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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

Form 990 (2013)

Department of the Treasury Internal Revenue Service

▶ 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.

ΑI	For the	2013 calendar year, or tax year beginning and calendar year, or tax year beginning	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	TEMPLE ISRAEL TRUST FUND			
	Name change			23-7	169054
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	·
	Termin	66 SALMON STREET		603-	669-1730
	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	390,506.
	Application	MANCHESIER, NII USIU4		H(a) Is this a group re	
	pendir	F Name and address of principal officer MICHAEL I BORNSTEIN	V	for subordinates	? Yes X No
		500 COMMERCIAL STREET, MANCHESTER, NH	03101	H(b) Are all subordinates in	cluded? Yes No
1	Tax∙exe	empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
<u>J</u> '	Websit	e: ▶ N/A		H(c) Group exemption	
		organization: Corporation X Trust Association Other ►	L Year	of formation: 1971 N	State of legal domicile: NH
P	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities $\ { t TO} \ { t PI}$	ROVIDE	FUNDS FOR	RELIGIOUS
ra	2	Check this box If the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
es &	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	4
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	Ь	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,000.	1,485.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,183.	12,684.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	.	<13,556.	
_		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A) - line 12)		22,627.	14,169.
		Grants and similar amounts paid (Part IX, column (A), lines 1.3)		1,887.	26,200.
	14	Benefits paid to or for members (Part IX, column (A), Inex		0.	0.
Ses	15	Salaries, other compensation, employee benefits (Fart IX, column (A), lines 5-10)	, · ⊢		0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·/; -	0.	0.
Ϋ́	_b	Total fundraising expenses (Part IX, Column (D)5)ine 25)	<u>.°0.</u>		2.4
_	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		1 007	24.
		Total expenses. Add lines 13-17 (must equal PartiX, column (A) line 25)	· · ·	1,887.	<u>26,224.</u>
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12		20,740.	<12,055.
Net Assets or	<u> </u>	Total counts (Dark V. Inc. 40)	Ве	ginning of Current Year 890,886.	End of Year 878,831.
SSE	20	Total assets (Part X, line 16)	-	0.000.	0.
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances, Subtract line 21 from line 20	<u> </u>	890,886.	878,831.
Ē	art II	Signature Block		030,000	070,031.
<u> </u>		lities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of wi			, monetage and continue
	,, 0000				
Sig	ın	Signature of officer Will Suth		Date	7.
He	•	MICHAEL I BORNSTEIN, CHAIRMAN		4/30	/ 14
:		Type or print name and title			
_		Print/Type preparer's name Preparer's signature// / //		Date Check	PTIN
Pai	d	Print/Type preparer's name MARIE C. MCKAY Preparer's signature MARIE C. MCKAY	ν lo)4/24/14 self-employ	P00294931
Ž.	parer	Firm's name BIGELOW & COMPANY, CPA, P.C.		Firm's EIN	02-0394333
	Only	Firm's address 500 COMMERCIAL STREET			
	•	MANCHESTER, NH 03101		Phone no. 60	36277659
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

26,224.

Form 990 (2013)

4e

Total program service expenses

7

Form 990 (2013) TEMPLE ISRAEL TRUST FUND
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)?		1	
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</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		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		<u>X</u>
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 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.			
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
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 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		<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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 on Part IX,	•		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	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? If "Yes,"			
	complete Schedule G, Part III	19	ļ	<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990	(2013)

Form 990 (2013) TEMPLE ISRAEL TRUST FUND
Part IV 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 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			İ
	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		X
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 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 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 entity or family member		ŀ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u></u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2013)

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Part V	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 if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</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	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ľ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
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		<u>X</u>
С	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 as chantable contributions?	6a		X
þ	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_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		**
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	٦		
	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		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1	1	
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against]		
	amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	L	
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		1
	organization is licensed to issue qualified health plans]		1
С	Enter the amount of reserves on hand			ļ <u>.</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	990	(2013)

Par	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.	'No" n	espon	se
				\mathbf{x}
200	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			<u> </u>
JEC	LION A. Governing body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 4		163	140_
ıa	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
L	Enter the number of voting members included in line 1a, above, who are independent 1b			
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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				
, .	more members of the governing body?	7a		Х
h	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 undertaken during the year by the following:	-		
а	The governing body?	8a		X
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a		11a	X	
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		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1
40	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14		^
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		X
_	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 arrangement with a		İ	
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Ì		
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		_	
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) and 990-T (Section 501(c)(3)s only) are	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
	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:	-	
	MICHAEL I BORNSTEIN - (603) 627-7659			
	500 COMMERCIAL STREET, MANCHESTER, NH 03101			

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

Check if Schedule O contains a response or i	note to any line 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.

