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Form 990

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

Open to Public Inspection

Department of the Treasury

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▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2012 calendar year, or tax year beginning 9/1/2012 and ending 8/31/2013 Check if applicable: D Employer identification number C Name of organization Hand in Hand American Friends for the Center for Jewis Address change 93-1269590 Number and street (or P.O box if mail is not delivered to street address) Telephone number Name change Initial return PO Box 80102 (503) 892-2962 City, town or post office, state, and ZIP code Terminated Amended return OR 97280 G Gross receipts \$.571.393 Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Lee Gordon PO Box 80102, Portland, OR 97280 H(b) Are all affiliates included? X 501(c)(3) If "No," attach a list, (see instructions) Tax-exempt status 4947(a)(1) or) < (insert no) Website: ▶ www.handinhand12.org H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation 1999 M State of legal domicile OR Part I Summary Briefly describe the organization's mission or most significant activities During 2012-2013 Hand in Hand opened a new integrated Jewish-Arab preschool in Tel Aviv, grew its enrollment to 1,100 students in all 5 campuses, and engaged upwards of 3,000 Jewish and Arab adults in a broad array of Activities & Governance integrated and joint programs and activities. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Rart V, line 2a). 5 Total number of volunteers (estimate if necessary) 6 600 Total unrelated business revenue from Part VIII, column (C), line 7a Net unrelated business taxable income from Form 9903P Jine 34 **Current Year** Contributions and grants (Part VIII, line 1h). 8 1,297,733 1,571,203 9 Program service revenue (Part VIII, line 2g) . . . 3,750 180 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e) 11 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,301,502 1.571.393 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 959,000 1,038,500 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 167,889 168,138 16a Professional fundraising fees (Part IX, column (A), line 11e) 700 2,266 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 89,524 87,593 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,217,113 1.296.497 19 Revenue less expenses. Subtract line 18 from line 12 84,389 274,896 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . . 152,065 428,363 21 Total liabilities (Part X, line 26) 5,255 6,657 Net assets or fund balances. Subtract line 21 from line 20 146,810 421,706 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Executive Director Here April 4. 2014 50 GISDON Type or print name and title Print/Type preparer's name Preparer's signature Date Check X if Paid Kathryn Donaldson 4/2/2014 self-employed P01318306 Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ 1924 SE 35th Avenue, Portland, OR 97214 Phone no (503) 233-6078 May the IRS discuss this return with the preparer shown above? (see instructions) . Yes No

Form **990** (2012)

Form 9	90 (2012)	Hand in Hand American Friends for the Center for Jewish Arab Education	93-1269590	Page 2
Pai	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		. \square
1	Briefly d	escribe the organization's mission		
•		average of and average for another monthly and bilineval advantion in		
	Israel	awareness of and support for commet resolution and printigual education in		
	131 001	•		
		······································		
2	Did tho	propriention undertake any eign-frant program convers during the year which were not listed an		
4		organization undertake any significant program services during the year which were not listed on		□
		Form 990 or 990-EZ?	· · L Yes	X No
_		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services,		
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others	,
	the total	expenses, and revenue, if any, for each program service reported		
			·	
4a	(Code:) (Expenses \$ 1,038,500 including grants of \$ 1,038,500) (Revenue	ə\$)
	ISRAEL	Through grants to the Center for Jewish-Arab Education in Israel, we accomplished the		
	following	A new Hand in Hand preschool opened in Tel Aviv in August 2013. We continued work on		
	the "sha	red communities/integrated schools" initiative Community outreach workers were hired in		
		Haifa and Jerusalem. They worked to recruit parents & families interested in opening new		
	integrate	ed schools. In Tel Aviv, over 300 Jewish and Arab families engaged in joint activities		
	including	r lacture carios. Ambie languago courses, inter feith ballday calabrations, etcaring		
	committ	se for a new school. In Haifa, 75 families engaged in similar joint amorams and start up		
		a new school. (The new school opened in September 2012.) The third high school 12th grade		
	class gr	aduated in June 2013. We held the second national summer teacher training conference for		
	ALL of h	land in Hand staff. We held the first annual country-wide Shared Communities event in July		•
	2013 wi	th 600 participants from HIH communities across lowed Ma arceted new curriculum for HIH 9		
		aeli public schools.		
4b	(Code	······································	= \$	180)
		STATES. In November 2012 Lee Gordon toured in the US with 2 high school graduates from Hand		:51. /
		school in Jarysalom (one Arab and one Joyish). The students made 12 amountations in		
		jues, mosques, churches, universities, high schools and private homes. Cities visited		
		Raltimore Paleigh NC Charlette NC Houston Saranate El and New York HILL Executive		•
		in Israel, Shuli Dichter, visited the US twice and presented at conferences and meetings		
		York, Los Angeles, Toronto, Baltimore and Chicago Lee Gordon recruited new American		
		ers to work at the HIH school in Jerusalem. New social media, including regular		·
	commu	nication via facebook, was implemented in the US which expanded HIH's audience in the US.		•
	Director	Lee Gordon gave over 40 presentations in cities including Portland OR, Seattle, New York,		
	Dallas I	Houston, Minneapolis, Chicago and Los Angeles Board Chair Stuart Brown presented Hand in		
	Hand at	conferences in Washington DC and New York, and met with donors and educators in Dallas,		
	Washing	gton DC, Florida, Baltimore and Los Angeles		
4c) (Expenses \$ including grants of \$) (Revenue	e \$	١
	(0000.			

