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Internal Revenue Service

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

OMB No 1545-0047

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

Open to Public Inspection

A	For the	e 2011 calendar year, or tax year beginning $$	ng J	UN 30, 2012					
В	Check if applicab	C Name of organization		D Employer identific	ation number				
	Addre	TEMPLE ISRAEL FOUNDATION FUND							
	Name	Doing Business As		94-25	33608				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	n/suite	E Telephone number					
Ē	Termi			(209)	951-8834				
F	Amen	ded Chilartown state of account and ZID . A							
7	Applic			G Gross receipts \$ H(a) Is this a group ret	691,275.				
	Ition pendi			for affiliates?	Yes X No				
		same as C above		H(b) Are all affiliates inclu					
	Tovov	empt status	527		st. (see instructions)				
		te: $\triangleright N/A$		H(c) Group exemption	•				
			I Voor		State of legal domicile: CA				
	art I	Summary	L Teal (DI TOTTIALION. 1370 M	State of legal domicile, CA				
•	_	Briefly describe the organization's mission or most significant activities THE FOL	TNTD A	ייד או דוואוו די	MANCTALLV				
∫ Governance	1	SUPPORTS THE RELIGIOUS, EDUCATIONAL AND CUI							
E.	2	Check this box Inf the organization discontinued its operations or disposed of							
ě	1	Number of voting members of the governing body (Part VI, line 1a)		3	8				
ු යි		Number of independent voting members of the governing body (Part VI, line 1b)	•	4	8				
≥ ∞	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0				
% ties	1	Total number of volunteers (estimate if necessary)		6	0				
ಸ ಸ ಜಿಲಿೞ Activities &	ŀ	Total unrelated business revenue from Part VIII, column (C), line 12		· —	0.				
⊒ Ş	i			7a	0.				
<u>.</u>]	D	Net unrelated business taxable income from Form 990-T, line 34		7b					
		١٥		Prior Year 70.	Current Year				
			-		0.				
Sevenue Revenue		rogian sortion to to the first tim, and Egy (1).	-	0.	0.				
₹ &		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,831.	196,431.				
<u> </u>	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	0.	0.				
/		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	50,901.	196,431.				
D	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)	·	37,365.	35,000.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	.	0.	0.				
eus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>-</u>						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	.	4,073.	4,189.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		41,438.	39,189.				
-,,	19	Revenue less expenses Subtract line 18 from line 12		9,463.	<u> 157,242.</u>				
Net Assets or			Be	ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)	<u> </u>	1,144,462.	1,301,704.				
Ž,	21	Total liabilities (Part X, line 26)	<u> </u>	0.	0.				
		Net assets or fund balances. Subtract line 21 from line 20		1,144,462.	1,301,704.				
_	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.					
Sig	n n	Signature of officer		Date 11 - 12	3-12				
He	re	James Morris, President							
		Type or print name and title	1.0		T DTIN				
Print/Type preparer's name Preparer's signature One Check PTIN									
Paid ELLIS D. MILLER Clim Mulla 109.25.2012 self-employed P0013									
	parer	Firm's name O.B. KLEINFELD & CO.		Firm's EIN	68-0172520				
Use	Only	Firm's address 949 N. CENTER STREET, SUITE A							
	STOCKTON, CA 95202-1327 Phone no.								
<u>Ma</u>	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
1320	001 01-2	23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2011)				

See Schedule O for Organization Mission Statement Continuation

Form	1 99D (2011) TEMPLE ISRAEL FOUNDATION FUND	94-2533608	Page 2
Pa	rt III Statement of Program Service Accomplishments	· ·	
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: None		
•	Dicity describe the digatileation of mission.		
			
			
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	. L_Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	3
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	others, the total expenses, and revenue, if any, for each program service reported	grants and anocations t	•
4a	(Code) (Expenses \$,
	THE FOUNDATION FUND FINANCIALLY SUPPORTS THE RELIGIOUS,	EDUCATIONAL	AND
	CULTURAL GOALS OF		
	TEMPLE ISRAEL BY HELPING TO FUND PROGRAMMING. PROGRAMS		
	FINANCIAL SUPPORT TO THE RELIGIOUS SCHOOL, ADULT EDUCAT:	<u>ION AND RELA</u>	TED_
	PROGRAMS.		
			