X Check this box if neither the organization nor any related orga							nsat			
(A)	(B)			(C Pos	>)			(D)	(E)	(F)
Name and Title	Average	(do	POSITII do not check ma			than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both at officer and a director/trustee			ıs bot	h an	compensation	compensation	amount of	
	week		ceran	aa	recto	x/trus	ree)	from	from related	other
	(list any	ē						the	organizations	compensation
	hours for	5	يو			ate		organization	(W-2/1099-MISC)	from the
	related	stee	Fuste		8	E E		(W-2/1099-MISC)		organization
	organizations	를	olad		ploye	E 8				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ē	Ë	5	S.	± 5	8			
(1) MICHAEL I BORNSTEIN	1.00	l								•
TRUSTEE		X	ļ	_	_	┡	<u> </u>	0.	0.	0.
(2) JOHN WEBER	1.00	1		ŀ						
TRUSTEE		X				<u> </u>		0.	0.	0.
(3) LARRY ECKMAN	1.00									
TRUSTEE		X	l	<u> </u>				0.	0.	0.
(4) STEPHEN SAULTEN	1.00									
TRUSTEE		X					i	0.	0.	0.
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Par	VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C			- 1			
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Posi heck i		than	one	Reportable	Reportable	1		mated	
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	ו		ount o	f
		week	officer and a director/tr			A, u u S		from	from related			ther		
		(list any hours for	individual trustee or director				L		the	organizations		comp		
		related	e or d	麗			sate		organization (W-2/1099-MISC)	(W-2/1099-MIS	~ <i>)</i>		m the nızatıc	
		organizations	ruste	d trus		S.	mpeu	1	(11.2, 1033-141130)			-	relate	
		below	dualt	institutional trustee	_	Key employee	st co	a					nzatio	
		line)		Instit.	Officer	e	Highest compensated employee	Ę				J		
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		<u> </u>					<u> </u>	<u> </u>			ļ			
1b	Sub-total							ightharpoons	0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A						>	0.		0.		_	0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer	, director, or tr	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on	[
-	line 1a? If "Yes," complete Schedule J for					•						3		X
4	For any individual listed on line 1a, is the s			omo	ensa	atior	n and	d ot	her compensation from	the organization	İ			
7	and related organizations greater than \$15	· · ·										4		х
5	Did any person listed on line 1a receive or									idual for services	İ		<u> </u>	
•	rendered to the organization? If "Yes," con	•				-			J. ga action of mair		1	5		Х
Sec	tion B. Independent Contractors	AND TO CONTROL		<i>U</i> 1 3	JU11	ا الاس	JU11				1			
	Complete this table for your five highest of	nmnenestad in	den	end.	ent c	ont	ract	ore f	that received more than	\$100 000 of com	Dene	ation fr	om	
1	the organization Report compensation for										, J-01136	a	J	
		ano valentual)	Juli	U IU	y v	******	J: W		(B)	,		(C	·	
	(A) Name and busines:	s address	NT/	ON	FC:				Description of s	services	С	ِی ompen		1
			TA	ĆTA.	_ ك									
								-		-				
														
										İ				
2	Total number of independent contractors	(including but i	not li	imite	d to	tho	se li	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organ	ization >					0_							

Part VIII . Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded from tax under (C) Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue tributions, Gifts, Grants Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c Contributions, Gifts, d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,485 similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ 1,485 h Total. Add lines 1a-1f **Business Code** Program Service 2 a f All other program service revenue a Total. Add lines 2a-2f Investment income (including dividends, interest, and 34,021. 34,021. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties . 6 a Gross rents b Less rental expenses 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 355,000 b Less cost or other basis and sales expenses 376,337 **<21.337.**⊳ c Gain or (loss) <21,337.> <21,337.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of 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 d All other revenue e Total, Add lines 11a-11d 14,169. 12,684 Total revenue. See instructions.

