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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public Inspection

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 01-01-2011 and ending 12-31-2011

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

C Name of organization
Joint Israel
Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite
711 THIRD AVENUE
City or town, state or country, and ZIP + 4
NEW YORK, NY 10017

D Employer identification number
13-4203820
E Telephone number
(212) 687-6200
G Gross receipts \$ 68,654,000

F Name and address of principal officer
ARNON MANTVER
711 THIRD AVENUE
NEW YORK, NY 10017

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group exemption number

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

J Website: N/A

K Form of organization
Corporation
Trust
Association
Other
L Year of formation 1976
M State of legal domicile IS

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue breakdown, and asset/liability totals.

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.

Sign Here
Signature of officer: \*\*\*\*\*
Date: 2012-12-12
Name and title: Haim Factor Associate Director general

Paid Preparer's Use Only
Preparer's signature, Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name and address, EIN, Phone no.

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

The activities of Joint Israel focus particularly on helping Israel overcome the challenges facing five groups A) The elderly, whose proportion within Israel's population has increased rapidly, in large part as a result of immigration from the former Soviet Union B) Children, youths-at-risk, and their families, for whom only limited services were available until fairly recently, despite the increased incidence of the numbers of needing help that has accompanied changes and challenges Israeli society is experiencing C) Hard-to-absorb immigrant groups, notably the Ethiopian- and Caucasus-Israelis, whose unique cultural backgrounds pose long-term barriers to their effective integration D) The long-term jobless Israelis facing barriers to employment that keep them out of the workforce and dependent on entitlements E) People with special needs

**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 \$ 21,415,000 including grants of \$ 21,415,000 ) (Revenue \$ )

Children and Youth GRANTS PROVIDED TOWARDS protecting Israel's 330,000 children and youth-at-risk by working with them and their families to prevent abuse and neglect where possible, and to care for the victims Joint Israel works toward increasing the ability of children and youth at risk and their families to improve their quality of life and to advance their integration in society

**4b** (Code ) (Expenses \$ 10,884,000 including grants of \$ 10,884,000 ) (Revenue \$ )

Employment Initiative GRANTS PROVIDED TO EXPAND EMPLOYMENT OPPORTUNITIES FOR SPECIAL POPULATIONS, WHO ARE DEFINED AS THOSE THAT HAVE GREATER DIFFICULTY THAN OTHERS IN FINDING EMPLOYMENT APPROPRIATE TO THEIR SKILLS, AS WELL AS POPULATIONS THAT START OUT FROM A RELATIVELY LOW SKILL LEVEL UNEMPLOYMENT EXACTS A HEAVY TOLL IN SOCIAL AND PERSONAL TERMS IN ADDITION TO ECONOMIC HARDSHIP, THERE IS A FEELING OF LOSS OF CONTROL, A DECLINE IN SELF-IMAGE, LOSS OF STATUS, AND A SENSE OF FRUSTRATION JOINT ISRAEL'S GOALS IN ITS ENTREPRENEURSHIP EFFORTS ARE TO DEVELOP CULTURALLY SENSITIVE SERVICES FOR MEMBERS OF SPECIAL POPULATIONS THAT HAVE THE POTENTIAL TO JOIN THE WORKFORCE OR ENTREPRENEURSHIP WORLD SOME OF THE PROGRAMS OPERATE THROUGH TEVET, FIGHTING POVERTY THROUGH EMPLOYMENT LTD , A COMPANY FOR PUBLIC BENEFIT INCORPORATED FOR THIS PURPOSE, IN PARTNERSHIP WITH VARIOUS GOVERNMENT MINISTRIES

**4c** (Code ) (Expenses \$ 8,885,000 including grants of \$ 8,885,000 ) (Revenue \$ )

Vulnerable Immigrant Population Helping immigrant groups such as the growing Ethiopian-Israeli population to overcome long-term integration challenges Program priorities address 1) Education Boosting Ethiopian-Israelis' achievement in early-childhood and formal schooling, particularly through the 11-city PACT (Parents and Children Together) partnerships with select American Federations and communities 2) Family- and community-based integration Responding to the multiple challenges that adults and children face individually, as families, and as immigrant communities 3) Employment Culturally-tailored language and training programs enhance immigrants' ability to understand and succeed in the Israeli workplace