		<u> </u>	
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue)
		<u>.</u>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	Je \$)
4d	Other program services (Describe in Schedule O.)	· · ·	
-	(Expenses \$ including grants of \$) (Revenue \$)	
 4е	Total program service expenses ► 35,000.		
		Form 9	90 (2011)

Form 990 (2011) TEMPLE ISRAE
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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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_		X
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_		
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,	_		v
_	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			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			
		14h		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	_	
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20a	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		
		Form	9 90 (2011)

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	İ		
	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	İ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	<u> </u>
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 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, highly compensated employee, or 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, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
00	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). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		Λ
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?		-	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2	2011)

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Pai				
	Check if Schedule O contains a response to any question in this Part V	•		ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		х
А	If "Yes," Indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		İ
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
_ b				
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
40	amounts due or received from them.)	40		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		\vdash
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			ĺ
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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

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14b

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

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ŀ		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		37
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	v	
a	The governing body?	8a	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_8b_		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
,,,,	tion D. I onotee (mis occion b requests information about policies not required by the internal nevertae code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
þ	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 give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
103	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		v
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		X
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	IUU		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶CA			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply		_	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	cial	
-	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion [,]	·	
	HENRY EBSTEIN - (209) 951-8834			
	5105 N. EL DORADO STREET, STOCKTON, CA 95207-5849			
3200	3	Earm	gan /	2011\

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

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

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

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

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

Check this box if neither the organization nor any related				organization compensated any current officer, director, or trustee								
(A) Name and Title	(B) Average hours per	(do	not c	Pos	more	l than is bot	one th an	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of		
	week (describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer	lirecto	Highest compensated A	stee)	from the organization (W-2/1099-MISC)		other compensation from the organization and related organizations		
(1) JAMES MORRIS										_		
PRESIDENT	4.00	X		X		ļ	-	0.	0.	0.		
	4.00	x		x				0.	0.	0.		
(3) ALAN GOLDBERG												
TREASURER	5.00	X		X	<u> </u>	ļ		0.	0.	0.		
		ļ				<u> </u>	<u> </u>					
		<u> </u>	<u> </u>	_		<u> </u>	<u> </u>					
·		<u> </u>					<u> </u>					
							<u> </u>					
		<u> </u>				-	-					
		 	-	_		-						
	1							_				
				_	_		_					
		Ц		Ь-		ч	Ц.	<u> </u>	L			

Form **990** (2011)

Pai	t VII Section A. Officers, Directors, Tru	istees, Key Er	mple	oyee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)				
(A) (B)			1		(0	C)			(D)	(E)		_	(F)	
	Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	e Estimated			ed
		hours per	week box, unless person is both			h an	compensation	compensatio		aı	nount	of		
		(describe	-				<u> </u>		from the	from related organizations		con	other opensa	tion
		hours for	or director				ed		organization	(W-2/1099-MIS			rom th	
		related	stee o	rustee			ensat		(W-2/1099-MISC)			_	janızat	
		organizations in Schedule	ag fr	onal		ployee	0 es						d relat	
		O)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anızatı	ons
		<u> </u>	-	<u> </u>	-	×	Ξ 45	-						_
							_							
														_
			ļ											
										<u> </u>				_
	-												_	
			ļ											
	Sub total								0.		0.			0.
	Sub-total Total from continuation sheets to Part VI	I Section A			•	٠			0.		0.			0.
	Total (add lines 1b and 1c)	., 000tion A							0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportable				
	compensation from the organization								 ,					0
											,		Yes	No
3	Did the organization list any former officer,		ıstee	e, ke	у еп	olqn	yee,	or I	highest compensated e	nployee on				
	line 1a? If "Yes," complete Schedule J for s										ļ	3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	ŀ			х
5	Did any person listed on line 1a receive or a									dual for services	ŀ	4		Α_
•	rendered to the organization? If "Yes," com							Cial	ed organization or indivi	dual for services		5		X
Sec	tion B. Independent Contractors								••					
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensa	ation 1	rom	
	the organization Report compensation for	the calendar y	ear e	endii	ng w	/rth d	or w	thin	the organization's tax	/ear				
	(A)				_			- 1	(B)		_	((_
	Name and business	address	N	ONE	<u> </u>			\dashv	Description of s	ervices		ompe	nsatio	n
								\dashv		•				
								\neg				_		
								\perp						
										1				
								\dashv				_		
2	Total number of independent contractors (i	ncluding but n	Ot lo	mıte	d to	thos	امع	ted	above) who received m	ore than				
~	\$100,000 of compensation from the organic	_	J. III			(_	,.cu	above, who received III	O.C GIGIT				

Form 990 (2011)

Part VIII Statement of Revenue (D)
Revenue
excluded from
tax under (A) (B) (C) Total revenue Related or Unrelated exempt function business sections 512 revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total, Add lines 1a-1f **Business Code Program Service** 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 49,215. 49,215. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 642060. b Less: cost or other basis 494844 and sales expenses 147216. c Gain or (loss) 147,216. 147,216. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ __ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a þ d All other revenue e Total, Add lines 11a-11d 196,431. 49,215. Total revenue. See instructions. 132009 01-23-12 Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	ise to any question in thi	s 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				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	35,000.	35,000.		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	1 105		1 105	
C	Accounting .	1,195.		1,195.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	1,045.		1,045.	
T	Investment management fees	1,045.		1,045.	
g 10	Other Advertising and promotion	_			
12 13	Office expenses	.=.			 -
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	-		_	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	INSURANCE	1,949.		1,949.	
b					
С					
d					
	All other expenses	20 100	35 000	4 100	
25	Total functional expenses. Add lines 1 through 24e	39,189.	35,000.	4,189.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

12,501.

