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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 private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

SCANNED APR 27

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

Information about Form 990 and its instructions is at www.irs.gov/form990. nal Revenue Service 9/1/2013 8/31/2014 For the 2013 calendar year, or tax year beginning and ending C Name of organization Hand in Hand American Friends of the Center for Jewis **Employer identification number** Check if applicable Address change Doing Business As Number and street (or PO box if mail is not delivered to street address) 93-1269590 Name change PO Box 80102 Telephone number Initial return City or town ZIP code (503) 892-2962 Portland OR 97280 Terminated Foreign country name Foreign province/state/county Foreign postal code Amended return Gross receipts \$ 2.218.546 F Name and address of principal officer: Application pending Yes X No H(a) is this a group return for subordinates? Lee Gordon PO Box 80102, Portland, OR 97280 H(b) Are all subordinates included? If "No," attach a list. (see instructions) X 501(c)(3) 4947(a)(1) or Tax-exempt status 501(c) () < (insert no) Website: ▶ www handınhandk12.org H(c) Group exemption number X Corporation K Form of organization Association Other > L Year of formation 1999 M State of legal domicile OR Summarv Part I Briefly describe the organization's mission or most significant activities. During 2013-14 HIH operated 5 schools in Activities & Governance Israel with about 1200 students. It carried our registration for its new preschool in Tel Aviv, tripling the number of students enrolled for 2014-15 (2nd yr of the school). 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) . . . 8 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 4 6 Total number of volunteers (estimate if necessary) 600 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). . . 1.571.203 2.218.534 Revenue 9 Program service revenue (Part VIII, line 2g). 180 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 10 10 12 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,571,393 2,218,546 Grants and similar amounts paid (PartiX, column (A), lines 1-3). 13 1.038.500 1,867,485 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee perietits (Part-IX, column (A), lines 5–10) . . . Professional fundraising fees (Part-IX, column (A), line 11e) . . . 15 168,138 109,153 16a 2,266 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 87,593 92,150 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . 1,296,497 2.068.788 19 Revenue less expenses. Subtract line 18 from line 12 149,758 274,896 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . . 428,363 573,831 21 Total liabilities (Part X, line 26). 6.657 2,367 Net assets or fund balances Subtract line 21 from line 20 421,706 571,464 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 Here 2015 Lle 600001 Type or print name and title Print/Type preparer's name Check X **Paid** 4/11/2015 Kathryn Donaldson self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ➤ 1924 SE 35th Avenue, Portland, OR 97214 503-233-6078 Phone no.

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions).

Form **990** (2013)

No

X Yes

	90 (2013)	Hand in Hand American Friends of the Center for Jewish Arab Education	93-1269590	Page 2
Pa	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
1		describe the organization's mission.		
		ng funding for and assisting in program development in connection with Israeli		
	nonpro	fits with similar missions		·
2	Did the	organization undertake any significant program services during the year which were not listed on		
4		or Form 990 or 990-EZ?	□ voc	X No
	•	" describe these new services on Schedule O.	· · L Yes	
3		organization cease conducting, or make significant changes in how it conducts, any program		
J	service		Tyes	X No
		" describe these changes on Schedule O	163	
4		be the organization's program service accomplishments for each of its three largest program services	as measured by	
•		ses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alk		
		el expenses, and revenue, if any, for each program service reported.	roctions to outers,	,
4a	(Code:) (Expenses \$ 1,867,485 including grants of \$ 1,867,485) (Revenue	e \$	<u> </u>
	•	L Through grants to the Center for Jewish-Arab Education in Israel, we accomplished the		/
		on. The new preschool in Tel Aviv had a successful first year with integrated		
		dergarden class. Autroach work done to enroll new students led to the school tripling in		
	size for	the coming year. New programs at HIH Jerusalem high school include film-making, community		
	volunte	er work, community garden and more Fourth high school 12th grade class graduated in June		
	2014. \	We ran the 5th annual summer day camp, Project Harmony, on the Jerusalem school campus. We		
	created	t now curriculum modules for both HIH schools and other public schools in legal Ma hold		
	the 3rd	national summer teacher training conference. Igrael stoff increased easiel modic presence		
	of HIH	and built wider media coverage across Israel. HIH worked to deal with the challenge of		
	ıncreas	ed violence and racial tensions in Israel. Throughout the summer of 2014 HIH community		
	membe	ers held vigils, evening walks under the slogan "Jews and Arabs refuse to be enemies" and		
		ed the wider public on a continuous basis		
4b	(Code) (Expenses \$ 44,764 including grants of \$) (Revenue	e\$)
		D STATES. In March 2014 Hand in Hand staff member Rebecca Bardach and Israeli Arab Hand in		
			*	
		nummer camp in Jerusalem in July 2014. Lee Gordon also gave over 30 presentations in cities		
		the country from Los Angeles to New York. Board chair Stuart Brown presented Hand in Hand erences in Washington DC and New York and met with donors and educators in Dallas, DC,		
	Baltim/	ore and Florida. Two other board members, Martha Freedman and Emile Bendit, hosted events in		
	their he	4 4 4 4 4 4 4 4 4 6 6 6 6		
	then in	ome towns to educate others about Hand in Hand's program.		
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code.) (Expenses \$ including grants of \$) (Revenue	e \$	1
	•	, (- p		/
		······································		
	_			
				•
		•••••••••••••••••••••••••••••••••••••••		·
4d		program services. (Describe in Schedule O.)		
	(Exper		0)	
40	Total n	rogram service expenses • 1 912 249		