(Code ) (Expenses \$ 7,248,000 including grants of \$ 6,965,256 ) (Revenue \$ )

Research expenses

(Code ) (Expenses \$ 6,682,000 including grants of \$ 6,682,000 ) (Revenue \$ )

programs for the elderly

(Code ) (Expenses \$ 4,665,000 including grants of \$ 4,665,000 ) (Revenue \$ )

Volunteers, philanthropists and manpower developme

(Code ) (Expenses \$ 1,966,000 including grants of \$ 1,966,000 ) (Revenue \$ )

Programs for the disabled

(Code ) (Expenses \$ 1,643,000 including grants of \$ 1,643,000 ) (Revenue \$ )

New development and special programs

(Code ) (Expenses \$ 1,269,000 including grants of \$ 1,269,000 ) (Revenue \$ )

Israel Emergency programs

(Code ) (Expenses \$ 754,000 including grants of \$ 754,000 ) (Revenue \$ )

multifunctional

(Code ) (Expenses \$ 214,000 including grants of \$ 214,000 ) (Revenue \$ )

planning and evaluation

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 24,441,000 including grants of \$ 24,158,256 ) (Revenue \$ )

**4e** Total program service expenses \$ 65,625,000

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>  | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  |     | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>  |     | No |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i>   |     | No |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>  |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>11</b> 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   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>  |     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>  |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | Yes |    |
| <b>b</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? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/> | Yes |    |
| <b>15</b> 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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>16</b> 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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i>  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>   |     | No |
| <b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.  |     |    |
| <b>20b</b>   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | <b>21</b>  |     | No |
| <b>22</b>  | 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> . . . . .   | <b>22</b>  |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .                | <b>23</b>  | Yes |    |
| <b>24a</b> | 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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>25a</b> |     | No |
| <b>b</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> . . . . .       | <b>25b</b> |     | No |
| <b>26</b>  | 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> . . . . .                                    | <b>26</b>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | <b>27</b>  |     | No |
| <b>28</b>  | 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)  |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | 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> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | 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> . . . . .  | <b>33</b>  |     | No |
| <b>34</b>  | 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> . . . . .   | <b>34</b>  |     | No |
| <b>35a</b> | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?   | <b>35a</b> |     | No |
| <b>b</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> . . . . .   | <b>35b</b> |     | No |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     |    |
| <b>37</b>  | 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>   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a, 1b, etc.), and Yes/No columns. Includes questions 1a-14a regarding Form 1096, W-2G, Form W-3, federal employment tax returns, unrelated business gross income, foreign country interests, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .   |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .  |     |    |
| <b>2</b>  | 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? . . . . .   |     | No |
| <b>3</b>  | 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? . . . . . |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | No |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  |     | No |
| <b>7a</b> | 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? . . . . .  |     | No |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .  |     |    |
| <b>8a</b> | The governing body? . . . . .   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9</b>  | 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 . . . . .        |     | No |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | No |
| <b>10b</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? . . . . .   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | Yes |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | Yes |    |
| <b>12b</b> | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .   | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | Yes |    |
| <b>15</b>  | 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? . . . . .   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .   | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization . . . . .  | Yes |    |
|            | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | No |
| <b>16b</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? . . . . . |     |    |

**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 Form 1023 (or 1024 if applicable), 990, and 990-T (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. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
 EUGENE PHILIPS  
 711 THIRD AVENUE  
 NEW YORK, NY 10017  
 (212) 687-6200

