa	Community Center	15,000				
(12)			MidEast/N. Africa	Doc.tchg practices	155,000				
(13)			MidEast/N. Africa	Com.ofprac.inmidsc	200,000				
(14)			MidEast/N. Africa	Rehabilitation Ctr	28,040				
(15)			MidEast/N. Africa	Forum adv.civil ct	35,000				
(16)			MidEast/N. Africa	integrating minrnts	46,542				

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 4

3 Enter total number of other organizations or entities 12

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	Upgrdg acdm libry	62,769				
(2)			MidEast/N. Africa	Elder services	20,000				
(3)			MidEast/N. Africa	Pmtg divsty in empl	15,000				
(4)			MidEast/N. Africa	NPOs measrt. skills	25,000				
(5)			MidEast/N. Africa	Wkshp on Bioversty	5,750				
(6)			MidEast/N. Africa	Career dev. cntr.	86,403				
(7)			MidEast/N. Africa	Pmtg soc. Incbrs	20,000				
(8)			MidEast/N. Africa	Drpout pre.mid sch	32,000				
(9)			MidEast/N. Africa	Weekly Webzine	15,000				
(10)			MidEast/N. Africa	Edu. courses	20,000				
(11)			MidEast/N. Africa	Suprt Yth in perip	50,000				
(12)			MidEast/N. Africa	Gender equality	18,000				
(13)			MidEast/N. Africa	Girls at risk	23,361				
(14)			MidEast/N. Africa	EmPLY.prg. for dis	35,000				
(15)			MidEast/N. Africa	Pmyequip fr child	40,000				
(16)			MidEast/N. Africa	Trng.&sup.fost.fml	30,000				

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 2

3 Enter total number of other organizations or entities 14

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	Emerg.call but srs	26,000				
(2)			MidEast/N. Africa	Outdr. exerc.equip	40,000				
(3)			MidEast/N. Africa	Youth in distress	15,700				
(4)			MidEast/N. Africa	Viol.prev. Arab wm	34,600				
(5)			MidEast/N. Africa	Negv&Galli.inf.web	31,806				
(6)			MidEast/N. Africa	ArabicSci.Svcs gde	19,417				
(7)			MidEast/N. Africa	Ent. underpv wom.	7,500				
(8)			MidEast/N. Africa	Operating support	29,000				
(9)			MidEast/N. Africa	Pension Advice	10,695				
(10)			MidEast/N. Africa	HealthforNeedySnrs	27,000				
(11)			MidEast/N. Africa	CommSkillsforAraNP	34,810				
(12)			MidEast/N. Africa	PromoteInclEthi-Is	19,638				
(13)			MidEast/N. Africa	UnderprWomnBusTra	14,274				
(14)			MidEast/N. Africa	VIncePrevtnArSctr	26,440				
(15)			MidEast/N. Africa	EmployProgDisaAdit	22,044				
(16)			MidEast/N. Africa	Website	5,000				

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 2

3 Enter total number of other organizations or entities 14

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	AbandonedNrbnCare	31,459				
(2)			MidEast/N. Africa	EnvironmtPerforman	95,000				
(3)			MidEast/N. Africa	Volntr TutrngbySnr	150,000				
(4)			MidEast/N. Africa	WkshpSpNeedsChidn	20,000				
(5)			MidEast/N. Africa	ExhibitionFacility	57,801				
(6)			MidEast/N. Africa	Website Upgrade	37,100				
(7)			MidEast/N. Africa	Open Landscapes	20,000				
(8)			MidEast/N. Africa	ReducingCarbnEmns	39,000				
(9)			MidEast/N. Africa	EcologyInt'nlWkshop	45,500				
(10)			MidEast/N. Africa	Turtle Rescue	41,185				
(11)			MidEast/N. Africa	CultlActvtyInJerus	135,000				
(12)			MidEast/N. Africa	EnvrmtLeadrsHPPro	39,025				
(13)			MidEast/N. Africa	Soil Enhancement	15,395				
(14)			MidEast/N. Africa	EnvrmtlProgramme	50,000				
(15)			MidEast/N. Africa	EduCntrAraWebsite	10,000				
(16)			MidEast/N. Africa	EduSpptforBedouim	100,000				