Page 3

Part	IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1 1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_×_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt	ا ۾ ا		
40	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- ''		 ^
"	VII, VIII, IX, or X as applicable]		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>		_ 	<u> </u>
a	Schedule D, Part VI	11a	х]
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	· · · ·		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	Ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.	ļ	l .
	If "Yes," complete Schedule G, Part III	19	├—	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	I	1

Part	V Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		}	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			İ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			İ
	employees? If "Yes," complete Schedule J.	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	1	x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		 	
·	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		<u> 240</u>		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			١.,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	-	X
þ	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	į.	1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1	ĺ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	A	77.7	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			 ^`` -
_	Schedule L, Part IV	28b	1	×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		 	一
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	1	_v
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29		29	 -	 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	 -	X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			ļ
	If "Yes," complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	
00	organization? If "Yes," complete Schedule R, Part V, line 2	36	i	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	130	† 	 ^
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	1
		27		,
	VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1.	}
	19? Note. All Form 990 filers are required to complete Schedule O	38	I X	

	Hand in Hand American Friends of the Center for Jewish Arab Education 93-1269590) F	age :
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		
	Check it deflected by the control of the country line in this rait v	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	100	 "
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1	ļ
	gaming (gambling) winnings to prize winners?	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		T
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	Х	
	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?		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?		X
b	If "Yes," enter the name of the foreign country:	1	
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	1	—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		,,
L	organization solicit any contributions that were not tax deductible as charitable contributions?	 	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	ł	į
7		'	┼
'a	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	1	
а	and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		 ^
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	'	+
•	required to file Form 8282?	.	x
d	If "Yes," indicate the number of Forms 8282 filed during the year	1-	 ^
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . 7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1	1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		<u>.</u>
	organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		ـــــــــــــــــــــــــــــــــــــ
10	Section 501(c)(7) organizations. Enter:		1
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1	1
12a	against amounts due or received from them.)		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	*	+-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	-	+-
	Note. See the instructions for additional information the organization must report on Schedule O	+	+
b	Enter the amount of reserves the organization is required to maintain by the states in which		
-	the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	a	X

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

14b

Part VI

Sect	on A. Governing Body and Management	·						
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar				1			
	committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8			}			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with						
	any other officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or under	the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	•	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X			
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		6		X			
	one or more members of the governing body?	• •	7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members							
	stockholders, or persons other than the governing body?		7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertake		75		^			
•	the year by the following	ii duliiig						
-	The governing body?		8a	X				
a b	Each committee with authority to act on behalf of the governing body?		8b	x				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be n		<u> </u>					
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		х			
Saat								
Seci	ion B. Policies (This Section B requests information about policies not required by the	internal Revenue C	oue.	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	198	X			
_			10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such		401					
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	· · · ·	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the copy	ore ming the form?.	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	res,	40-					
40	describe in Schedule O how this was done		12c					
13	Did the organization have a written whistleblower policy?		13		<u> </u>			
14	Did the organization have a written document retention and destruction policy?		14	Х	 -			
15	Did the process for determining compensation of the following persons include a review and appro	•						
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation				<u> </u>			
a	The organization's CEO, Executive Director, or top management official.		15a		<u> </u>			
b	Other officers or key employees of the organization		15b		ļ,			
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang							
	with a taxable entity during the year?		16a		<u> </u>			
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe							
_	the organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b	<u> </u>				
	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed OR	A - / A - A - A - A - A - A - A - A - A - A						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	O-T (Section 501(c)(3)	s only	/)				
	available for public inspection. Indicate how you made these available. Check all that apply.							
40		cplain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest poli	cy, an	d				
00	financial statements available to the public during the tax year							
20	State the name, physical address, and telephone number of the person who possesses the books							
	organization: ► Lee Gordon	503-892-296	2					
	7832 SW Capitol Hwy, Suite C, Portland, OR 97219							

