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Form, **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

A. Fan No. - 0040 - - I - - dan Man

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

	ror the	and and gear, or tax year beginning	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	ation number
Г	Addres	TIFERETH ISRAEL SYNAGOGUE FOUNDATION		•	
Ē	Name change			39-18	391607
Ē	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin				255-1137
2	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	69,933.
	Application	DES MOINES, IA SUSIZ		H(a) Is this a group ret	tum
	pendin	F Name and address of principal officer: DON SCHOEN	*	for subordinates?	Yes X No
			312	H(b) Are all subordinates inc	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a l	ist. (see instructions)
		e:▶N/A		H(c) Group exemption	
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1997 M	State of legal domicile: IA
P		Summary	EAINIDA	MION TO ODG	*******
e	1	Briefly describe the organization's mission or most significant activities: THE	FOUNDA	TION IS ORGA	WINED
Governance	ੵ ੶	EXCLUSIVELY FOR THE BENEFIT OF, TO PERFO			
Veri	2	Check this box if the organization discontinued its operations or dispo	sed of more	1 1	sets.
တိ	3 4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3 4	9
• ೮	l .	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	
itie	4	Total number of volunteers (estimate if necessary)	-,	6	9
Activities &	1	Total unrelated business revenue from Part VIII, column (a) (inte-12)	Ì	7a	0.
⋖		Net unrelated business taxable income from Form 990.1, line 34	<u>ک</u> ار	7b	0.
		7096	?\	Prior Year	Current Year
<u> </u>	8	Contributions and grants (Part VIII, line 1h)	<u>ار ا</u>	113.	9,923.
enn	9	Program service revenue (Part VIII, line 2g)) [*] *\	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	\	50,106.	60,010.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	0.	
_	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		50,219.	69,933.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	—	0.	400,423.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	\vdash	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
per	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		51,281.	3,800.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		51,281.	404,223.
	19	Revenue less expenses. Subtract line 18 from line 12		-1,062.	-334,290.
Net Assets or	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,952,773.	1,729,950.
AS	21	Total liabilities (Part X, line 26)		0.	0.
킬	22	Net assets or fund balances. Subtract line 21 from line 20		1,952,773.	1,729,950.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule		•	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparei	nas any knowledge.	74.
C:-		Signature of officer		Date Date	<u>0/16</u>
Sig He		FRANK MARCOVIS, TREASURER			
116	16	Type or print name and title			
		Print/Type preparer's name Prepater's sygnature		Date Check	PTIN
Pai	d	TELFORD A. LODDEN		3/18/15 self-employer	P00075132
Pre	рагег	Firm's name BROOKS LODDEN, P.Q.		Firm's EIN	42-1229486
Use	Only	Firm's address 1441 29TH STREET, STE. 305			
		WEST DES MOINES, IA 50266-1357	<u> </u>	Phone no.515	5/223-7300
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
332	001 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt IV Checklist of Required Schedules	.007	P	age 3
Ь			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	==	X
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		х
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			х
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		х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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			х
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	х	Α.
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.	10		
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		х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	·	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 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 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		х

Form 990 (2013)

20a

X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

•			Check if Schedule O contain	<u> </u>	-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts, Grants Amounts	ı	b	Federated campaigns Membership dues Fundraising events	1a 1b 1c					
Contributions, Gifts, Grants and Other Similar Amounts		е	Related organizations Government grants (contribution All other contributions, gifts, grants	, and	0.000	, , , ,			
Sontribu		•	similar amounts not included above Noncash contributions included in lines 1. Total. Add lines 1a-1f	ــــــــــــــــــــــــــــــــــــــ	9,923.	9,923.			60 J
					Business Code	3,523		- ' ' '	المساه المساه
Program Service Revenue	2	a b c							
ogram Reve	,	d e							
Pr		f g	All other program service reven Total. Add lines 2a-2f	iue	•		,	. `	
	3		Investment income (including of other similar amounts) Income from investment of tax-		>	60,010.			60,010.
	5		Royalties	(i) Real	(II) Personal	f _	\		* * * * * * * * * * * * * * * * * * * *
-	6	þ	Gross rents Less: rental expenses Rental income or (loss)			g garan da	submusuus, prontmetra irri i	======================================	- sa sa merau-wunda gemeak a
			Net rental income or (loss) Gross amount from sales of assets other than inventory	(ı) Securities	(ii) Other	:	, ;		
			Less: cost or other basis and sales expenses Gain or (loss)						
		d	Net gain or (loss)		>			- 1 - 0	
Other Revenue	8	а	Gross income from fundraising including \$ contributions reported on line 1 Part IV, line 18	of	:				
Othe			Less: direct expenses Net income or (loss) from fundr	b			1	٠ ,	
	9	а	Gross income from gaming act Part IV, line 19	ıvıties. See		,		,,,	4
		С	Less: direct expenses Net income or (loss) from gamil	-	>	·	.'	-	
		b	Gross sales of inventory, less reand allowances Less: cost of goods sold	a b		· · · · · · · · · · · · · · · · · · ·		. ` .	
		_	Net income or (loss) from sales Miscellaneous Revenue		Business Code			1	
	11	a b							
		c d	All other revenue Total. Add lines 11a-11d	·	<u> </u>				
	12 9	e	Total revenue. See instructions.			69,933.	0.	0.	60,010.