**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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

| (A)<br>Name and Title                         | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) Arnon Mantver<br>Executive Vice President | 40 0   | X   |                       | X       |              |                              |        | 271,533  | 0   | 0   |
| (2) Haim Factor<br>Associate Director         | 40 0   | X   |                       | X       |              |                              |        | 185,353  | 0   | 0   |
| (3) Dr Irving Smokler<br>Board member         | 1 0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) Ellen Heller<br>Board member              | 1 0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) Jane Weitzman<br>Board member             | 1 0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) Alan Jaffe<br>Board member                | 1 0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) Steven Schwager<br>Board member           | 1 0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) Eugene Philips<br>Board member            | 1 0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) Ralph Goldman<br>Board member             | 1 0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) Amir Shaviv<br>Board member              | 1 0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) Alan Gil<br>Executive Director           | 40 0   |   |                       |         |              | X                            |        | 361,571  | 0   | 0   |
| (12) Jack Habib<br>Program Director           | 40 0   |   |                       |         |              | X                            |        | 255,845  | 0   | 0   |
| (13) Judy Amit<br>Program Director            | 40 0   |   |                       |         |              | X                            |        | 236,044  | 0   | 0   |
| (14) Josef Tamir<br>Program Director          | 40 0   |   |                       |         |              | X                            |        | 171,855  | 0   | 0   |
| (15) Michal Hemmo-Lotem<br>Program Director   | 40 0   |   |                       |         |              | X                            |        | 147,150  | 0   | 0   |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