				·
				· -
			-	
	O41:	(0.11.0)		
4d		rogram services (Describe in Schedule O.)		
	(Expens		0)	
40	lotal ni	ogram service expenses 1 096 425		

Hand in Hand American Friends for the Center for Jewish Arab Education 93-1269590 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X... 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X..... 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?...

16

17

16

17

18

19

20a

Par	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			ĺ
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ļ		
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		,	
•		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			J
25-		34	\vdash	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	256		
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	organization? If "Yes," complete Schedule R, Part V, line 2	20		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	X
JI	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		İ
	VI	37		_
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		<u> </u>
38		20	"	İ
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2012)
		rom	ママ ひ ((ZU1Z)

Form 990 (2012) Hand in Hand American Friends for the Center for Jewish Arab Education 93-1269590 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V. Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable O Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Х Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. b 5b C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? . . . Х If "Yes." did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c | 7a | d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g **7**g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?.. 9a b Did the organization make a distribution to a donor, donor advisor, or related person? . . . 9b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12. . . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders . . . b Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year? . . .

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

X

14a

13b

13c

State the name, physical address, and telephone number of the person who possesses the books and records of the

7832 SW Capitol Hwy, Suite C, Portland, OR 97219

Lee Gordon

om 990 (2012) Part VII	Hand in Hand American Friends for Compensation of Officers, Direct Employees, and Independent Contains a rectal form.	ctors, Trusted Contractors	es, K	(ey	En	plo	oyee	s, ŀ			
Section A.	Officers, Directors, Trustees, Key E								·		
	this table for all persons required to be									with or within the	
rganization's	•		,						,		
List all of compensation List all of List the who received	of the organization's current officers, dition. Enter -0- in columns (D), (E), and (lof the organization's current key emploiorganization's five current highest con reportable compensation (Box 5 of Forland any related organizations.	F) if no compens yees, if any. See npensated emplo	sation e insti oyees	wa: ructi (ot	s pa ions her	aid for thai	defin n an d	ition office	of "key employe er, director, trust	ee." ee, or key emplo	
	of the organization's former officers, ke							ed e	mployees who r	eceived more that	an
	eportable compensation from the organ of the organication's former directors of				-			site e	o a farmar dirac	tor or truston of	tho
	more than \$10,000 of reportable compe										uie
•	n the following order: individual trustees employees, and former such persons.	or directors; ins	titutio	onal	trus	stee	s; offi	cers	s, key employees	s, highest	
Check the	s box if neither the organization nor an	y related organiz	ation	con	npe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any	box, office	unle: er an	Pos neck ss pe d a d	rson irect	e than o	ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Stuart (Brown	5.00									
Chair & Board		0.00	_	ـــــ	X	L			0	0	0
(2) Julie Bi		1.00	1						_	_	_
Board member		0.00		-		L	-		0	0	0
(3) Emile E		1.00	•	١							
3oard member		0 00		├	-	├-		⊢	0	0	0
(4) Paula Board membe		1 00 0 00							_	ا م	^
(5) Warren		1 00		╁	┢─	\vdash		-	0	0	0
Soard member		0 00	t						o	o	0
(6) Seth Ja		1.00		t^-	\vdash	\vdash		\vdash			<u> </u>
Board member		0.00			1	l			o	o	0
(7) Greg R		1.00		T		Г	1			- J	
Board member		0 00			1	1	j		О	o	0

40.00 0 00

35.00 0 00

(8) Lee Gordon
Executive Director

(10)

(12)

(13)

(11)

(9) Patricia Smith Secretary & Office Manager

(14)