											_
Form 990 (2013)	Hand in Hand American Friends of									93-12695	90 Page 7
Part VII	Compensation of Officers, Direct		es, K	ey	Em	pic	yee	6, F	lighest Comp	ensated	
•	Employees, and Independent C Check if Schedule O contains a re		to to	201	, lin	o ir	a thic	. D.	ort \/II		
				:	·				· · · · · · · · · · · · · · · · · · ·	· · · · ·	
Section A.	Officers, Directors, Trustees, Key Er										
organization's	•	·	•						,		
of compensati List all o List the who received organization a	of the organization's current officers, dit on. Enter -0- in columns (D), (E), and (F of the organization's current key employ organization's five current highest com reportable compensation (Box 5 of Formand any related organizations	F) if no compens yees, if any. See ipensated emplo in W-2 and/or Bo	e instroyees	wa: ucti (ot of Fo	s pa ons her t orm	id. for thar 109	defin n an d 9-MIS	ition office SC)	of "key employer, director, truste of more than \$1	ee." ee, or key emplo 00,000 from the	yee)
	of the organization's former officers, ke eportable compensation from the organi							ed e	employees who r	eceived more that	an
• List all o	of the organization's former directors o more than \$10,000 of reportable compe	or trustees that	receiv	ved,	in t	he d	capac				the
	n the following order: individual trustees employees; and former such persons.	or directors; ins	titutic	nal	trus	stee	s, offi	cers	s, key employees	s; highest	
Check thi	s box if neither the organization nor any	related organiz	ation	cor	npe	nsat	ted a	пу с	urrent officer, dir	ector, or trustee	
(A) Name and Title		(B) Average hours per	age box, unless person is both an Reportable							(E) Reportable compensation	(F) Estimated amount of
		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)	other compensation from the organization and related organizations
(1) Stuart I		7.00									•
Chair & Board (2) Emile E		0.00 1 00		├	X	├─		╁	0	0	0
Board member		0.00]			1		o	o	0
(3) Paula E	· · · · · · · · · · · · · · · · · · ·	1.00	+	_	╆┈	\vdash	-	╁		- 0	<u> </u>
Board member		0.00		ŀ		ĺ	1		ĺo	o	0
(4) Julie I E		1.00		Г		T		┢			<u>-</u>
Board member		0.00							l o	o	0
(5) Warren		1 00			<u> </u>		 				
Board member		0.00							o	О	0
	Kaplan Freedman	1.00	 								
Board member		0.00	X	L		L			о	0	0
(7) Seth Ja		1 00		Π	Ī						
Board member		0.00	Х		1	l	L	L	0	0	0
(0)											
(8) Greg R	othman	1.00				Π					

42.00

35.00

0.00

0.00

Χ

Χ

(9) Lee Gordon

(11)

(12)

(13)

(14)

(10) Patricia Smith
Secretary & Administrative Assistant

Executive Director

1,326

674

0

0

60,000

32,167

	Hand in Hand American Friend To VII Section A. Officers, Directors, Tru									93-126		P	age 8
(A) Name and title		(B) Average hours per	(C) Position (do not check more than of box, unless person is both officer and a director/trust					one an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
		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)	f org an	other npensa from the ganizate ad relate anizate	e tion ted
(15)												-	
(16)										• • • • • • • • • • • • • • • • • • • •			
(17)													
(18)			-										
(19)													
(20)			-	_		_							
(21)								\vdash					
(22)								_					
(23)						-							
(24)													
(25)				-		\vdash		-					
1b	Sub-total		<u> </u>	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	92,167	0		;	2,000
c d	Total from continuation sheets to Part VII, Solution (add lines 1b and 1c)	ection A						>	92,167	0			0 2,000
2	Total number of individuals (including but not lir reportable compensation from the organization	mited to those lis		bov				ved				-	12.22
3	Did the organization list any former officer, dire		kov s				r bial	hoe	compensated			Yes	No
•	employee on line 1a? If "Yes," complete Sched	lule J for such in	dıvid	ıaİ .							3		х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	•	•						•				
5	individual		 on fro	 m.a	1V U	 Inrel	lated	ora		 vidual	4	_	X
	for services rendered to the organization? If "Yoion B. Independent Contractors										5		Х
1	Complete this table for your five highest compectation from the organization. Report of year										tax		
	(A) Name and business add	iress							(B) Description of ser	vices ((C Compe) nsation	1
													0
								-	<u>-</u>				<u>0</u> 0
											-		<u>ŏ</u>