|  |   |  | (A)  | (B)                                | (C)                        | (D)   |  |
|--|---|--|--|------------------------------------|----------------------------|---|--|
|  |   |  | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |  |
| <b>Contributions, gifts, grants and other similar amounts</b>            | <b>1a</b>   | Federated campaigns . . . . . <b>1a</b>  |  |                                    |                            |   |  |
|  | <b>b</b>  | Membership dues . . . . . <b>1b</b>  |  |                                    |                            |   |  |
|  | <b>c</b>  | Fundraising events . . . . . <b>1c</b>   |  |                                    |                            |   |  |
|  | <b>d</b>  | Related organizations . . . . . <b>1d</b>  | 42,496,000   |                                    |                            |   |  |
|  | <b>e</b>  | Government grants (contributions) . . . . . <b>1e</b>  | 20,491,000   |                                    |                            |   |  |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>   | 5,641,000  |                                    |                            |   |  |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f \$ _____   |  |                                    |                            |   |  |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>   | 68,628,000   |                                    |                            |   |  |
| <b>Program Service Revenue</b>   | <b>2a</b>   | _____ Business Code _____  |  |                                    |                            |   |  |
|  | <b>b</b>  | _____  |  |                                    |                            |   |  |
|  | <b>c</b>  | _____  |  |                                    |                            |   |  |
|  | <b>d</b>  | _____  |  |                                    |                            |   |  |
|  | <b>e</b>  | _____  |  |                                    |                            |   |  |
|  | <b>f</b>  | All other program service revenue  |  |                                    |                            |   |  |
|  | <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>   | 0  |                                    |                            |   |  |
| <b>Other Revenue</b>   | <b>3</b>  | Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>   | 26,000   |                                    |                            | 26,000  |  |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>  | 0  |                                    |                            |   |  |
|  | <b>5</b>  | Royalties . . . . . <b>▶</b>   | 0  |                                    |                            |   |  |
|  | <b>6a</b>   | Gross rents  | (i) Real   |                                    |                            |   |  |
|  |   |  | (ii) Personal  |                                    |                            |   |  |
|  |   |  | <b>b</b> Less rental expenses                        |                                    |                            |   |  |
|  |   |  | <b>c</b> Rental income or (loss)                     |                                    |                            |   |  |
|  | <b>d</b>  | Net rental income or (loss) . . . . . <b>▶</b>   |  |                                    |                            |   |  |
|  | <b>7a</b>   | Gross amount from sales of assets other than inventory   | (i) Securities                                       |                                    |                            |   |  |
|  |   |  | (ii) Other   |                                    |                            |   |  |
|  |   |  | <b>b</b> Less cost or other basis and sales expenses |                                    |                            |   |  |
|  |   |  | <b>c</b> Gain or (loss)                              |                                    |                            |   |  |
|  | <b>d</b>  | Net gain or (loss) . . . . . <b>▶</b>  | 0  |                                    |                            |   |  |
|  | <b>8a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |  |                                    |                            |   |  |
|  |   |  | <b>b</b> Less direct expenses . . . . . <b>b</b>     |                                    |                            |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b> |   |  | 0  |                                    |                            |   |  |
| <b>9a</b>  | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> |  |  |                                    |                            |   |  |
|  |   | <b>b</b> Less direct expenses . . . . . <b>b</b>   |  |                                    |                            |   |  |
|  |   | <b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>  | 0  |                                    |                            |   |  |
| <b>10a</b>   | Gross sales of inventory, less returns and allowances . . . . . <b>a</b>    |  |  |                                    |                            |   |  |
|  |   | <b>b</b> Less cost of goods sold . . . . . <b>b</b>  |  |                                    |                            |   |  |
|  |   | <b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>   | 0  |                                    |                            |   |  |
| Miscellaneous Revenue  |   | Business Code  |  |                                    |                            |   |  |
| <b>11a</b>   | _____   |  |  |                                    |                            |   |  |
| <b>b</b>   | _____   |  |  |                                    |                            |   |  |
| <b>c</b>   | _____   |  |  |                                    |                            |   |  |
| <b>d</b>   | All other revenue . . . . .   |  |  |                                    |                            |   |  |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>                          | 0  |  |                                    |                            |   |  |
| <b>12</b>  | <b>Total revenue.</b> See Instructions . . . . . <b>▶</b>                   | 68,654,000   |  |                                    | 26,000                     |   |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   | 0                            |  |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the United States See Part IV, line 22   | 0                            |  |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  | 65,342,256                   | 65,342,256                             |   |                                    |
| <b>4</b>  | Benefits paid to or for members  | 0                            |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees   | 239,373                      |  | 239,373                                       |                                    |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0                            |  |   |                                    |
| <b>7</b>  | Other salaries and wages   | 2,784,371                    | 282,744                                | 2,501,627                                     |                                    |
| <b>8</b>  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 0                            |  |   |                                    |
| <b>9</b>  | Other employee benefits  | 0                            |  |   |                                    |
| <b>10</b>   | Payroll taxes  | 0                            |  |   |                                    |
| <b>11</b>   | Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b>  | Management   | 0                            |  |   |                                    |
| <b>b</b>  | Legal  | 222,000                      |  | 222,000                                       |                                    |
| <b>c</b>  | Accounting   | 0                            |  |   |                                    |
| <b>d</b>  | Lobbying   | 0                            |  |   |                                    |
| <b>e</b>  | Professional fundraising See Part IV, line 17  | 0                            |  |   |                                    |
| <b>f</b>  | Investment management fees   | 0                            |  |   |                                    |
| <b>g</b>  | Other  | 64,000                       |  | 64,000  |                                    |
| <b>12</b>   | Advertising and promotion  | 8,000                        |  | 8,000   |                                    |
| <b>13</b>   | Office expenses  | 337,000                      |  | 337,000                                       |                                    |
| <b>14</b>   | Information technology   | 19,000                       |  | 19,000  |                                    |
| <b>15</b>   | Royalties  | 0                            |  |   |                                    |
| <b>16</b>   | Occupancy  | 0                            |  |   |                                    |
| <b>17</b>   | Travel   | 114,000                      |  | 114,000                                       |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                            |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings   | 15,000                       |  | 15,000  |                                    |
| <b>20</b>   | Interest   | 39,000                       |  | 39,000  |                                    |
| <b>21</b>   | Payments to affiliates   | 0                            |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization  | 360,000                      |  | 360,000                                       |                                    |
| <b>23</b>   | Insurance  | 0                            |  |   |                                    |
| <b>24</b>   | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                              |  |   |                                    |
| <b>a</b>  | MAINTENANCE EXPENSE  | 709,000                      |  | 709,000                                       |                                    |
| <b>b</b>  | CULTURAL ACTIVITIES  | 52,000                       |  | 52,000  |                                    |
| <b>c</b>  | TAXES AND RATES  | 40,000                       |  | 40,000  |                                    |
| <b>d</b>  | CAFETERIA  | 72,000                       |  | 72,000  |                                    |
| <b>e</b>  |  |                              |  |   |                                    |
| <b>f</b>  | All other expenses   | 440,000                      |  | 440,000                                       |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24f  | 70,857,000                   | 65,625,000                             | 5,232,000                                     | 0                                  |
| <b>26</b>   | <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                              |  |   |                                    |