360.

7,589.

TEMPLE ISRAEL FOUNDATION FUND Form 990 (2011) **Balance Sheet** (A) Beginning of year (B) End of year 77.550 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 54,227.11 11 Investments - publicly traded securities 1,005,096. 1,281,254. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 7,589. 15 Other assets. See Part IV, line 11 15 1,144,462. 1,301,704. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27

> 1,301,704. Form 990 (2011)

1,301,704.

1,301,704.

28

29

30

32

0. 31

1,144,462

1,144,462.

28

29

30

31

32

33

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117, check here

X
and

Form	990 (2011) TEMPLE ISRAEL FOUNDATION FUND	94-253	3608	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	5,4	<u>31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>89.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	15	7 <u>,2</u>	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,14	4, 4	<u>62.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,30	1,7	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	9 90 (2	2011)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2011

Open to Public Inspection

Name of the organization

TEMPLE ISRAEL FOUNDATION FUND

Employer identification number 94-2533608

Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 X. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type I b Type II c Type III - Functionally integrated d ____ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type !, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Х 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) is the organization in col. (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes TEMPLE 94-15242581 35,000. **ISRAEL** X X X

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

Schedule A (Form 990 or 990-EZ) 2011

35,000.

132021 01-24-12 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	<u> </u>					
-	furnished by a governmental unit to						
	the organization without charge						İ
4	Total. Add lines 1 through 3			-			
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			· -	•	•	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	• •	• • • • • • • • • • • • • • • • • • • •				
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			1			
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital		•				
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	"
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop		· · · · · · · · · · · · · · · · · · ·				
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2011 (I	ine 6, column (f) d	ivided by line 11, o	olumn (f)) .		14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2011. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies		_		•		
þ	33 1/3% support test - 2010. If the o				l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test	t - 2011. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	nis box and stop h	nere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances test	t - 2010. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						·
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17			
					Scho	edule A (Form 990	or 990-FZ) 2011

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		T	<u> </u>	T		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6					ļ	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975				-		
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		L				
14 First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	:- O			<u> </u>		
Section C. Computation of Publ					T T	
15 Public support percentage for 2011 (•	olumn (f))		15	%
16 Public support percentage from 2010			•	· •	16	<u>%</u>
Section D. Computation of Inve			- 10 l · · · · · (0)		147	
17 Investment income percentage for 20			ie 13, column (f))		17	%
18 Investment income percentage from				. 1 <i>E</i>	18 33.1/30/ and line 1	<u>%</u>
19a 33 1/3% support tests - 2011. If the	-					/ IS NOT
more than 33 1/3%, check this box a	•					▶ ∐
b 33 1/3% support tests - 2010. If the	-					and .
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization		-			_	
ZU Private toungation, it the organization	AT GIG HOLCHECK &	DOX OF BUILDING 14, 19	a, or roo, check th	ino dux and see in	311111111111111111111111111111111111111	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2011
Open to Public Inspection

Name of the organization

Employer identification number

	TEMPLE ISRAEL FOUN	DATION FUND	94-2533608			
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or				
	organization answered "Yes" to Form 990, Part IV, lin	e 6	·			
			(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds			
	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor a		only			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring					
	impermissible private benefit?		. Yes No			
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part IV	/, line 7			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historica	ally important land area			
	Protection of natural habitat	Preservation of a certified h	nistoric structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onservation 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 easements		2b			
С	Number of conservation easements on a certified historic sti	* *	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure				
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe		—, —,			
_	violations, and enforcement of the conservation easements		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$					
8	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17 o(1)(4)(Yes No			
9	In Part XIV, describe how the organization reports conservat	Ion easements in its revenue and expense state	•			
3	include, if applicable, the text of the footnote to the organiza					
	conservation easements		garmanorro accedining ici			
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" to Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,			
	historical treasures, or other similar assets held for public ex					
	the text of the footnote to its financial statements that descr	ibes these items				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and I	balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts			
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain,				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenues included in Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		> \$			

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 TEMPLE ISRAEL FOUNDATION FUND		94-25336) 8 Page 4
Paı	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10 _	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses p	er Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities . 2a			
b	Prior year adjustments			
С	Other losses 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	t XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa			
X, lını	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to pro	vide any	additional informatio	n.
_	· · · · · · · · · · · · · · · · · · ·			
			 	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

TEMPLE ISRAEL FOUNDATION FUND

Employer identification number 94-2533608