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

Part	VIII	Statement of Revenue Check if Schedule O contains a	response or	note to any line in	this Part VIII			
		Crica ii Gariedale G contains a	response of	Tiole to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1	a 4,800				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1					
عَ قِ	С	Fundraising events	1	c 0				
# F	d	Related organizations	1	d 0		i		j
, E	е	Government grants (contributions)		e 0				
ti o	f	All other contributions, gifts, grants						1
호		similar amounts not included above	e 1	f 2,213,734	1			
Contr	g	Noncash contributions included in line	es 1a-1f:					1
ن ق	h	Total. Add lines 1a-1f			2,218,534	:		
				Business Code				
169	2a				o			
Program Service Revenue	ь				0			
<u>.8</u>	С				0			
9	d				0			<u> </u>
E	е				0	· · · · · · · · · · · · · · · · · · ·	······································	
gra	f	All other program service revenue			0			
Pro	q	Total. Add lines 2a-2f		•	0			
	3	Investment income (including divid						
					12			12
	4	Income from investment of tax-exe			0			
	5	Daniel Maria			0			
	_		(ı) Real	(ii) Personal				
	6a	Gross rents						1
	b	Less: rental expenses						
		Rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	ol o	I			
	C			<u> </u>	0	· · · · · · · · · · · · · · · · · · ·		
	d 70		(ı) Securities	(ii) Other	<u> </u>			
	7a	Gross amount from sales of assets other than inventory	(1) Occariacs					ļ
	_	·	•	9 9	1			
	b	Less: cost or other basis			ł			
	_	and sales expenses .		0 0				
	C	Gain or (loss)						
	d	Net gain or (loss)			0			ļ
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c See Part IV, line 18	;)	a 0				
Ě		Less. direct expenses		0				
U		Net income or (loss) from fundraisi		<u> ▶</u>	0			
	9a	Gross income from gaming activitie	es.	·	1			
		See Part IV, line 19		• <u> </u>				1
	b	Less: direct expenses	I	0				
	С	Net income or (loss) from gaming a	activities		0			
	10a	Gross sales of inventory, less						
		returns and allowances		al ol				
	ь	Less: cost of goods sold			i		•	1
		Net income or (loss) from sales of			0		<u> </u>	
	├ -	Miscellaneous Revenue		Business Code		······································	 	
	11a				o		 	
	b				0			
				-				
	C	All other revenue		<u> </u>	0	 	 	
	d	All other revenue		L	0			ļ
	e	Total. Add lines 11a–11d			0	·		ļ
	l 12	Total revenue. See instructions .			2,218,546	0	1 0	l 12

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21	l ol		,						
2	Grants and other assistance to individuals in the									
	United States See Part IV, line 22	l ol								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States See Part IV, lines 15 and 16	1,867,485	1,867,485							
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
	trustees, and key employees	97,711	12,271	26,767	58,673					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and]						
	persons described in section 4958(c)(3)(B)	l ol								
7	Other salanes and wages	2,433	1,460	486	487					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	o								
9	Other employee benefits	0								
10	Payroll taxes	9,009	1,261	2,432	5,316					
11	Fees for services (non-employees).		·							
а	Management	i ol								
b	Legal	0								
C	Accounting	9,815		9,815						
d	Lobbying	0								
е	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	0								
g	Other. (If line 11g amount exceeds 10% of line 25, column									
_	(A) amount, list line 11g expenses on Schedule O.)	799	55	59	685					
12	Advertising and promotion	0								
13	Office expenses	21,442	2,359	2,144	16,939					
14	Information technology	3,452	1,925	685	842					
15	Royalties	0								
16	Occupancy	7,011	982	1,893	4,136					
17	Travel	18,821	2,635	5,082	11,104					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	6,078		364	5,714					
20	Interest	28		28						
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	317	44	86	187					
23	Insurance	2,465	142	1,724	599					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If		i							
	line 24e amount exceeds 10% of line 25, column	1	ì	}	,					
	(A) amount, list line 24e expenses on Schedule O)									
а	Educational Program Expenses	17,505	17,505							
b	Organizational Dues	4,100	4,100							
C	Fees & Misc	317	25	292						
đ		0								
е	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24e	2,068,788	1,912,249	51,857	104,682					
26	Joint costs. Complete this line only if the	ļ			- 					
	organization reported in column (B) joint costs	1		1						
	from a combined educational campaign and			1						
	fundraising solicitation Check here ► X if			ļ						
	following SOP 98-2 (ASC 958-720)	3,438	1,923	682	834					