**Part X Balance Sheet**

|  |  | (A)               |            | (B)         |
|--|--|-------------------|------------|-------------|
|  |  | Beginning of year |            | End of year |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   | 29,000            | <b>1</b>   | 39,000      |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 16,502,000        | <b>2</b>   | 15,839,000  |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 0                 | <b>3</b>   | 0           |
|  | <b>4</b> Accounts receivable, net . . . . .  | 38,086,000        | <b>4</b>   | 38,750,000  |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                    | 0                 | <b>5</b>   | 0           |
|  | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .       | 0                 | <b>6</b>   | 0           |
|  | <b>7</b> Notes and loans receivable, net . . . . .   | 0                 | <b>7</b>   | 0           |
|  | <b>8</b> Inventories for sale or use . . . . .   | 0                 | <b>8</b>   | 0           |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 0                 | <b>9</b>   | 0           |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 17,719,000        |            |             |
|  | <b>b</b> Less accumulated depreciation . . . . .   | 4,268,000         |            |             |
|  | <b>11</b> Investments—publicly traded securities . . . . .   | 13,732,000        | <b>10c</b> | 13,451,000  |
|  | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .  | 0                 | <b>11</b>  | 0           |
|  | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .   | 0                 | <b>12</b>  | 0           |
|  | <b>14</b> Intangible assets . . . . .  | 0                 | <b>13</b>  | 0           |
|  | <b>15</b> Other assets See Part IV, line 11 . . . . .  | 0                 | <b>14</b>  | 0           |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 550,000  | <b>15</b>         | 0          |             |
|  | 68,899,000   | <b>16</b>         | 68,079,000 |             |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 32,967,000        | <b>17</b>  | 28,250,000  |
|  | <b>18</b> Grants payable . . . . .   | 0                 | <b>18</b>  | 0           |
|  | <b>19</b> Deferred revenue . . . . .   | 0                 | <b>19</b>  | 0           |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                 | <b>20</b>  | 0           |
|  | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .   | 0                 | <b>21</b>  | 0           |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .  | 0                 | <b>22</b>  | 0           |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 881,000           | <b>23</b>  | 723,000     |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                 | <b>24</b>  | 0           |
|  | <b>25</b> 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 . . . . . | 9,766,000         | <b>25</b>  | 11,455,000  |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 43,614,000        | <b>26</b>  | 40,428,000  |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |            |             |
|  | <b>27</b> Unrestricted net assets . . . . .  | -25,167,000       | <b>27</b>  | -56,000     |
|  | <b>28</b> Temporarily restricted net assets . . . . .  | 44,828,000        | <b>28</b>  | 22,555,000  |
|  | <b>29</b> Permanently restricted net assets . . . . .  | 5,624,000         | <b>29</b>  | 5,152,000   |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |            |             |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>  |             |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>  |             |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>  |             |
| <b>33</b> Total net assets or fund balances . . . . .                                | 25,285,000   | <b>33</b>         | 27,651,000 |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 68,899,000   | <b>34</b>         | 68,079,000 |             |

**Part XI Reconciliation of Net Assets**

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

|          |   |          |            |
|----------|---|----------|------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 68,654,000 |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 70,857,000 |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | -2,203,000 |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 25,285,000 |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> | 4,569,000  |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 27,651,000 |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| <b>c</b>  | If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | 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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | 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?   |     | No |
| <b>b</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 A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Joint Israel