Form 990 (2013) TEMPLE ISRAEL TRUST FUND Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons			(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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	26,200.	26,200.		
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				
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 salanes and wages			<u> </u>	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				-
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	24.	24.		
12	Advertising and promotion			<u>-</u> .	
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 0.)				<u> </u>
a					
b				-	
C					
d	All other expenses			-	
	All other expenses Add less 1 through 24s	26,224.	26,224.	0.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	40,44 4 .	40,444.	·	
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)				
	i i i i i i i i i i i i i i i i i i i				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,458. 2,682 Cash - non-interest-bearing 1 250,689. 43,487. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 637,515. 832,886. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 890,886 878,831 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 565,116. 557,783. 27 Unrestricted net assets 325,770. 28 321,048. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 890,886. 878,831. Total net assets or fund balances 33 33

890,886.

Total liabilities and net assets/fund balances

	990 (2013) TEMPLE ISRAEL TRUST FUND	23-7169	054	Page	<u>12</u>
Par	t XI Reconciliation of Net Assets			_	_
	Check if Schedule O contains a response or note to any line in this Part XI	· ,			丄
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,16	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,22	
3	Revenue less expenses. Subtract line 2 from line 1	3		,05	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>890</u>	,88	<u>6.</u>
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			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	ļ			
	column (B))	10	878	,83	<u>1.</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check If Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u></u>
			`	Yes 1	No
1	Accounting method used to prepare the Form 990: X Cash 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		l l		
b	Were the organization's financial statements audited by an independent accountant?		2b	;	<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both		1		
	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 the	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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	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	red audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (20) (213

SCHEDULE A

(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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Employer identification number

Name of	the organizati	on						E	mployer	identification number			
			ISRAEL TRUST						2	<u>3-7169054 </u>			
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions					
The organ	ization is not a	a private foundation b	pecause it is (For lines	1 through	11, check (only one b	ox.)						
1 🔲	A church, co	nvention of churches	, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).					
2 🔲	A school des	cnbed in section 170	0(b)(1)(A)(ii). (Attach Sc	hedule E)									
з 🔲	A hospital or	a cooperative hospit	al service organization	described	ın section	170(b)(1)((A)(iii).						
4 📖	A medical res	search organization o	perated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,			
	city, and stat	e:											
5 📖	An organizati	on operated for the b	penefit of a college or u	niversity o	wned or op	erated by	a governi	mental uni	t descnb	ed in			
	section 170	(b)(1)(A)(iv). (Comple	te Part II.)										
6 🖳	A federal, sta	ite, or local governme	ent or governmental uni	t describe	d ın sectio	n 170(b)(1	I)(A)(v).						
7 📖	An organizati	ion that normally rece	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public described in			
		b)(1)(A)(vi). (Complet											
8 📙			ection 170(b)(1)(A)(vi).										
9 📖	•	•	eives (1) more than 33						-	•			
		•	•	•		•				from gross investment			
			exable income (less sec	tion 511 ta	x) from bu	sinesses a	ecquired b	y the orga	inization	after June 30, 1975.			
		509(a)(2). (Complete	·	- 			500(.)(••					
10	•	•	erated exclusively to te	-	-			-					
11 [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												
			organization and compl				:). See se (euen sos(адо). Оп	eck the box that			
	a X Type		_		nctionally			aVT 🔲 t	a III . No	n-functionally integrated			
е 🗔	• •	-	t the organization is not	• -	-	_		•		, ,			
e	, ,	•	nan one or more public!		-	•	-		-	•			
f		•	ten determination from		-				λ(α)(1) σι	000110111 000(4)(2)1			
•		rganization, check th			u	po ., . , po	., , .						
g		•	rganization accepted ai	nv aift or c	ontribution	from anv	of the foll	owina pers	 sons?				
3	•		rectly controls, either a			_				Yes No			
			ipported organization?			•		• • • • • • • • • • • • • • • • • • • •		11g(i) X			
	(ii) A family	member of a person	described in (i) above?	· ·						11g(ii) X			
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?	_				11g(iii) X			
h	Provide the f	ollowing information	about the supported or	ganization	(s)								
(i) Name	of supported	(ii) EIN			organization			(vi) Is	the	(vii) Amount of monetary			
	anization	(,	(described on lines 1-9		sted in your			organization (i) organiz	ed in the	support			
			above or IRC section (see instructions))		document?			U.S					
			(acc management)	Yes	No	Yes	No	Yes	No				
TEMPL			_	ļ									
ISRAE	<u>:L</u>	02-6008822	1	X		X		X		26,200.			
					ļ			<u> </u>					
		{											
					-			 					
]											
		-			 	-	-		 				
Total	1			1	1	I			1	26.200.			