1,326

674

60,000

30,500

Fa	Section A. Officers, Directors, 110	istees, Key Em	рюуе	es,		3 MI	gnes	t C	ompensated Em	pioyees (conti	nuea)	-	
	(A) Name and title	(B) Average hours per	box,	unles er an	neck ss pe	rson	than out the state of the state	n an ee)	(D) Reportable compensation	(E) Reportable compensation		(F) stimate	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	on	other npensa from the ganizati d relate anizati	e ion ed
(15)													
(16)													
(17)												-	
(18)			-								 		•
(19)													
(20)											<u> </u>		
(21)													
(22)										 	<u> </u>		
(23)								\vdash			<u> </u>		
(24)								-					
(25)													
1b c	Sub-total . Total from continuation sheets to Part VII, Se	- A	·	L	l		•	\	90,500	(+	2	2,000
d	Total (add lines 1b and 1c)					<u></u>	•	•	90,500	(2	0 2,000
2 —	Total number of individuals (including but not lir reportable compensation from the organization		sted a		e) v 0	vho	rece	ved	more than \$100	,000 of			
3	Did the organization list any former officer, dire				loye	e, c	r hig	hes	t compensated			Yes	No
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of				on a	nd d	other	con			3		X
	the organization and related organizations grea	ter than \$150,00	00? <i>II</i>	"Ye	es, "	con	plete	Sc	chedule J for sucl	7	4		X
5	Did any person listed on line 1a receive or accr									ıdual			
Sect	for services rendered to the organization? If "You ion B. Independent Contractors	es, complete st	neac	ii o J	101	Suc	n pei	SUL	<i>·</i>	• • •	5		<u> </u>
1	Complete this table for your five highest compecompensation from the organization. Report co year.										tax		
	(A) Name and business add	ress							(8) Description of serv	nces	(C Compe		
								<u> </u>					0
									 -				0
													0
	Total number of independent contractors (inclu-	ding but not limit	od 4-	. eh	e	icto	d ob-	//c,	who manned				0
	more than \$100,000 of compensation from the		tea to	u 10	೨೮ I	iolE!	o abc 0		willo received				

Part VIII	
I GIC VIII	Statement of Revenue

	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a	6,400		TOVERIDO		312, 313, 01314
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues		0				
2 5	C	Fundraising events		O				
E A	đ	Related organizations		0		•		
e E	е	Government grants (contributions		0				
E S	f	All other contributions, gifts, gran						
호		similar amounts not included abo		1,564,803	1			
를 달	g	Noncash contributions included in li	nes 1a-1f: \$	0				
ته ن	h	Total. Add lines 1a-1f			1,571,203			<u> </u>
9				Business Code				
ē	2a	Honorana		900099	180	180		
8	b				0			
- <u>\$</u>	С				0			<u></u>
Ser	d			ļ	0			
ᇤ	е				0		· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	f	All other program service revenue		L	0			
	9	Total. Add lines 2a-2f			180			
	3	Investment income (including div						
		other similar amounts)			10			10
	4	Income from investment of tax-ex	cempt bond proc	æeds 🟲	0			
	5	Royalties	(ı) Real	(ii) Personal				
		Cross mate	(i) Noai	(11) 1 0130/112				}
	6a	Gross rents						1
	b C	Rental income or (loss)	0	0		1		
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of	(ı) Securities	(II) Other				
	'	assets other than inventory .	0	0		1		
	ь	Less cost or other basis			ļ			
		and sales expenses	o	l o				ļ
	c	Gain or (loss)	0	0	1	1		
	d	Net gain or (loss)			0			
nue	8a	Gross income from fundraising		ł l				
		events (not including \$	<u>0</u>	l				
Ş.	ì	of contributions reported on line	lc).			ļ		
er		•	а	0				
Other Reve	b	Less: direct expenses		0				ļ
	С	Net income or (loss) from fundrai		· · · · •	0			ļ
	9a	Gross income from gaming activi		ار	1			1
		See Part IV, line 19						ł
	i .	Less: direct expenses		0				<u> </u>
		Net income or (loss) from gaming	activities.	_ 	0			<u> </u>
	10a	Gross sales of inventory, less		اها				
		returns and allowances		 				
	•				0			
	<u> </u>	Net income or (loss) from sales of Miscellaneous Revenue	n inventory	Business Code	0			
	11a		·	35533 6006	0	- 		
	b				0			
	6				0		•	
	اما	All other revenue		<u> </u>	0		·	
	e	Total. Add lines 11a–11d		▶	0			
	12	Total revenue. See instructions			1,571,393	180	C	10