Employer identification number

13-4203820

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
|                                       |             |   | Yes   | No | Yes  | No | Yes   | No |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
| <b>Total</b>                          |             |   |   |    |  |    |   |    |                             |

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2007   | (b) 2008   | (c) 2009   | (d) 2010   | (e) 2011   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 89,177,000 | 66,008,000 | 62,403,000 | 56,618,000 | 68,628,000 | 342,834,000 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3  | 89,177,000 | 66,008,000 | 62,403,000 | 56,618,000 | 68,628,000 | 342,834,000 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |            |            |            |            |            |             |
| <b>6 Public Support.</b> Subtract line 5 from line 4   |            |            |            |            |            | 342,834,000 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2007   | (b) 2008   | (c) 2009   | (d) 2010   | (e) 2011   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4  | 89,177,000 | 66,008,000 | 62,403,000 | 56,618,000 | 68,628,000 | 342,834,000 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,670,000  | 750,000    | 249,000    | 44,000     | 26,000     | 2,739,000   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |            |            |            |            |            |             |
| <b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets                                |            | 109,000    | 20,000     | 137,000    | 0          | 266,000     |
| <b>11 Total support</b> (Add lines 7 through 10)  |            |            |            |            |            | 345,839,000 |
| <b>12</b> Gross receipts from related activities, etc (See instructions)  |            |            |            |            | <b>12</b>  |             |

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | <b>14</b> | 99.131% |
| <b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14                      | <b>15</b> | 98.680% |

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6 )   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)   |          |          |          |          |          |           |
| <b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15                    | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17                      | <b>18</b> |  |

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

|                    |
|--------------------|
| <b>Explanation</b> |
|--------------------|

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-4203820  
**Name:** Joint Israel

## Form 990, Special Condition Description:

### Special Condition Description

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

|                          |           |                        |           |               |
|--------------------------|-----------|------------------------|-----------|---------------|
| (Code ) (Expenses \$     | 7,248,000 | including grants of \$ | 6,965,256 | (Revenue \$ ) |
| Research expenses        |           |                        |           |               |
| (Code ) (Expenses \$     | 6,682,000 | including grants of \$ | 6,682,000 | (Revenue \$ ) |
| programs for the elderly |           |                        |           |               |

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

| <b>4d. Other program services</b>                  |                |           |                        |                           |
|--|----------------|-----------|------------------------|---------------------------|
| (Code  | ) (Expenses \$ | 4,665,000 | including grants of \$ | 4,665,000 ) (Revenue \$ ) |
| Volunteers, philanthropists and manpower developme |                |           |                        |                           |
| (Code  | ) (Expenses \$ | 1,966,000 | including grants of \$ | 1,966,000 ) (Revenue \$ ) |
| Programs for the disabled                          |                |           |                        |                           |

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

| <b>4d. Other program services</b>    |                |           |                        |                           |
|--------------------------------------|----------------|-----------|------------------------|---------------------------|
| (Code                                | ) (Expenses \$ | 1,643,000 | including grants of \$ | 1,643,000 ) (Revenue \$ ) |
| New development and special programs |                |           |                        |                           |
| (Code                                | ) (Expenses \$ | 1,269,000 | including grants of \$ | 1,269,000 ) (Revenue \$ ) |
| Israel Emergency programs            |                |           |                        |                           |

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

| <b>4d. Other program services</b> |   |              |         |                        |                         |
|-----------------------------------|---|--------------|---------|------------------------|-------------------------|
| (Code                             | ) | (Expenses \$ | 754,000 | including grants of \$ | 754,000 ) (Revenue \$ ) |
| multifunctional                   |   |              |         |                        |                         |
| (Code                             | ) | (Expenses \$ | 214,000 | including grants of \$ | 214,000 ) (Revenue \$ ) |
| planning and evaluation           |   |              |         |                        |                         |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Joint Israel

Employer identification number 13-4203820

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

**3** Using the organization's 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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**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 |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .  |                                      | 17,462,000                      | 4,069,000                    | 13,393,000     |
| <b>c</b> Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .  |                                      | 256,000                         | 299,000                      | 57,000         |
| <b>e</b> Other . . . . .  |                                      | 1,000                           |                              | 1,000          |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 13,451,000     |