93-1269590

Part X Balance Sheet

	<u> </u>	Check if Schedule O contains a response or	note to	any line in this Part X.		•	<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	6,909
	2	Savings and temporary cash investments		[27,332	2	26,322
	3	Pledges and grants receivable, net		[400,000	3	537,348
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compens	ated em	ployees.			
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified personal	ons (as d	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	•	7			
		sponsoring organizations of section 501(c)(9) voluntary e					
2		organizations (see instructions) Complete Part II of Sche		· r		6	
Assets	7	Notes and loans receivable, net		<u></u>	0	7	0
As	8	Inventories for sale or use				8	
	9				1,031	9	528
	10a	Land, buildings, and equipment: cost or	i i 1		1,001		020
	100		10a	12,553			
	Ь		10b		0	10c	2,724
	11				0		2,724
	12	Investments—other securities. See Part IV, line			0		0
	13	Investments—program-related See Part IV, line		F-	0	_	0
	14	· · ·		0		0	
	1 -	Intangible assets Other assets See Part IV, line 11			0	_	0
	15				428,363	_	· · · · · · · · · · · · · · · · · · ·
	16	Total assets. Add lines 1 through 15 (must equ				17	573,831
	17	Accounts payable and accrued expenses			6,657	18	2,367
	18	Grants payable		i			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities .		····	20		
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme		•			
Ē		trustees, key employees, highest compensated					
ia		disqualified persons. Complete Part II of Sched				22	
	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					
					0		0
	26	Total liabilities. Add lines 17 through 25.			6,657	26	2,367
803		Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a		ck here ► X and			
ā	27	Unrestricted net assets			21,706	27	34,116
Bal	28	Temporarily restricted net assets			400,000		537,348
ᅙ	29	•				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	, check h	nere 🕨 🗌 and			
ā	30	Capital stock or trust principal, or current funds	.			30	
586	31	Paid-in or capital surplus, or land, building, or e		<u>-</u>		31	
Ä	32	Retained earnings, endowment, accumulated i		h-		32	
Ž	33				421,706		571,464
	34	Total liabilities and net assets/fund balances .		⊢	428,363		573,831

LOIIII 2	Trand in Hand American Friends of the Center for Jewish Arab Education	93-1	<u> </u>	Page	12
Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,218,	546
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,068,	788
3	Revenue less expenses. Subtract line 2 from line 1	3		149,	758
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		421,	706
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,	- 1			
	column (B))	10		571,	464
Part	· · ·			_	_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. L</u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	·			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	- LUIEL D
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			3.74	200
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				10,45 4
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	2000 X 11	X
	If the organization changed either its oversight process or selection process during the tax year, explain in		: 63 10		7.6
	Schedule O			34.7	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		14.3.4563	aB32727	
	the Single Audit Act and OMB Circular A-133?		3a	- 1	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	<u> </u>	. 3b		
			Form	990 (2013)

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

	of the organization Employer identification number												
	_			Center for Jewish Arab				Abi	1) 0 :-		269590		
Par	_			arity Status (All orgains)						<u>istructioi</u>	ns.		
1			•	ches, or association of		_		•	•				
2	H			n 170(b)(1)(A)(ii). (Atta			in sectio	11 17 0(15)(·/(~/(·/·				
3	H			ospital service organiza		•	ection 17	D/6\/4\/A\	/iii\				
4	H	-		ion operated in conjun						/4\/ A \/#!\	Entor	bo	
•		hospital's na	me, city, and sta	te						· · · · · ·			
5		-	•	the benefit of a college Complete Part II.)	or univer	sity owner	d or opera	ated by a g	governmei	ntal unit d	lescnbe	d	
6		A federal, sta	ite, or local gove	mment or government	al unit des	scribed in	section 1	70(b)(1)(A	A)(v).				
7	X	_	-	receives a substantial	•	s 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). (Cor	mplete Par	rt II.)						
9	同	•		receives: (1) more tha		-	•	contribut	ions, mem	bership f	ees. an	d aross	3
		_		d to its exempt function		•	•			•	-	_	
			-	nt income and unrelate			-		-	from bus	inesses	6	
			~	after June 30, 1975. S			•		•				
10	\sqsubseteq	_	_	nd operated exclusively		•	•						
11	Ш	-	•	nd operated exclusively			•			•		4.	
		•	•	licly supported organiz t describes the type of								ction	
		a Type						<u> </u>		_		oamto	4
•		a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
e	ш	persons other than foundation managers and other than one or more publicly supported organizations described in section											
		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				viwritten determination	from the I	RS that it	is a Type	I. Type II.	or Type II	l supporti	na		
		_	check this box		•								
g		Since Augus	t 17, 2006, has t	he organization accept	ted any gr	ft or contri	bution fro	m any of t	the				
		following per											
			-	or indirectly controls, ei erning body of the sup		_	-		scribed in	(11)		Yes	No
				person described in (i)		yanızation	f			•	11g(i) 11g(ii)		
		• •	•	of a person described							11g(iii)		
<u>h</u>				tion about the supporte									
(i)		re of supported rganization (iii) EIN (iiii) Type of organization (described on lines 1–9 above or IRC section (see Instructions)) (iv) Is the organization in col (i) listed in your governing document? (iv) Did you notify the organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (iii) organization in col (iv) Is the organization		(vii) An	(vii) Amount of monetary support								
					Yes	No	Yes	No	Yes	No	1		
(A)													
(B)													-
(C)													
(D)													-
(E)													
Tota	ı												0