Part IX	Statement	of Fu	nctional	Expenses

Secti	on 501 (c)(3) and 501 (c)(4) organizations must com			implete column (A)	
	Check if Schedule O contains a respor	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	1		, '	, ,
	organizations in the United States. See Part IV, line 21	400,423.	400,423.		
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	ľ		· · ·]	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			7.	
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)		ľ		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
_					
10	Payroll taxes				
11	Fees for services (non-employees):	1			
_	Management .				
b	Legal				
C	Accounting	 			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		er ing in in ingense of management south the time of		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology .				
15	Royalties	<u> </u>			
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	BAD DEBT EXPENSE	3,800.		3,800.	
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	404,223.	400,423.	3,800.	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)		. <u></u>		
					E 000 (0040)

Га	ίγ	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
	1	Cash - non-interest-bearing	_	 -	1	
	2	Savings and temporary cash investments		4.50.005	2	68,656.
	3	Pledges and grants receivable, net	<u> </u>	172,937.	3	97,237.
	4	Accounts receivable, net _			4	
	5	Loans and other receivables from current and for	mer officers, directors,			'
		trustees, key employees, and highest compensat	ed employees. Complete	* *		• •
		Part II of Schedule L	<u>_</u>		5	
	6	Loans and other receivables from other disqualifie	· ' '			,
		section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	n 501(c)(9) voluntary	-		•
Assets		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
SS	7	Notes and loans receivable, net			7	
•	8	Inventories for sale or use	<u>_</u>		8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other		, , , ,		
			10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	_	1,779,836.	11	1,564,057.
	12	Investments - other securities. See Part IV, line 11	-		12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets	-		14	
	15	Other assets. See Part IV, line 11	-	4 050 550	15	
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	1,952,773.	16	1,729,950.
	17	Accounts payable and accrued expenses	·		17	
	18	Grants payable			18	
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa	F		21	
ties	22	Loans and other payables to current and former of				
Liabilities		key employees, highest compensated employees	, and disqualified persons.	•	!	,
Ľ.		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate	· · · · · · · · · · · · · · · · · · ·	 .	23	
	24 25	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, paya parties, and other liabilities not included on lines.)				
		Schedule D	7-24). Complete Part X of		05	
	26	Total liabilities. Add lines 17 through 25	·	0.	25 26	0.
	2.0	Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and		20	
Ø		complete lines 27 through 29, and lines 33 and				
၁င	27	Unrestricted net assets	· ·		27	
alar	28	Temporarily restricted net assets	 	1,952,773.	28	1,729,950.
Ö	29	Permanently restricted net assets	•		29	27,2575501
Š	= "	Organizations that do not follow SFAS 117 (AS	C 958) check here			
μ		and complete lines 30 through 34.	o coo,, check here			
ţ	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ	inment fund		31	
ξ	32	Retained earnings, endowment, accumulated incompared in the compared in the co	·		32	
Š	33	Total net assets or fund balances		1,952,773.	33	1,729,950.
	34	Total liabilities and net assets/fund balances	ļ	1,952,773.	34	1,729,950.
			<u> </u>	, , <u> </u>	<u> </u>	Form 990 (2013)

Form 990 (2013)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

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.

► Attach to Form 990 or Form 990-EZ.