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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 68,654,000 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 70,857,000 |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | -2,203,000 |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  |            |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |            |
| <b>6</b>  | Investment expenses   | <b>6</b>  |            |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  | 4,778,000  |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  | -209,000   |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  | 4,569,000  |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | 2,366,000  |

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

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 68,628,000 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |            |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> |            |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 68,628,000 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                       |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> | 26,000     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 26,000     |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 68,654,000 |

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

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 68,786,000 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |            |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 68,786,000 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> | 2,071,000  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 2,071,000  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 70,857,000 |

**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, 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

| Identifier                   | Return Reference                         | Explanation  |
|------------------------------|--|--|
| Reconciliation of net assets | Form 990, schedule D, part XI, line 8    | other changes in net assets Amounts included under program service \$1,280,000 Former Soviet Union Support Cost \$80,000 Participation in projects \$685,000 Accounting Principle difference (\$2,254,000) ===== Total (\$209,000) |
| other changes in revenue     | Form 990, Schedule D, part XII, line 4d  | Reclass of other interest income \$26,000  |
| other changes in expense     | Form 990, Schedule d, part XIII, line 4b | Reclass of other interest income \$26,000 amounts included under program service \$1,280,000 former sovient union support cost \$80,000 Participation in projects \$685,000 ===== Total \$2,071,000                                |



**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 . . . . .    
 Use Part V if additional space is needed.

| 1<br>(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) |
|-------------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | Middle East/North Africa | SEE PART V           | 21,132,256               | WIRE                            |                                   |  |   |
|                               |  | Middle East/North Africa | SEE PART V           | 10,884,000               | WIRE                            |                                   |  |   |
|                               |  | Middle East/North Africa | SEE PART V           | 8,885,000                | WIRE                            |                                   |  |   |
|                               |  | Middle East/North Africa | SEE PART V           | 7,248,000                | WIRE                            |                                   |  |   |
|                               |  | Middle East/North Africa | see part v           | 6,682,000                | wire                            |                                   |  |   |
|                               |  | Middle East/North Africa | see part v           | 4,665,000                | wire                            |                                   |  |   |
|                               |  | Middle East/North Africa | see part v           | 1,966,000                | wire                            |                                   |  |   |
|                               |  | Middle East/North Africa | see part v           | 1,643,000                | wire                            |                                   |  |   |
|                               |  | Middle East/North Africa | see part v           | 1,269,000                | wire                            |                                   |  |   |
|                               |  | Middle East/North Africa | see part v           | 754,000                  | wire                            |                                   |  |   |
|                               |  | Middle East/North Africa | see part v           | 214,000                  | wire                            |                                   |  |   |
|                               |  |                          |                      |                          |                                 |                                   |  |   |
|                               |  |                          |                      |                          |                                 |                                   |  |   |
|                               |  |                          |                      |                          |                                 |                                   |  |   |
|                               |  |                          |                      |                          |                                 |                                   |  |   |
|                               |  |                          |                      |                          |                                 |                                   |  |   |

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 . . . . . 17

3 Enter total number of other organizations or entities . . . . . 205



**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 (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 and/or Form 3520-A. (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, 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



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Joint Israel

Employer identification number

13-4203820

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | No |
| <b>4b</b> |     | No |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  |     | No |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