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

3 Enter total number of other organizations or entities 13

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	WkshopandGrpProg	40,000				
(2)			MidEast/N. Africa	Jew&MuslimCir-TaFor	20,260				
(3)			MidEast/N. Africa	ResOnLabrMarktStrc	40,000				
(4)			MidEast/N. Africa	Operations	275,000				
(5)			MidEast/N. Africa	ExhbnHobcOrphan	19,100				
(6)			MidEast/N. Africa	Incubating Itad	49,677				
(7)			MidEast/N. Africa	RspteCntrforChldrn	40,000				
(8)			MidEast/N. Africa	Env.IndicatorsConf	10,000				
(9)			MidEast/N. Africa	HerodiumExcavRpt	20,000				
(10)			MidEast/N. Africa	EurArachnlygCongr	8,000				
(11)			MidEast/N. Africa	TrainAdltsw/Disabi	17,500				
(12)			MidEast/N. Africa	High Schl OperSupp	20,000				
(13)			MidEast/N. Africa	Arab-JewYthSprAct	35,660				
(14)			MidEast/N. Africa	TrainingVIntrCouns	23,930				
(15)			MidEast/N. Africa	RebldngVllgeAlFire	200,000				
(16)			MidEast/N. Africa	Intrn'l Festival	30,000				

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

3 Enter total number of other organizations or entities 13

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	MngHseBdgtinPeriph	40,250				
(2)			MidEast/N. Africa	Wmn'sNetwkStats	10,000				
(3)			MidEast/N. Africa	CitriEventInJerusa	27,679				
(4)			MidEast/N. Africa	TrningEth-IsrProf	19,757				
(5)			MidEast/N. Africa	ArabWomenEmpl	130,078				
(6)			MidEast/N. Africa	SupptAtidcaProg.	20,000				
(7)			MidEast/N. Africa	Compu.OfClnclRcds	13,945				
(8)			MidEast/N. Africa	StdntVilgInJeru	30,817				
(9)			MidEast/N. Africa	OnlineResprtyonDem	55,000				
(10)			MidEast/N. Africa	Human Rights Res.	230,000				
(11)			MidEast/N. Africa	CurrcrActvtsAraCo	60,000				
(12)			MidEast/N. Africa	CmptrlabNeedyChil	8,000				
(13)			MidEast/N. Africa	Consulting Serv.	51,665				
(14)			MidEast/N. Africa	Dis access bus sec	4,997				
(15)			MidEast/N. Africa	Dental Eq Ned Strfs	30,000				
(16)			MidEast/N. Africa	Teaching Math Con	11,500				

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

3 Enter total number of other organizations or entities 13

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	Training Educ	9,897				
(2)			MidEast/N. Africa	Fire Prev Edu.	13,000				
(3)			MidEast/N. Africa	Teach w/ vdeo tool	91,750				
(4)			MidEast/N. Africa	Shelter for wmn	30,000				
(5)			MidEast/N. Africa	Grad stdnt Wrkshop	4,000				
(6)			MidEast/N. Africa	Life Prep Y.A.	23,786				
(7)			MidEast/N. Africa	Ref Act expansion	12,500				
(8)			MidEast/N. Africa	Men Hlth adlts wf	17,500				
(9)			MidEast/N. Africa	Renovations	34,992				
(10)			MidEast/N. Africa	Cib for at rsk yth	12,500				
(11)			MidEast/N. Africa	Edu. theatre cen	8,000				
(12)			MidEast/N. Africa	Operational Sup	30,000				
(13)			MidEast/N. Africa	IT sys to sve EI	4,962				
(14)			MidEast/N. Africa	Youth Ldrshp	10,000				
(15)			MidEast/N. Africa	AMD Pts for Oper	10,217				
(16)			MidEast/N. Africa	Trn Guide Mius Pat	7,500				

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 0

3 Enter total number of other organizations or entities 16

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MidEast/N. Africa	Comm Services	19,929				
(2)			MidEast/N. Africa	Center for Y.R	15,000				
(3)			Europe	Activities in Naza	10,000				
(4)			MidEast/N. Africa	Equip and Repairs	12,944				
(5)			Europe	Support Israeli OI	25,000				
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 5

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

All grant applicants are required to provide the following information:

(a) confirmation of non-profit status, (b) budgets for the project for which grant funds are being applied for, (c) audited financial statements

(d) valid tax certifications (e) references to confirm the good standing of each applicant.