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) (A) (B) (C) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 1.038.500 1,038,500 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees. 92,500 12,265 24,173 56.062 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages 61,400 14,390 3.300 43,710 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . . 0 621 62 9 559 13.617 2.315 10 Payroll taxes 2.451 8,851 Fees for services (non-employees): Management 0 0 Legal 9,703 9,703 Accounting Lobbying . 0 Professional fundraising services. See Part IV, line 17 2.266 2,266 Investment management fees 0 Other (If line 11g amount exceeds 10% of line 25, column 8,987 (A) amount, list line 11g expenses on Schedule O) 1,528 1.618 5,841 12 Advertising and promotion . . . 13 Office expenses. 16.914 2.875 3,045 10,994 Information technology . 14 2,348 1,275 463 610 Royalties 15 0 Occupancy 16 5,652 961 1,017 3.674 17 20,179 3,430 3.632 13,117 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings. 1,992 1,902 90 20 0 Interest 21 0 22 Depreciation, depletion, and amortization 366 62 66 238 23 Insurance . . 2,582 192 1,654 736 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Student Speaking Tour expenses 7,929 7,929 6,636 6,636 Project Harmony Summer Camp expenses Organizational Dues 4,000 4,000 Business fees 305 300 e All other expenses Total functional expenses. Add lines 1 through 24e . 1,296,497 1,096,425 53,324 146,748 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► X if following SOP 98-2 (ASC 958-720). 11,024 2.025 2,750

93-1269590

Form 990 (2012) Part X

Balance Sheet

		Check if Schedule O contains a response to	any que	estion in this Part X			<u> U</u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			11,179	2	27,332
	3	Pledges and grants receivable, net			140,520	3	400,000
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and f	ormer of	ficers, directors,			
		trustees, key employees, and highest compens					
		Complete Part II of Schedule L			<u> </u>	5	
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
	l	sponsoring organizations of section 501(c)(9) voluntary e		-			· · · · · · · · · · · · · · · · · · ·
ets		organizations (see instructions). Complete Part II of Scho	edule L		·	6	
Assets	7	Notes and loans receivable, net			0	7	0
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	1,031
	10a	Land, buildings, and equipment, cost or	1 1	ĺ			
		other basis Complete Part VI of Schedule D	10a	12,937			
	b	Less: accumulated depreciation	10b	12,937	366	10c	0
	11	Investments—publicly traded securities			0	11	0
	12	Investments-other secunties. See Part IV, line	11	[0	12	0
	13	Investments-program-related. See Part IV, line	e 11 . .		0	13	0
	14	Intangible assets	[0	14	0	
	15	Other assets. See Part IV, line 11		0	15	0	
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	4)	152,065	16	428,363
	17	Accounts payable and accrued expenses .			5,255	17	6,657
	18	Grants payable				18	
	19	Deferred revenue				19	······································
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D	<u> </u>	21	
es	22	Loans and other payables to current and forme	r officers	s, directors,			
Ħ		trustees, key employees, highest compensated			·		
Liabilities		disqualified persons. Complete Part II of Sched				22	
Ξ	23	Secured mortgages and notes payable to unrel		-	0	23	0
	24	Unsecured notes and loans payable to unrelate		 	0	24	0
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	-	. Complete			
		Part X of Schedule D		· · ·	0		0
	26			<u> </u>	5,255	26	6,657
ces		Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a		k here ► X and			
ā	27	Unrestricted net assets		[6,290	27	21,706
Ba	28	Temporarily restricted net assets		[140,520	28	400,000
Ā	29	Permanently restricted net assets		[29	
Ē		Organizations that do not follow SFAS 117 (ASC958)	check h	ere ▶ and			
Net Assets or Fund Balances		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or e				31	<u> </u>
et	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			146,810		421,706
	34	Total liabilities and net assets/fund balances.	_		152.065	34	l 428.363