Part II 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.)

	ndar year (or fiscal year beginning in)	(a) 2000	(b) 2010	(a) 2011	(d) 2012	(a) 2012	(f) Total
_		(a) 2009	(b) 2010	(c) 2011	(u) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	i				1	
	membership fees received. (Do not						
_	include any "unusual grants.")	848,877	1,398,363	1,297,733	1,571,203	2,218,534	7,334,710
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its 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	848,877	1,398,363	1,297,733	1,571,203	2,218,534	7,334,710
5	The portion of total contributions by each					1	
	person (other than a governmental unit					İ	
	or publicly supported organization)						
	included on line 1 that exceeds 2%					[
	of the amount shown on line 11,						
	column (f)						2,856,095
6	Public support. Subtract line 5 from line 4.						4,478,615
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	848,877	1,398,363	1,297,733	1,571,203	2,218,534	7,334,710
8	Gross income from interest, dividends,						······································
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	43	18	19	10	12	102
9	Net income from unrelated business						
	activities, whether or not the business is						
	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						7,334,812
12	Gross receipts from related activities, etc (se	e instructions)				12	3,930
13	First five years. If the Form 990 is for the org					ection 501(c)(3)	
	organization, check this box and stop here.						▶□
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2013 (line 6, co		d by line 11 co	lumn (f))		14	61.06%
15	Public support percentage from 2012 Schedu					15	57 73%
16a	33 1/3% support test-2013. If the organizat						
	and stop here. The organization qualifies as						► X
b	33 1/3% support test-2012. If the organizat						
_	box and stop here. The organization qualifies						▶ □
17a	10%-facts-and-circumstances test—2013.	•	•				
114	is 10% or more, and if the organization meets	_				•	.
	Part IV how the organization meets the "facts						
				•	uaimes as a pu	blicly supported	ـــا د
_	organization						▶∟
b	10%-facts-and-circumstances test—2012.	-				•	
	15 is 10% or more, and if the organization me						ain in
	Part IV how the organization meets the "facts			-	•	•	<u>, [</u>
	supported organization						• • ▶ 📋
18	Private foundation. If the organization did no				•		
	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	ion A. Public Support	_					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees]					
	received (Do not include any "unusual grants.")						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	 					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					· · · · · · · · · · · · · · · · · · ·	<u>_</u>
	furnished by a governmental unit to the	1					
	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	ļ					0
þ	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	1					0
С	Add lines 7a and 7b.	l ol	0	0	0	0	
8	Public support (Subtract line 7c from		<u>_</u>		<u> </u>		
	line 6)						0
	tion B. Total Support	1			·		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,	ł					
=.	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	1					0
_	acquired after June 30, 1975		0	0	0	0	0
С 11	Net income from unrelated business	<u> </u>				- 0	<u> </u>
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						<u>-</u>
	loss from the sale of capital assets]					
	(Explain in Part IV.)						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 organization, check this box and stop here.	ation's first, seco		or fifth tax year a	•	c)(3) 	. ▶□
Sec	tion C. Computation of Public Support	Percentage	· ·				
15	Public support percentage for 2013 (line 8, column		e 13, column (f))		•	15	0.00%
16	Public support percentage from 2012 Schedule A,	Part III, line 15		<u> </u>		16	0 00%
Sec	tion D. Computation of Investment Inc	ome Percenta					
17	Investment income percentage for 2013 (line 10c,	column (f) divide	d by line 13, colu	ımn (f))		17	0.00%
18	Investment income percentage from 2012 Schedu					18	0.00%
19a	33 1/3% support tests—2013. If the organization						
	not more than 33 1/3%, check this box and stop h	_			_		▶ 📙
b	33 1/3% support tests—2012. If the organization						, —
	line 18 is not more than 33 1/3%, check this box a					-	▶Щ
20	Private foundation. If the organization did not ch	eck a box on line	14, 19a, or 19b,	cneck this box a	nd see instructio	ns	▶

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1	Page 4 7b;
	and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		
		.
		-
		-