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

Schedule A (Form 990 or 990-EZ) 2013

Pa	Support Schedule for (Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I	or if the organization			
Sec	ction A. Public Support		•				-
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(2) = 0.00	,6/2000	10,200	(4/		(7)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	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)						
	Public support. Subtract line 5 from line 4		<u></u>		<u> </u>	<u> </u>	
	ction B. Total Support Indar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties	[8]2000	(0) 2010	(6) 25 (1	(U) ZS 1Z	Je/2515	(I) Total
9	and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	L	1	<u> </u>	<u> </u>	1	_l
13	Gross receipts from related activities. First five years. If the Form 990 is fo organization, check this box and store.	r the organization' p here	s first, second, thi	 rd, fourth, or fifth t	tax year as a sect	12 ion 501(c)(3)	. ▶□
	ction C. Computation of Publ	````	_ 				
14 15	Public support percentage for 2013 (Public support percentage from 2012	• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	%
k	stop here. The organization qualifies 33 1/3% support test - 2012. If the and stop here. The organization qualifies and stop here. The organization qualifone 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances" and if the organization meets and if the organization meets and if the organization meets and if the organization meets and if the organization meets and if the organization meets and if the organization meets and if the organization meets and if the organization meets and if the organization meets and if the organization meets a	as a publicly supportion and notice as a publicly st - 2013. If the org	ported organizatio ot check a box on supported organia ganization did not	n line 13 or 16a, an zation check a box on lir	d line 15 is 33 1/3 ne 13, 16a, or 16b	% or more, check 	this box
t	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes more, and if the organization meets ti	test. The organization to the organization to the organization of	ation qualifies as a ganization did not	publicly supporte check a box on lir	ed organization ne 13, 16a, 16b, o	 r 17a, and line 15 :	► □ s 10% or

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) 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.")		ļ <u>.</u>				
2 Gross receipts from admissions,					Ì	
merchandise sold or services per-				1		
formed, or facilities furnished in any activity that is related to the				ļ		
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			<u> </u>	1		
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)	***		i		<u> </u>	
Section B. Total Support		<u> </u>	1	· · · · ·		
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(4) = 0 0 0	(2)	(6)	(4, 44	(5/2010	- Grand
10a Gross income from interest,						
dividends, payments received on		,				
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	<u> </u>					
(less section 511 taxes) from businesses			ŀ			
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			 			
or loss from the sale of capital		1	1			
assets (Explain in Part IV)		+	 	 		
13 Total support. (Add lines 9, 10c, 11, and 12)	Ab	- Funk social "		<u></u>		
14 First five years. If the Form 990 is for	the organization	s first, second, thi	ra, tourth, or tifth t	ax year as a secti	on 501(c)(3) organia	zation,
check this box and stop here	- Support Be	roontogo	<u> </u>			
Section C. Computation of Publi			. (0)		11	
15 Public support percentage for 2013 (li		=	column (f))		15	
16 Public support percentage from 2012				••	16	<u>%</u>
Section D. Computation of Inves					T I	
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2013. If the	=					17 is not
more than 33 1/3%, check this box at	•				** **	. ▶∟
b 33 1/3% support tests - 2012. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anızatıon qualıfies	as a publicly sup	ported organization	
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions .	