Form 9	90 (2012) Hand in Hand American Friends for the Center for Jewish Arab Education	93-	1269590	Pag	je 12
Part	XI Reconciliation of Net Assets	<u></u>			
	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,571	,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,296	,497
3	Revenue less expenses. Subtract line 2 from line 1	3		274	,896
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		146	3,810
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		421	,706
Part					_
	Check if Schedule O contains a response to any question in this Part XII			<u>. </u>	<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990:		-	ŀ	1 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1 1		
	Schedule O				لــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				il
	reviewed on a separate basis, consolidated basis, or both.			ı	1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Ī	
	separate basis, consolidated basis, or both		1 1		.
	X Separate basis Consolidated basis Both consolidated and separate basis		i i		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		1 1		1 1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				<u>-</u>
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form S	90 ((2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name	of the	organization							Employe	r identificati		er	
	nd in Hand American Friends for the Center for Jewish Arab Education 93-1269590 art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
	_									nstructio	ns.		··· ·
1 ne d	orgar		-	tion because it is: (For		_		•					
-	H			ches, or association of			ı III Secuc	אַכוּאָטייני ווּי	1)(~)(1).				
2	片			n 170(b)(1)(A)(ii). (Atta			4: 47	0/6\/4\/6\	41:2\				
3	님	· ·		ospital service organiza									
4	\Box		search organizat me, city, and sta	tion operated in conjunte:	ction with	a hospitai	describe	d in section	on 170(b)	(1)(A)(III). 	. Enter t	ne 	.
5		_		the benefit of a college Complete Part II)	or univer	sity owne	d or opera	ated by a g	governme	ntal unit d	lescribe	d	
6		A federal, sta	ate, or local gove	mment or government	al unit des	scribed in	section 1	70(b)(1)(/	A)(v).				
7	X	•	-	receives a substantial	-	support f	rom a gov	/emmenta	al unit or fr	om the ge	eneral p	ublic	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	\sqcap	An organizati	ion that normally	receives: (1) more tha	n 33 1/3%	6 of its su	pport from	contribut	ions, men	nbership f	ees, an	d gross	3
				d to its exempt function									
				nt income and unrelate) from bus	sinesses	3	
	_	• •	•	after June 30, 1975. S									
10	닏	•	•	nd operated exclusively			-			_			
11	Ш			nd operated exclusively licly supported organiz								otion	
				t describes the type of								Cuon	
		a Type			: III-Funct				ype III-No	-		earate	d
			_	that the organization i		-	_		••		-	•	
·	لسسا		-	n managers and other			-					ection	
		509(a)(1) or	section 509(a)(2)									
f		If the organiz	ation received a	written determination	from the I	RS that it	ıs a Type	I, Type II,	or Type II	II support	ing		
		•	, check this box									•	
9		•		he organization accept	ted any gr	it or contri	bution tro	m any of t	ine				
		following per (i) A pers		or indirectly controls, e	ither alone	e or togeth	ner with pe	ersons de:	scribed in	(ii)		Yes	No
		• • • •	•	erning body of the sup		_	-				11g(i)		
		•		person described in (i)	-						11g(ii)		
		• •	•	of a person described		•	•	•		•	11g(iii)		
<u>h</u>				tion about the supporte					1		T		
(1)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–9	in col (i) la	organization sted in your	the organ	ou notify nization in	organiza	Is the tion in col	(VII) AIT	ount of m support	onetary
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?			
			1	(, ,	Yes	No	Yes	No	Yes	No	1		
(A)					1		1.55	1	1.55	 			
	_						ļ.,.	<u> </u>					
(B)													
(C)													
(D)		 											
(E)										<u> </u>	<u> </u>		
Tota	i												0

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

	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	715,489	848,877	1,398,363	1,297,733	1,571,203	5,831,665
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	715,489	848,877	1,398,363	1,297,733	1,571,203	5,831,665
5	The portion of total contributions by each						
	person (other than a governmental unit					1	
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						2,464,684
6	Public support. Subtract line 5 from line 4.						3,366,981
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	715,489	848,877	1,398,363	1,297,733	1,571,203	5,831,665
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	217	43	18	19	10	307
9	Net income from unrelated business						
	activities, whether or not the business is				1		
	regularly carried on				,		0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10						5,831,972
12	Gross receipts from related activities, etc (se				[12	3,930
13	First five years. If the Form 990 is for the org	ganization's first	, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here						▶∐
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2012 (line 6, co	olumn (f) divided	by line 11, co	lumn (f))		14	57.73%
15	Public support percentage from 2011 Schedu	ile A, Part II, line	e 14			15	70.85%
16a	33 1/3% support test-2012. If the organizate	tion did not che	ck the box on li	ne 13, and line	14 is 33 1/3% d	or more, check t	
	and stop here. The organization qualifies as						. ▶ X
b	33 1/3% support test—2011. If the organization				line 15 is 33 1.	/3% or more, ch	eck this
	box and stop here. The organization qualifies	s as a publicly s	supported organ	nization .			· ▶∐
17a	10%-facts-and-circumstances test-2012.	lf the organizati	on did not ched	k a box on line	13, 16a, or 16b	o, and line 14	
	is 10% or more, and if the organization meets	s the "facts-and-	-circumstances	" test, check the	s box and stop	here. Explain i	n
	Part IV how the organization meets the "facts	-and-circumsta	nces" test. The	organization qu	ialifies as a pub	olicly supported	
	organization						. ▶□
b	10%-facts-and-circumstances test—2011.	If the organizati	on did not ched	k a box on line	13, 16a, 16b, c	or 17a, and line	٠ ــــــــــــــــــــــــــــــــــــ
	15 is 10% or more, and if the organization me						aın in
	Part IV how the organization meets the "facts					•	
	- .			• ,			▶□
18	Private foundation. If the organization did no	ot check a box of	on line 13. 16a.	16b, 17a, or 17	b. check this b	ox and see	-
	instructions						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	L <u></u>					0
3	Gross receipts from activities that are not an					-	
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities	1					
	furnished by a governmental unit to the						_
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	. 0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
þ	Amounts included on lines 2 and 3 received			•			
	from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the						0
_	amount on line 13 for the year	-	0	0	0	0	0
С 8	Add lines 7a and 7b			0		-	<u> </u>
0	line 6)						0
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounto from line 6	0	0	0	0	0	
9 10a	Amounts from line 6	├		Ų		<u>-</u>	0
IVa	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less	 				·	
J	section 511 taxes) from businesses						
	acquired after June 30, 1975] .					0
C	Add lines 10a and 10b	0	0	0	0	o	
11	Net income from unrelated business						
•	activities not included in line 10b, whether						
	or not the business is regularly carried on	l I					0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	ŀ					0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organiz			-	•	c)(3)	
	organization, check this box and stop here		· · · · ·				<u>· · ▶ </u>
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2012 (line 8, column					15	0 00%
16	Public support percentage from 2011 Schedule A,			· • • • • • • • • • • • • • • • • • • •	 	16	0 00%
Sec	tion D. Computation of Investment Inco						
17	Investment income percentage for 2012 (line 10c,		-			17	0 00%
18	Investment income percentage from 2011 Schedu					18	0.00%
19a	33 1/3% support tests—2012. If the organization						
	not more than 33 1/3%, check this box and stop h	-	-		-		▶∐
b	33 1/3% support tests—2011. If the organization						. —
	line 18 is not more than 33 1/3%, check this box at	· ·	= -	-	• • •	_	▶∐
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b.	check this box at	nd see instructio	ns	