Schedule A (Form 990 or 980-EZ) 2013

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.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Hand in Hand American Friends of the Center for Jewish Arab Education 93-1269590 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year 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? . . . No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year а 2a 2b b Total acreage restricted by conservation easements. . . . C Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedu	ule D (Form 990) 2013 Hand in Hand Ame	erican Friends of the	Center for Jew	rish Arab Educatio	on 93-126	9590	F	age 2
Part	Organizations Maintaining	Collections of	Art, Historica	l Treasures, o	Other Similar Ass	ets (cont	inuea	1)
з .	Using the organization's acquisition, a	ccession, and other	records, check	any of the followi	ng that are a significan	t		
	use of its collection items (check all th	at apply)						
а	Public exhibition		d 🔲 Lo	oan or exchange i	orograms			
b	Scholarly research		e 🗍 O	ther				
C	Preservation for future generation	ons	_					
4	Provide a description of the organizati		explain how the	ey further the orga	anization's exempt purp	ose in		
	Part XIII.		•	•				
5	During the year, did the organization s	olicit or receive dor	ations of art, his	storical treasures,	or other similar			
	assets to be sold to raise funds rather	than to be maintain	ed as part of th	e organization's c	ollection?	Ye	s 🗌	No
Part	IV Escrow and Custodial Arr	angements.			 			
	Complete if the organization		to Form 990.	Part IV. line 9.	or reported an amou	nt on Fo	rm	
	990, Part X, line 21.		·					
1a	Is the organization an agent, trustee, o	custodian or other in	ntermediary for	contributions or ot	her assets not			
	included on Form 990, Part X?		•			Ye	s \square	No
b	If "Yes," explain the arrangement in Pa	art XIII and complet	e the following t	able:				
	_	·	_			Amount		
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			0
2a	Did the organization include an amour	nt on Form 990. Pai	t X. line 21? .			Ye	s X	No
b	If "Yes," explain the arrangement in Pa						` 岸	
Part		art 7tm. Oncon noro	THE OXPIGNOUS	on nao been provi	dod iii i di (7(iii)			
Part	Complete if the organization	a anguared "Vec"	to Form 000	Port IV line 10				
	Complete it the organization	T	 			u (a) 5-		h 1 -
4.	Posinnung of year balance	(a) Current year	(b) Prior year	(c) Two years	back (d) Three years bac	X (8) FOL	ır years	Dack
1a	Beginning of year balance							
b		·						
С	Net investment earnings, gains,							
_	and losses							
d	Grants or scholarships Other expenditures for facilities							·
е	•							
	and programs	 						
'	End of year balance	0		0	ō	0		0
2	Provide the estimated percentage of t		<u> </u>	<u> </u>		<u> </u>		
a	Board designated or quasi-endowmer	•	%	g, column (a)) nei	u as.			
b	Permanent endowment	%	/9-					
c	Temporarily restricted endowment	▶ %						
•	The percentages in lines 2a, 2b, and 2		-					
3a	Are there endowment funds not in the	•		t are held and adi	ministered for the			
	organization by	, , , , , , , , , , , , , , , , , , , ,	J. ga			Γ	Yes	No
	(i) unrelated organizations.					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(II), are the related organ		aured on Sche			3b		
4	Describe in Part XIII the intended use		•					
Part								
	Complete if the organization		to Form 990.	Part IV. line 11a	a. See Form 990. Pa	art X. line	10.	
	Description of property	(a) Cost or o		(b) Cost or other	(c) Accumulated		ok value	 e
	· · · ·	(investr		basis (other)	depreciation	(,,, 50		
1a	Land		0	0				0
b	Buildings		0	0	0			0
С	Leasehold improvements		0	0	0			0
d	Equipment		0	12,553	9,829			2,724
_ е	Other .		0	0	0			0
Total	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colui	mn (B), line 10(c).) >			2,724

Schedule D (Form 990) 2013

Part VII	Investments—Other Securiti Complete if the organization a		90. Part IV. line 11b. See For	m 990. Part X line 12
(a) C	Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation.
(1) Financial d	derivatives	†		
	eld equity interests		<u> </u>	
•			· · · · · · · · · · · · · · · · · · ·	
		-		
				
(E)				
(F)	***************************************			· · · · · · · · · · · · · · · · · · ·
/O\				
(H)				
Total. (Column (b) m	nust equal Form 990, Part X, col (B) line 12)	C		
Part VIII	Investments—Program Rela	ted.		
	Complete if the organization a	nswered "Yes" to Form 99	90, Part IV, line 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	aluation
(1)	······································			······································
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
Total. (Column (b) n	must equal Form 990, Part X, col (B) line 13)	C		
Part IX	Other Assets. Complete if the organization a	nswered "Yes" to Form 99	90, Part IV, line 11d. See For	m 990, Part X, line 15.
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		·	***************************************	
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, c	ol. (B) line 15)	<u> </u>	1
Part X	Other Liabilities. Complete if the organization a	Inswered "Yes" to Form 99	90, Part IV, line 11e or 11f. Se	ee Form 990. Part X.
	line 25.			<u> </u>
1.	(a) Description of liability	(b) Book value		
(1) Federal II	income taxes		<u>의</u>	
			_	
(2)		.	1	
(2) (3)				
]	
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7) (8) (9)	nust equal Form 990, Part X, col (B) line 25.)			