Open to Po

39-1891607

Department of the Treasury Internal Revenue Service

Name of the organization

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

Emplo

TIFERETH ISRAEL SYNAGOGUE FOUNDATION

m990 Inspection
Employer identification number

OMB No 1545-0047

Parti	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e tnis part) See inst	ructions.		
The organ	zation is not a	private foundation	because it is: (For lines	through 1	11, check	only one b	ox.)			
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)			
2 🗀	A school des	cnbed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🗀	A hospital or	a cooperative hosp	ital service organization o	described	n section	170(b)(1)(A)(iii).			
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(iii	i). Enter	the hospital's name,
	city, and stat									•
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or or	erated by	a governr	nental unit	describ	ed in
	-	(b)(1)(A)(iv). (Compl	=	,	- · · ·					
6			ent or governmental unit	t describer	in sectio	n 170(h)(1	(Δ)(υ)			
7 🗂			ceives a substantial part					r from the	general	nublic described in
		b)(1)(A)(vi). (Comple		o, ito oapp	on monna	governino	intal allie c	1 110111 410	general	pablic described in
8 🔲	•		section 170(b)(1)(A)(vi).	(Complete	Dort II \					
9 🗔	-			•	•	rom contri	hutiono m	ambarahu	o food a	nd aross rossints from
9			ceives: (1) more than 33 to							- '
			nctions - subject to certa axable income (less sect							-
				liononia	x) IIOIII DU	311183583 6	icquired b	y trie orga	mzauon	aiter June 30, 1975
10 🗀		509(a)(2). (Complete		et for publi	a aafatu C	en anatia	n E00/aV/	13		
11 🗓	-		perated exclusively to te perated exclusively for th		_				cout the	numaco of one or
11 (44)	-	-	ations described in section					-	•	•
			organization and compl) See sec	11011 509(a)(3). On	eck the box that
	a Type I			ype III - Fui	_		_	TVP	o III - No	n-functionally integrated
e 🗀			at the organization is not		-	-				· -
ē	-		than one or more publicly		-		=			
f		-	tten determination from t		-				γ(α)(1) Οι	section 505(a)(2).
,	_			ine ino uia	шивату	pe i, Type	ii, or Type	# III		
		rganization, check to	organization accepted ar	walt or o	antribution	from any	of the fall	owing por	one?	لــــا
g			firectly controls, either al			=				Ves Ne
			upported organization?	one or tog	eniei wini	persons c	escribed	iri (ii) ariu (i	iii) below	
	_		n described in (i) above?							
		•	ı person described in (i) d	•		•				
h			about the supported or							11g(iii) X
h	Provide the i	ollowing information	about the supported of	ganization	S).					
49 M		(1) 5111	Law z	(iv) Is the o	raanization	(v) Did you	notify the	(vi) Is	the	T,
	of supported inization	(ii) EIN		in col. (i) lis		organizat		(vi) Is organizatio	n in col.	(vii) Amount of monetary
UI Y	inzation		above or IRC section	governing ((i) of your		(i) organize U.S.	ea in the	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
TIFER	ਸਾਸ		 		- ''-			100		
		42-0727490	1	x						400,423.
101411	D DIIIIO	12 0/2/150								400,423.
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

400,423.

332021 09-25-13

Schedule D (Form 990) 2013

SCHEDULE 1

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

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

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

Open to Public OMB No 1545-0047 2013 Inspection

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

Name of the organization TIFERETH	TIFERETH ISRAEL SYNAGOGUE		FOUNDATION		•		Employer identification number 39-1891607
Part I General Information on Grants and Assistance	and Assistance						
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	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
	istance?				•		X Yes No
앐	rocedures for mon	itoring the use of grant	use of grant funds in the United States.	d States.			
Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Governments an \$5.000. Part II car	d Organizations in the	e United States. (tional space is need	Complete if the org	anization answered "	Yes" to Form 990, Parl	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIFERETH ISRAEL SYNAGOGUE							FOUNDATION PURPOSE IS TO
ě,				•			DISTRIBUTE FUNDS TO
DES MOINES, IA 50312	42-0/2/490	50I(C)(3)	400,423.	0.			TIFERETH ISRAEL SYNAGOGUE
			-				
			-				
			-				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				1
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					1.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

SCHEDULE 0

(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

TIFERETH ISRAEL SYNAGOGUE FOUNDATION	39-1891607
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
OUT THE PURPOSES OF THE TIFERETH ISRAEL SYNAGOGUE OF DES M	OINES, IA.
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE PRESIDENT OF THE FOUNDATION REVIEWS THE 9	90 BEFORE IT IS
FILED. THE MEMBERS OF THE GOVERNING BODY MAY REQUEST A COR	Y OF THE 990 FOR
REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19:	·····
EXPLANATION: AVAILABLE UPON REQUEST.	
FORM 990 PAGE 1 ITEM B - AMENDED RETURN	
EXPLANATION: THE 2013 990 TAX RETURN FOR TIFERETH ISRAEL S	SYNAGOGUE
FOUNDATION IS BEING AMENDED TO CORRECT THE CONTRIBUTION RE	EVENUE. THE
ORIGINAL AMOUNT WAS OVERSTATED DUE TO ACCOUNTING ERROR. T	THE PROGRAM
GRANTS AND EXPENSES WERE UNDERSTATED DUE TO AN ACCOUNTING	ERROR. THESE
ERRORS CAUSED THE BALANCE SHEET, SCHEDULE B, AND SCHEDULE	D PART V TO
BE INCORRECTLY STATED.	
	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No s
1 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?	s with one or more re	lated organizations listed	f 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)				tb X	-
c Gift, grant, or capital contribution from related organization(s)	•			10	×
d Loans or loan guarantees to or for related organization(s)		•		₽	×
e Loans or loan guarantees by related organization(s)				1e	×
					;;
f Dividends from related organization(s)	-•			* =	×
g Sale of assets to related organization(s)	_			1g	×
h Purchase of assets from related organization(s)				#	×
i Exchange of assets with related organization(s)				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				-Ţ	×
k Lease of facilities, equipment, or other assets from related organization(s)	-	,		<u>;</u>	×
l Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			Ę	×
	ion(s)		:	두	×
 Sharing of paid employees with related organization(s) 	•			9	×
p Reimbursement paid to related organization(s) for expenses				đ	·×
q Reimbursement paid by related organization(s) for expenses				14	×
r Other transfer of cash or oronerty to related organization(s)				÷	×
				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered	ormation 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	nvolved	
(1) TIFERETH ISRAEL SYNAGOGUE	В	400,423.	FAIR MARKET VALUE		
(2)					
				į	
(5)					
(4)		!			
(5)					
(9)					
332163 09-12-13	26		Schedule	Schedule R (Form 990) 2013	0) 2013