	1 990 or 990-EZ) 2012	Hand in Hand	d American Frier	nds for the Center	for Jewish Arab Edu	cation	93-1269590	Page 4
Part IV	Supplemental	Information.	Complete this	part to provide	the explanations	equired	by Part II, line	e 10;
	Part II. line 17a	or 17b: and i	Part III. line 12	. Also complete	this part for any a	dditional	information.	(See
	instructions).				,			(000
	instructions).			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
				·				
	•							
	-							

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Hand	in Hand American Friends for the Center for .	lewish Arab Education		93-1269590
Part	Organizations Maintaining Done	or Advised Funds or Othe	er Similar Fund	ds or Accounts. Complete if
	the organization answered "Yes" t			, , , , , , , , , , , , , , , , , , ,
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised tunds	`	(b) I diles and other accounts
				
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	nor advisors in writing that the	assets held in do	onor advised
	funds are the organization's property, subject	to the organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in write	ng that grant fund	
	used only for chantable purposes and not for			
	purpose conferring impermissible private ben			
Pari	Conservation Easements. Comp	olete if the organization ans	swered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held to	ov the organization (check all the	hat apply)	
	Preservation of land for public use (e.g., recr		· · · • ·	an historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation	on contribution in	the form of a conservation
	easement on the last day of the tax year	·		
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation ease			2b
C	Number of conservation easements on a cert			
d	Number of conservation easements included			. 20
u			ind not on a	
•	historic structure listed in the National Registe			[2d]
3	Number of conservation easements modified	, transierred, released, extingu	iisnea, or termina	ited by the organization
_	during the tax year			
4	Number of states where property subject to c			
5	Does the organization have a written policy re		ig, inspection, ha	ndling of
	violations, and enforcement of the conservati			
6	Staff and volunteer hours devoted to monitor	ng, inspecting, and enforcing of	conservation ease	ements during the year
	•			
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conse	ervation easemer	nts during the year
	▶ \$			•
8	Does each conservation easement reported of	on line 2(d) above satisfy the re	equirements of se	ection
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		•	Yes No
9	In Part XIII, describe how the organization re			
•	balance sheet, and include, if applicable, the			
	the organization's accounting for conservation		mzadon s imande	ai statements that describes
Pan			Other Circl	IAA-
ган		*	•	iar Assets.
	Complete if the organization answered	res to Form 990, Part IV, III	ie 8.	· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under	r SFAS 116 (ASC 958), not to	report in its revei	nue statement and balance sheet
	works of art, historical treasures, or other sim	ilar assets held for public exhib	oition, education,	or research in furtherance
	of public service, provide, in Part XIII, the text	of the footnote to its financial	statements that o	describes these items.
b	If the organization elected, as permitted under			
-	works of art, historical treasures, or other sim			
	of public service, provide the following amour			
	(i) Revenues included in Form 000 Port VIII	line 1		▶ ¢
	(i) Revenues included in Form 990, Part VIII.(ii) Assets included in Form 990, Part X.		• • •	
_	(ii) Assets included in Form 990, Fait X.	ut biotogical teconomics		
2	If the organization received or held works of a			_ · · ·
	following amounts required to be reported un			
a	Revenues included in Form 990, Part VIII, lin	9 1		. ▶ \$
b	Assets included in Form 990, Part X			• \$