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.

Part	Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" to Form 990, Part IV, line	•	Return	
1	Total revenue, gains, and other support per audited financial statements		1	2,218,546
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		 	2,210,040
a	Net unrealized gains on investments			
b	Donated services and use of facilities		1	
C	Recovenes of prior year grants		1 1	
d	Other (Describe in Part XIII)		1	
8	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,218,546
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)		1	
С	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	2,218,546
Pari	rt XII Reconciliation of Expenses per Audited Financial Statements Wit		er Retur	
	Complete if the organization answered "Yes" to Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	2,068,788
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			,
а	Donated services and use of facilities			
b	Pnor year adjustments		1	
С	Other losses		1 1	
d	Other (Describe in Part XIII.)	<u></u>	1	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,068,788
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIII)			
C	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	2,068,788
Par	rt XIII Supplemental Information			
Provi	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	es 1b and 2b; Pa	rt V, line 4,	Part X, line
2, Pa	Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.	
Part 2	t X Line 2 FIN 48 FOOTNOTE. Hand in Hand is exempt from federal and state income taxes	3		
unde	er Section 501(c)(3) of the Internal Revenue code and comparable state law and, as			
such.	h, is not subject to income taxes on net income from exempt activities. The Company is			
	,			
not a	aware of any uncertain tax positions. If there were any uncertain tax positions, the			
Com	mpany would account for them using the provisions of ASC 740. The tax years subject to			
audit	lit are 2011, 2012, 2013 and 2014			
		*		
		·		
				**=====================================
-				

Schedule D (Form 9		land in Hand <i>i</i>	American Frie	ends of the Ce	enter for Jew	<u>rish Arab Ed</u>	ucation	93-1269590	Page 5
Part XIII	Suppleme	ental Inforr	nation (con	tinued)					
<u> </u>			1		**	****	·		-
•									
		- <i></i>							
							- 		
									·
						· 			

Schedule D (Form 990) 2013

Schedule F (Form 990)

Statement of Activities Outside the United States

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization	do of the Contac	for lovideb Auch	Education		93-1269590				
	in Hand American Friends of the Center for Jewish Arab Education General Information on Activities Outside the United States. Complete if the organizatives" on Form 990, Part IV, line 14b								
"Yes" on Form	990, Part IV, line	e 14b							
assistance, the grantee the grants or assistance	s' eligibility for the?	ne grants or assi	rds to substantiate the amountistance, and the selection crit	eria used to award	X Yes No				
	ne following Part	I, line 3 table ca	an be duplicated if additional	space is needed.)	· 				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of service(s) in region	expenditures for				
Middle East and North (1) Africa	0	0	grants to recipients in region		1,867,485				
Middle East and North (2) Africa	0	0	program service	summer camp	17,505				
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)				<u> </u>					
(13)									
(14)									
(15)		<u> </u>							
(16)									
(17)					100/00				
3a Sub-total b Total from continuation	0	0			1,884,990				
sheets to Part I	o	0			o				

0

0

1,884,990

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" on 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. Hand in Hand American Friends of the Center for Jewish Arab Education Schedule F (Form 990) 2013 Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of Cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(5)		Middle East and North Africa	Middle East and North community outreach & Africa	1,866,500	wire transfer	985	digital projector for 985 English classes	FMV
(2)								
(3)								
(4)								_
(2)								
(9)								
(2)								
(8)								
(6)								
(10)								
(4)								
(12)								
(13)								
(14)								
(15)								
(16)								

Enter total number of other organizations or entities.

က

Schedule F (Form 990) 2013

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 ~

Page J

Hand in Hand American Friends of the Center for Jewish Arab Education

Schedule F (Form 990) 2013
Part III Grants

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

Schedule F (Form 990) 2013 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance 8 ପ୍ର **3** 9 € 9 B 9 ම 3 122 <u>E</u> 4 9 (18) 흰 (15) (17)

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

93-1269590

		_	
Part	V	l	Su

Sup	plemer	ital Info	ormation

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 funds (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 programs and projects. In addition, the Executive Director of Hand in Hand has
regular phone calls with the staff in Israel, including weekly or bi-weekly calls with the
Executive Director in Israel; and reviews print and online articles about the school.
······································

SCHĘDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number			
Hand in Hand American Friends of 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 O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
Hand in Hand American Friends of the Center for Jewish Arab Education	93-1269590

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