Grant applicants are assessed based on confirmation of non profit status, references and review of budget assumptions.

All grants are approved by the Trustee and the grantee is required to sign a grant letter confirming the terms for the grant.

Grant payments are subject to detailed progress reports and receipts must be submitted by the grantee for expenditure on equipment or external services. On completion of each project the grantee is required to submit a final report and evaluation of the project.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

JADER TRUST NO. 4

51/0099477

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(1) 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) The Friends of the Israel Antiquities Authority	13-3621884	501(c)(3)	349,738				Conservation Lab
(2) Ashoka- Innovators for the Public	51-0255908	501(c)(3)	33,500				Social Entrepreneurs
(3) Milken Institute	95-4240775	501(c)(3)	39,350				Biodiversity
(4) Ohio State University	31-6025986		12,000				Jewish study fellow.
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4**

3 Enter total number of other organizations listed in the line 1 table **4**

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

Cat. No. 50055P

Schedule I (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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
JADER TRUST NO 4

Employer identification number
51/0099477

Part VI Line 11b: The organization provides its Form 990 to the Corporate Trustee for comment and review prior to filing.

Part VI Section A Line 9: The trustee may be contacted at:

Yad Hanadiv (A Rothschild Foundation), 8 Par-la-Ville Road, 2nd Floor, Hamilton, HM08, Bermuda

Part VI Section C Line 19: The organization makes its governing documents and financial statements available on request.

Part VII Section A Line 1a: **On 15 August 2011 Yad Hanadiv (A Rothschild Foundation) assumed trustee responsibilities of Jader Trust No. 4 from Doder Trust Limited upon the amalgamation (merger) of the two companies.**

Part XI Line 5: Other changes in net assets: **(\$62,494,811)** comprises:

Unrealized losses on revaluation of investments: (\$61,685,691)

Loss on foreign exchange: (\$809,120)

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
JADER TRUST NO. 4

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number
510099477

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

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	The Bat Hanadiv Foundation No.3 EIN: 13-3091620 c/o Carter Ledyard & Milburn, 2 Wall Street, New York, NY 10005	Private Foundation	Bermuda	501 (C) 3	PF			✓
(2)	Fondation Berma EIN:13-3068203 c/o Carter Ledyard & Milburn, 2 Wall Street, New York, NY 10005	Social Welfare	Switzerland	501(C) 4				✓
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No 50135Y

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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" to 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
(1) Beder Trust Limited, Lion House, Red Lion Street, London WC1R 4GB, UK	Protector	England	N/A	Company	N/A	N/A	N/A
(2) Berma Trust SA 1 Rue Albert Gos 1206 Geneva Switzerland	Service company	Switzerland	Yad Hanadiv	Company	N/A	N/A	N/A
(3) Les Bastions Investment Advisers SA 1 Rue Albert Gos 1206 Geneva Switzerland	Investment advice	Switzerland	FondationBerry	C Corp	N/A	N/A	N/A
(4) Les Bastions Trust Corporation SA 1 Rue Albert Gos 1206 Geneva Switzerland	Investment administration	Switzerland	FondationBerry	C Corp	N/A	N/A	N/A
(5)							
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

1		Yes	No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		✓
b	Gift, grant, or capital contribution to related organization(s)		✓
c	Gift, grant, or capital contribution from related organization(s)		✓
d	Loans or loan guarantees to or for related organization(s)		✓
e	Loans or loan guarantees by related organization(s)		✓
f	Sale of assets to related organization(s)		✓
g	Purchase of assets from related organization(s)		✓
h	Exchange of assets with related organization(s)		✓
i	Lease of facilities, equipment, or other assets to related organization(s)		✓
j	Lease of facilities, equipment, or other assets from related organization(s)		✓
k	Performance of services or membership or fundraising solicitations for related organization(s)		✓
l	Performance of services or membership or fundraising solicitations by related organization(s)	✓	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
n	Sharing of paid employees with related organization(s)		✓
o	Reimbursement paid to related organization(s) for expenses		✓
p	Reimbursement paid by related organization(s) for expenses		✓
q	Other transfer of cash or property to related organization(s)		✓
r	Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Les Bastions Trust Corporation SA	11 Services	2,226,031	Market Rate
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