Schedule A	(Form 990 or 990-EZ) 2013 TEMPLE	ISRAEL	TRUST	FUND		23-7169054 Page 4
Part IV	(Form 990 or 990-EZ) 2013 TEMPLE Supplemental Information. Prov	ride the explan	ations requir	ed by Part II, line 10; Pa	art II, line 17a or 17	b; and Part III, line 12.
	Also complete this part for any additional					
						
_						
		-				
						
						· · · · · · · · · · · · · · · · · · ·
						
		-				
		<u>. </u>				
		 -		_		
						<u>-</u>
		· · ·				
			<u>.</u>			

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.

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

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pa	TEMPLE ISRAEL TRUS		r Acces		71090	
Га				411W. OF	ubiere ii tui	-
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	/b\ E	de and of	ther accour	nte
		(a) Donor advised funds	(6) 1 (1)	ius anu o	iller accoun	
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		f			
5	Did the organization inform all donors and donor advisors in	•	tunds		٦.,	
_	are the organization's property, subject to the organization's			L	∐ Yes	∐ No
6	Did the organization inform all grantees, donors, and donor a		-			
	for charitable purposes and not for the benefit of the donor of	er donor advisor, or for any other purpose co	nternng		٦.,	
Pa	rt II Conservation Easements. Complete if the org	representation and usered "Vest to Form 000. Post	11/ 1:00 7		_ Yes	No_
	<u> </u>		IV, IIIe /			
1	Purpose(s) of conservation easements held by the organization				d	
	Preservation of land for public use (e.g., recreation or e	·			o area	
	Protection of natural habitat	Preservation of a certifie	a nistoric	structure		
_	Preservation of open space	5 d				
2	Complete lines 2a through 2d if the organization held a qualif	lled conservation contribution in the form of	a conserv	ation ease	ement on tr	ne iast
	day of the tax year.			Hald as A	na Fad of the	
_	Total acceptance of acceptance acceptance		0-	neio ai ii	ne End of the	e lax real
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		. 2b		·	
C	Number of conservation easements on a certified historic str	,,, ,	<u>2c</u>			
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		h = A=	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganizatio	n aunng t	ne tax	
	year >	nament is leasted				
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the per	• .		Γ_	Yes	□ No
_	violations, and enforcement of the conservation easements in		na tha ua	. ∟ ••••••••••••••••••••••••••••••••••••	res	□ NO
6	Staff and volunteer hours devoted to monitoring, inspecting,				<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and Does each conservation easement reported on line 2(d) above			Φ		-
8	,	re satisfy the requirements of section 170(f)	(4)(D)(I)		Yes	□ No
•	and section 170(h)(4)(B)(ii)?	on accoments in its revenue and expense at	atomont	 and balan		
9						
	include, if applicable, the text of the footnote to the organiza	tion's imancial statements that describes the	Organiza	lion's acc	ounting to	İ
Pa	conservation easements. rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Oth	er Simi	ar Asse	ets.	
	Complete if the organization answered "Yes" to Form		or o	.a. 71001		
12	If the organization elected, as permitted under SFAS 116 (AS		nt and hal	ance she	et works of	art
14	historical treasures, or other similar assets held for public ext	• •				
	the text of the footnote to its financial statements that descri		o or public	, scivico,	provido, iii	i aic XIII,
.	If the organization elected, as permitted under SFAS 116 (AS		nd balana	a choat w	orks of art	historical
b	• •					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service,	biovide ti	ie ioliowirić	j amounts
	relating to these items:		_	œ		
	(i) Revenues included in Form 990, Part VIII, line 1		💍	Ф		
_	(ii) Assets included in Form 990, Part X			. • ——		
2	If the organization received or held works of art, historical tre		ain, provid	1 G		
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items:	_	¢		
a			🏲	\$		
h	Assets included in Form 990, Part Y		_	w.		