| (A) Name          |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| (1) Arnon Mantver | (i)  | 271,533  | 0                                   | 0                                   | 0  | 0                       | 271,533                         | 0  |
|                   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| (2) Haim Factor   | (i)  | 185,353  | 0                                   | 0                                   | 0  | 0                       | 185,353                         | 0  |
|                   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| (3) Alan Gil      | (i)  | 361,571  | 0                                   | 0                                   | 0  | 0                       | 361,571                         | 0  |
|                   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| (4) Jack Habib    | (i)  | 255,845  | 0                                   | 0                                   | 0  | 0                       | 255,845                         | 0  |
|                   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| (5) Judy Amit     | (i)  | 236,044  | 0                                   | 0                                   | 0  | 0                       | 236,044                         | 0  |
|                   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| (6) Josef Tamir   | (i)  | 171,855  | 0                                   | 0                                   | 0  | 0                       | 171,855                         | 0  |
|                   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|                   |      |  |                                     |                                     |  |                         |                                 |  |
|                   |      |  |                                     |                                     |  |                         |                                 |  |
|                   |      |  |                                     |                                     |  |                         |                                 |  |
|                   |      |  |                                     |                                     |  |                         |                                 |  |
|                   |      |  |                                     |                                     |  |                         |                                 |  |
|                   |      |  |                                     |                                     |  |                         |                                 |  |
|                   |      |  |                                     |                                     |  |                         |                                 |  |
|                   |      |  |                                     |                                     |  |                         |                                 |  |
|                   |      |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
Joint Israel

**Employer identification number**

13-4203820

| Identifier   | Return Reference                   | Explanation  |
|--|------------------------------------|--|
| Other program Services                               | Form 990, Part III, Line 4d        | Immigrants comprise 20% of Israel's total population and while the nation has, for the most part, achieved remarkable success in absorbing this large influx of new citizens, some of the immigrants face long-term challenges that undermine their full integration into Israeli society. JDC's immigrant integration division works to empower vulnerable immigrant groups through the development of services that focus on community building, strengthening the family unit, language education, and focused initiatives for immigrant youth and young adults. The division focuses on vulnerable immigrant groups, particularly Ethiopian-, Bukharan-, and Kavkaz-Israelis and students from minority sectors, such as Druze. For example, 20 centers for young adults serve approximately 30,000 immigrants and veteran Israeli young adults annually providing services related to education, employment, social responsibility, housing and assistance in other areas. JDC-Israel, with funding from the Israel emergency campaign (IEC), leveraged its existing partnerships and programs to ensure that urgent and immediate assistance reached the citizens of northern Israel as well as those in the Gaza border region who were subjected to rocket attacks. JDC's IEC-funded new Galilee initiatives are implementing long-term strategies to strengthen the social resilience of communities in the north, as well as in the Gaza border region. Using the tested and proven strategies it employs in its regular programs, these initiatives will boost the ability of Israeli agencies to respond to the social challenges facing these regions in peacetime and prepare them to respond more effectively in the event of a future crisis. Implementation of emergency programs that are aligned with JDC-Israel's overriding strategy ensure the advancement of the wider program goals, even while addressing the challenges that were highlighted by the second Lebanon War. |
| Process used to review form 990                      | Part VI, Section B, line 11B       | Joint Israel hires an independent accounting firm to prepare and review the organization's form 990 based on information provided by Joint Israel's accounting staff. A copy of the form 990 is distributed to the organization's board members and management for review prior to filing with the IRS.  |
| Conflict of interest policy monitoring & enforcement | Part VI, Section B, Line 12c       | Each board member must sign a conflict of interest policy which is mailed to them at the beginning of the year. Disclosures are reviewed with outside legal counsel. Failure to submit the conflict of interest policy can result in a recommendation to be removed from the board. Any person with a conflict does not participate in the decision-making process.  |
| Process for determining compensation                 | Part VI, Section B, Line 15A & 15B | The personnel and management committee meets annually to determine compensation of officers and key employees.   |
| Availability of documents to the public              | Part VI, Section C, Line 19        | The organization makes its form 990 available to the public by retaining a copy at its place of business. The form 990 is likewise published on the internet at www.guidestar.org. The organization's financial statement, governing documents and conflict of interest policy are not ordinarily made available to the public, but, if requested, will be provided at management's discretion.  |
| Other changes in net assets                          | Form 990, Part XI, line 5          | Prior year restatement \$4,778,000 Amounts included under program service \$1,280,000 Former Soviet Union Support Cost \$80,000 Participation in projects \$685,000 Accounting Principle difference (\$2,254,000)<br>===== Total (\$4,569,000)   |