Schedu	le D (Form 990) 2012 Hand in Hand Ame	rican Friends for the	Center fo	r Jewish	Arab Education	on	93-126	9590	F	Page 2
Part									ntinue	d)
3	Using the organization's acquisition, ac use of its collection items (check all that		records, c	heck any	of the following	ng tha	t are a significan			
a	Public exhibition	··	d \square	Loan	or exchange p	rogra	ms			
b	Scholarly research			Other		-				
c	Preservation for future generation		• 🗀	Culci						
4	Provide a description of the organization		ovalaja be	nu thau fu	other the ema	nizati	on's evennt num	000 10		
•	Part XIII.			-				ose III		
5	During the year, did the organization so assets to be sold to raise funds rather	than to be maintaine	ed as part	of the org	ganization's co	ollectio	on?		es 🔲	No
Part	IV Escrow and Custodial Arra IV, line 9, or reported an am	•	-	_		vered	I "Yes" to Form	990, Pa	art	
1a	Is the organization an agent, trustee, c									
	included on Form 990, Part X?							Y₁	98	No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	ving table	•	_		Amount		
_	Beginning balance					-	c	Amount		
c d	Additions during the year			•			d	···		
e	Distributions during the year					1				
f	Ending balance						f			0
2a	Did the organization include an amoun								es X	No
b	If "Yes," explain the arrangement in Pa								" 	140
Part			 							
rait	Endownient Funds. Compl	(a) Current year	(b) Pno		(c) Two years I		(d) Three years bad		our years	hack
1a	Beginning of year balance	(a) Current year	(2) 1 110	i year	(o) two years		(u) Three years bee	. (0)1	ou yours	-
b	Contributions		•					_		
c	Net investment earnings, gains,									
	and losses]		
d	Grants or scholarships		·				· · ·		- · · · ·	
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses				-					
g	End of year balance	0		. 0		0		0		0
2	Provide the estimated percentage of the	· ·	balance (l	ne 1g, co	lumn (a)) held	as				
а	Board designated or quasi-endowment		% -							
b	Permanent endowment	<u></u>								
C	Temporarily restricted endowment	▶ %	n/							
3a	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the	-		n that are	hold and adm	ninioto	and for the			
Ja	organization by:	possession of the o	iyariizauo	ii tiiat aie	neid and adn	iiiiste	red for the		Yes	No
	(i) unrelated organizations							3a(i)	168	NO
	(ii) related organizations							3a(ii)		
ь	If "Yes" to 3a(ii), are the related organic			Schedule	R?			3b		
4	Describe in Part XIII the intended uses		•			-			L	
Part										
	Description of property	(a) Cost or of			st or other	(c) Accumulated	(d) B	ook value	9
		(investm	ent)	basi	s (other)		depreciation			
1a	Land		0		0					0
b	Buildings	·	0		0		0			0
C	Leasehold improvements	<u> </u>	0		10 007		0			0
d	Equipment	• • •	0		12,937		12,937	_		0
E Total	Other	nust equal Form 00		column (0 B) line 10(c)))	0			0
i Uldi	i. Add illes la tillough le (<i>Column (u) i</i>	nest oqual i Olli 99	\sim , r $\alpha r \epsilon \wedge$,	CONCULIE !	<i>-), mio 10</i> (0//					U

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

•

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

Schedu	lle D (Form 990) 2012 Hand in Hand American Friends for the Center for Jewish Ara	ab Educ	cation	93-1269590	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	1,571,393
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c]	
đ	Other (Describe in Part XIII.)	2d		11	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1,571,393
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		1 1	
C	Add lines 4a and 4b			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .			5	1,571,393
Part	XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses p	er Return	
1	Total expenses and losses per audited financial statements			1	1,296,497
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		1 1	
b	Prior year adjustments	2b		1 1	
C	Other losses	2c		1 1	
d	Other (Describe in Part XIII.)	2d		1 1	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1,296,497
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			111
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		1 1	
С	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,296,497
Pari	XIII Supplemental Information			<u> </u>	.,,
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also onal information			•	2b,
Part 2	K Line 2 FIN 48 FOOTNOTE Hand in Hand is exempt from federal and state incom	me taxe	es		
unde	Section 501(c)(3) of the Internal Revenue Code and comparable state law and, a	<u> </u>			
such,	is not subject to income taxes on net income from exempt activities. The Compar	ny is			
not a	ware of any uncertain tax positions. If there were any uncertain tax positions, the		·		
Comp	pany would account for them using the provisions of ASC 740. The tax years subjections	ect to			
audit	are 2010, 2011, 2012 and 2013.			·	

Schedule D (Form 990)	2012	Hand in Hand American Friends for the Center for Jewish Arab Education	<u>93-1</u> 269590	Page 5
Part XIII S	algau	emental Information (continued)		
			*	
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			····	