		ISRAEL TRU			6:	23-71			<u>e 2</u>				
Par													
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	items					
	(check all that apply)												
а	Public exhibition	d	Loan or exc	change programs									
ь	Scholarly research	е	Other										
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's ex	empt purp	ose in Parl	XIII.						
5	During the year, did the organization solicit o												
•	to be sold to raise funds rather than to be ma						Yes		No_				
Par	t IV Escrow and Custodial Arran				Form 990). Part IV. I							
	reported an amount on Form 990, Par	-				z,	,						
12	Is the organization an agent, trustee, custod		liany for contribution	ns or other assets no	t included								
ıa	on Form 990, Part X?	an or other intermed	nary for contributio	no or other assets ne	i iiiolagea		Yes		No				
_		 and complete the fo	llowena tablo:				1 162		140				
b	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing table.				Amount		—				
	c Beginning balance 1c Amount												
C			+			—							
d	Additions during the year				1d				—				
e	Distributions during the year	•	÷		1e_				—				
_ T	Ending balance	000 B- 4 V I	040		1f		٦,,	$\overline{}$					
	Did the organization include an amount on F					. ∟	」 Yes	\vdash	No				
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.												
rai	L V Endowment i dids. Complete					voore book	(-) Four	ann h					
	Secretary of manufactures	(a) Current year	(b) Prior year	(c) Two years back	(a) Three	years back	(e) Four	rears be	ICK				
1a	Beginning of year balance												
þ	Contributions							_	—				
C	Net investment earnings, gains, and losses			_					—				
d	Grants or scholarships												
е	Other expenditures for facilities		•										
	and programs				 								
f	Administrative expenses		_		 								
g	End of year balance		·		<u> </u>								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column	(a)) held as:									
а	Board designated or quasi-endowment		%										
b	Permanent endowment >	%											
С	Temporarily restricted endowment ▶	%											
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.											
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the organ	ızatıon	_						
	by:							Yes	<u>No</u>				
	(i) unrelated organizations		**				3a(i)						
	(ii) related organizations						3a(ii)						
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?				3b						
4	Describe in Part XIII the intended uses of the		wment funds.										
Par	t VI	nent.											
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a	See Form 990, Part X	, line 10.								
	Description of property	(a) Cost or o	1 , ,	1 1-7	Accumulat	- 1	(d) Book	value					
_		basis (investr	nent) basis	s (other) de	epreciation	<u> </u>							
1a	Land												
b	Buildings				_								
С	Leasehold improvements												
d	Equipment												
е	Other												
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c))					0.				

TOMPT.	TSRAEL	TOTICT	FILL
PROPER	LOKALL	TRUST	-rund

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other	-			
(A) INVESTMENTS IN PUBLICLY				···-
(B) TRADED SECURITIES GREATER				
(C) THAN 5% OF TOTAL ASSETS	832,886.	COST		
(D)				
(E)				
(F)		 		 .
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	832,886.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				<u>.</u>
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				-
(6)				· · · · · · · · · · · · · · · · · · ·
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, Part X	, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				_ -
(5)		··· ·		
(6)				
(7)		··		
(8)	_			
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		<u>▶</u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line		Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) >			
Liability for uncertain tax positions. In Part XIII, provide		o the organization's finance	ial statements t	hat reports the
organization's liability for uncertain tax positions under		-		
				edule D (Form 990) 201

Schedule D (Form 990) 2013

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

Employer identification number

Inspection

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

Schedule I (Form 990) (2013) % X 23-7169054 (h) Purpose of grant or assistance TO PROVIDE FUNDS FOR RELIGIOUS ACTIVITIES Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 26,200 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEMPLE ISRAEL TRUST FUND 501(C)3 Enter total number of other organizations listed in the line 1 table 02-6008822 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government MANCHESTER, NH 03104 66 SALMON STREET TEMPLE ISRAEL Part Part

Page 2 (f) Description of non-cash assistance 23-7169054 (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2013) TEMPLE ISRAEL TRUST FUND

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

332102 10-29-13

SCHEDULE 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

TEMPLE ISRAEL TRUST FUND	23-7169054
FORM 990, PART VI, SECTION A, LINE 2:	
EXPLANATION: MICHAEL BORNSTEIN, TRUSTEE, IS A CPA FOR LAR	RY ECKMAN'S,
TRUSTEE, PERSONAL AND BUSINESS MATTERS.	
FORM 990, PART VI, SECTION A, LINE 8A:	
EXPLANATION: THE ORGANIZATION DID NOT HOLD ANY REGULARLY	SCHEDULED
MEETINGS.	
FORM 990, PART VI, SECTION A, LINE 8B:	
EXPLANATION: THERE ARE NO COMMITTEE'S AMONG THE ORGANIZAT	ION.
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: MICHAEL BORNSTEIN, TRUSTEE, PREPARES THE FOR	M 990 AND REVIEWS
THE RETURN WITH THE OTHER TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE BOOKS AND RECORDS OF THE TEMPLE ISRAEL T	RUST FUND ALONG
WITH ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POL	ICY ARE AVAILABLE
FOR PUBLIC INSPECTION AT THE OFFICE OF TEMPLE ISRAEL, 66	SALMON ST.,
MANCHESTER, NH.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2013 Open to Public Inspection

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

Employer identification number 23-7169054

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. TEMPLE ISRAEL TRUST FUND Name of the organization Department of the Treasury Internal Revenue Service Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct	(f) t controlling entity
Part II Identification of Related Tax-Exempt Organizations Complete organizations during the tax year.	stions Complete if the organization a	if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 beca	use it had one or n	nore related tax-exem	pt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code Section st	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(bX13) controlled entity?
TEMPLE ISRAEL - 02-6008822 66 SALMON ST MANCHESTER NH 03104	RELIGIOUS	NEW HAMPSHIRE	501(C)3 LI	CINE 1		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (F	Schedule R (Form 990) 2013

Page 2 23-7169054

> TRUST FUND TEMPLE ISRAEL Schedule R (Form 990) 2013

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

(K)	General or Percentage managing ownership partner?											
(1)	ieneral or nanaging partner?	Yes No		_								
()	E X P	K-1 (Form 1065) Y										
(h)	rtionate ions?	Yes No				-	 		_			
(6)	Share of end-of-year assets											
(J)	Shar		•									
(e)	Predom (related excluded	Sections 512-514)										
(D)	trolling y											
(0)	Legal domicile (state or foreign	country)										
(2)	Primary activity											
(a)	Name, address, and EIN of related organization											

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(e)	(Q)	(2)	(p)	(e)	(J)	(6)	(h)	(<u>i)</u>	
Name, address, and EIN of related organization	Primary activity	icile	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) Controlled entity?	eE.≅%
		country)		or trusty		dosels		Yes	ę
								-	
		_							
		•					-		
								_	
332162 09-12-13						Sche	Schedule R (Form 990) 2013	990) 2	2013

Yes 'No

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	J in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1 p	×
c Gift, grant, or capital contribution from related organization(s)				1	×
				1d	X
				1e	×
				-	>
f Dividends from related organization(s)			_	=	4
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				ŧ	×
Exchange of assets with related organization(s)				¥	×
i Lease of facilities, equipment, or other assets to related organization(s)				F	×
				+	>
R Lease Of ractities, equipment, or other assets from retactor organization (s) Deformance of senures or membership or fundrateing solicitations for related organization (s)	anization(s)			£ =	×
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			Ę	×
Sharps of facilities equipment mailing ists or other assets with relat	(s)			ţ	×
Chaining of radinates, equipment, maining lists, or other assets with relation	(6)			ç	: ×
	•	:		2	
p Reimbursement paid to related organization(s) for expenses			٠	₽	×
				19	×
r Other transfer of cash or property to related organization(s)				+	×
				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete the	is line, including covered	primation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1)					
8					
					!
(4)					
(5)					
(9)					
332163 09-12-13		:	Schedule R (Form 990) 2013	₹ (Form §	90) 2013

23-7169054

Page 4

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Schedule R (Form 990) 2013 TEMPLE ISRAEL TRUST FUND

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income particle (19) (19) (19) (19) (19) (19) (19) (19)	(e) (f) (f) (heal) (hea	_	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No	(j) General o managing partner? Yes No	(k) Percentage ownership
							-			
								Schedule	R (For	Schedule R (Form 990) 2013

Schedule F	(Form 990) 2013	TEMPLE ISRAEL	TRUST FUND		23-7169054	Page 5
Part VII	(Form 990) 2013 Supplemental Info	ormation				
	J.Oupplomontal into		Och - d J- D /	-4		
	Provide additional infort	mation for responses to questi	ons on Schedule H (see Instr	uctions)		
	<u> </u>					
				•		
	-					
			-			
			 			
						
				- <u>-</u>		
			•	-		
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				_ 		
			-			
						
						