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Hand in Hand American Friends for the Center for Jewish Arab Education 93-1269590 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (e g , a program service, expenditures for fundraising, program region agents, and describe specific type of and investments independent services, investments, service(s) in region ın region contractors grants to recipients in region located in the region) Middle East and North (1) Africa 0 0 grants to recipients in the red 1,038,500 Middle East and North (2) Africa 0 0 program service summer camp 6,136 Middle East and North (3) Africa 0 2 program service & fundraisir materials production 8,300 Middle East and North (4) Africa 0 O program service & fundraisir travel expenses 7,482 North America 0 program service & fundraisin travel expenses (5) 1,578 (6) (7) (8) (9) (10) (11) (12)(13) (14)(15) (16)(17)0 2 3a Sub-total . 1,061,996

0

0

0

1.061.996

b Total from continuation

sheets to Part I . .

c Totals (add lines 3a and 3b)

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. Part II can be duplicated if additional space is needed. Part II

(h) Description of non-cash assistance valuation of non-cash assistance (book, FMV, appraisal, other)																	
	0																
(g) Amount of non-cash assistance																	
(f) Manner of cash disbursement	1,038,500 wire transfer		:														
(e) Amount of cash grant				:													
(d) Purpose of grant	Middle East and North community outreach & Africa	:															
(c) Region	Middle East and North Africa		:														
(b) IRS code section and EIN (if applicable)																	
(a) Name of organization	(1)	(2)	(9)	(4)	(9)	(9)	6	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(18)	

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...............................▶ Enter total number of other organizations or entities. ~

Schedule F (Form 990) 2012

Hand in Hand American Friends for the Center for Jewish Arab Education Schedule F (Form 990) 2012

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

Page 3

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Part III can be duplicat	Part III can be duplicated it additional space is needed.	eeded.					,
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(9)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(16)							
(16)							
(17)							
(18)							1
						ed28	Schodule E (Form 990) 2012

Schedule F (Form 990) 2012

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Schedu	le F (Form 990) 2012	Hand in Hand American Friends for the Center for Jewish Arab Education	93-126	9590 Pag	ge 4
Part	V Foreign Fo	rms			
1	the organization ma	on a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," by the required to file Form 926, Return by a U.S. Transferor of Property to a Foreign structions for Form 926)	X Yes	☐ No	
2	may be required to Receipt of Certain F	n have an interest in a foreign trust during the tax year? If "Yes," the organization file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With Instructions for Forms 3520 and 3520-A)	. Yes	X No	
3	the organization ma	n have an ownership interest in a foreign corporation during the tax year? If "Yes," by be required to file Form 5471, Information Return of U.S. Persons With Respect To reporations. (see Instructions for Form 5471).	. Yes	X No	
4	qualified electing ful Information Return	on a direct or indirect shareholder of a passive foreign investment company or a nd during the tax year? If "Yes," the organization may be required to file Form 8621, by a Shareholder of a Passive Foreign Investment Company or Qualified Electing ons for Form 8621)	Yes	X No	
5	the organization ma	n have an ownership interest in a foreign partnership during the tax year? If "Yes," ay be required to file Form 8865, Return of U.S. Persons With Respect To Certain os (see Instructions for Form 8865)	Yes	X No	
6	•	n have any operations in or related to any boycotting countries during the tax year? If tion may be required to file Form 5713, International Boycott Report (see Instructions	Yes	X No	

Hand in Hand American	Friends for the	Center for Jewish Arab	Education	93-1269590

Schedule F (Form 990) 2012

Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Part I Line 2	Hand in Hand is a "Friends of" organization for the Center for Jewish-Arab
Education in	Israel HIH requires the Israel Center to submit quarterly reports on the use
of all grant f	unds (a general report for general support, or a more detailed report on the
project if for	project support). Included in this is an evaluation of the success and
impact of pr	ograms and projects. In addition the Executive Director of Hand in Hand has
regular phor	ne calls with the staff in Israel, including weekly or bi-weekly calls with the
Executive D	irector in Israel; and reviews print and online articles about the schools.
	·

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Hand in Hand American Friends for the Center for Jewish Arab Education	93-1269590						
Form 990 Part VI Section B Line 11b 990 REVIEW PROCESS. The Executive Director and the							
Secretary review the draft with the preparer The final draft is emailed to the entire board							
for review before filing. If any board member has comments or questions, they contact the							
Executive Director and the Board Chair to schedule a discussion							
Form 990 Part VI Section C Line 19 DISCLOSURE. Financial statements are available upon							
request. Requests for other documents are considered on a case-by-case basis.							
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Schedule () (Form 990 of 990-EZ) (2012)		Page 🗸
Name of the organization	Employer identification number	
Hand in Hand American Friends for the Center for Jewish Arab Education	93-1269590	
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