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#### EXTENDED TO AUGUST 17, 2015

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

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.

Open to Public Inspection

7	A F	or the	2014 calendar year, or tax year beginning and	ending		
i	B Ci	heck if oplicable	C Name of organization		D Employer identificat	tion number
	Г	Address change	TEMPLE ISRAEL TRUST FUND			
	T	Name change	Doing business as		23-71	59054
	$\equiv$	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		Final return/	66 SALMON STREET			22-6171
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	431,330.
	<u></u>	Amende	MANCHESIEK, NA USIU4		H(a) Is this a group retu	
	L	Applica- tion pending	F Name and address of principal officer: MICHAEL I DOIGNOTED	N	for subordinates?	Yes X No
_			500 COMMERCIAL STREET, MANCHESTER, NO	03101	4 ''	
-			npt status: X 501(c)(3)	or 527	<b>7</b>	t. (see instructions)
			N/A	<del>- 1</del>	H(c) Group exemption r	
•			rganization: Corporation X Trust Association Other	L Year	of formation: 1971 M S	tate of legal domicile; MA
<b>5</b> [	Pa	rt II	Summary inefly describe the organization's mission or most significant activities: TO Pl	POVIDE	FINING FOR DI	RI.TGTOIIS
	Activities & Governance	1 B	inerty describe the organization's mission or most significant activities: 10 Fig. ACTIVITIES.	ROVIDE	FUNDS FOR K	<u> </u>
,	ž	2 (	theck this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	e than 25% of its net asse	4
	ا ۾		lumber of voting members of the governing body (Part VI, line 1a)		3	4
	æ		lumber of independent voting members of the governing body (Part VI, line 1b)		4	4
<u>.</u>	9		otal number of individuals employed in calendar year 2014(Part V, line 2a)		5	0
2	Ĭ		otal number of volunteers (estimate if necessary)	7	6	<u>4</u> 0.
Z	Ac		otal unrelated business revenue from Part VIII Solumn (C), line 12	. /	7a	0.
SCARI	$\dashv$	ь	let unrelated business taxable income from Form 990-T, line 34 (1) 2015	<u>() /                                   </u>		
(V)			OGDE 1915	ĭ/ ⊢	Prior Year 1,485.	Current Year 3,716.
	2		Contributions and grants (Part VIII, line 1h)	/ ⊢	0.	0.
	Revenue		rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		12,684.	7,117.
	2		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>—</b>	0.	0.
			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,169.	10,833.
•	$\dashv$		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		26,200.	31,187.
			denefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	8		salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	8		otal fundraising expenses (Part IX, column (D), line 25)	0.	30.	
	<u> </u>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24.	145.
		18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,224.	31,332.
		19 F	levenue less expenses. Subtract line 18 from line 12		<12,055.>	<20,499.>
	s or			Be	eginning of Current Year	End of Year
•	Assets		otal assets (Part X, line 16)		878,831.	858,332.
	몵		otal liabilities (Part X, line 26)		0.	0.
i	췊		let assets or fund balances Subtract line 21 from line 20		878,831.	858,332.
			Signature Block les of perjury, I declare that I have examined this return, including accompanying schedule		easte, and to the best of multi-	newtodae and ballefut is
		•	ies of perjury, I declare that I have examined this return, including accompanying schedule, and complete. Declaration of proparer (other than officer) is based on all information of wi			nowieuge and belief, it is
	uue,	COTTECT	and complete, becautage of preparer (outer gain officery is based on an information of wi	ilicii preparei	1 lias ally knowledge,	15
	Sign	.	Signature of officer		Date	12
	oıyı Here		MICHAEL I BORNSTEIN, CHAIRMAN			
	11676	٠	Type or print name and title			<del></del>
-			Print/Type preparer's name Properer's signature // / //	Т	Date Check	PŤÍŇ
	Paid		Print/Type preparer's name  ARIE C. MCKAY  Print/Type preparer's signature  MARIE C. MCKAY	<b>4</b> / lo	07/21/15 of seti-employed	P00294931
		-	Firm's name BIGELOW & COMPANY, CPA, PLLC	<del>/                                    </del>	Firm's EIN	02-0394333
			Firm's address 500 COMMERCIAL STREET	•		
			MANCHESTER, NH 03101		Phone no.603	
	May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	1990 (2014) TEMPLE ISRAEI		23-71	.69054 Pa	<u>ge 2</u>
Pa	rt III Statement of Program Service Ac	complishments			
	Check if Schedule O contains a response or i	note to any line in this Part III		•	
1	Briefly describe the organization's mission:				
	TO PROVIDE FUNDS FOR RELIC	SIOUS ACTIVITIES.			
2	Did the organization undertake any significant prog	ram services during the year which v	were not listed on		
	the prior Form 990 or 990-EZ?			Yes X	No.
	If "Yes," describe these new services on Schedule	0.	·		
3	Did the organization cease conducting, or make sig		, any program services?	☐Yes 🗶	No
	If "Yes," describe these changes on Schedule O.	-			
4	Describe the organization's program service accom-	plishments for each of its three large	est program services, as measured	by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are re-		=		
	revenue, if any, for each program service reported.				
4a	(Code) (Expenses \$	including grants of \$	) (Revenue \$		
-	/(=====================================				—′
		•			
	·····	<del></del>			
		<del></del>			
			<del></del>		
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$		)
				•	_
			11-21		
4c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$		$\overline{}$
	/ (code ) (code	moduling grants of \$			— ′
			<u> </u>	<del> </del>	
				<del></del>	
			<del></del>		
4d	Other program services (Describe in Schedule O.)	·			
	(Expenses \$ 31,332 • including gran		(Revenue \$	)	
40	Total program service expenses	31.332.			

Form **990** (2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If *Yes,* complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	,		v
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	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	179基	<b>1</b>	,4 ·
	as applicable.		***	ندسا
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	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			۱.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		┝┻
Т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		<del></del>
128	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u> </u>
~	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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		İ	l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			"
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	<u> </u>
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	<del></del>	┢	<del></del> -
	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,"			T
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_				

Form 990 (2014) TEMPLE ISRAEL TRUS
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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_		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		130	W. 50
	instructions for applicable filing thresholds, conditions, and exceptions):	TO A		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	<u> </u>		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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			
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<del>  "</del>		
<b>J</b> .	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	<u> </u>		
<b>J</b> Ł	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<del>  ~</del>		<del></del>
34	Part V, line 1	34	х	
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del></del>	х
35a		33a	<del>                                     </del>	
D	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		
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	<del>                                     </del>	$\vdash$
36	, , , , , , , , , , , , , , , , , , , ,	26		x
~~	If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	<del>  ^</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	$\vdash$	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note, All Form 990 filers are required to complete Schedule O	38	000	

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TEMPLE ISRAEL TRUST FUND

	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	One of it Constitute O contains a response of note to any line in this rail v		Yes	No
4^	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable  1b	र्व ।		
	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	0		
	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_		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-	ŀ	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_	ļ	X
b	If "Yes," enter the name of the foreign country:	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- <u>-</u>	<b> </b>	X
		5a		X
		5b		<u> </u>
	, ,	5c		$\vdash$
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x
_	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	100		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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	r? 7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	ļ	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_	L.	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>	-	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del>}</del> —	<del> </del>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	1 6	┼	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		I
_	sponsoring organization have excess business holdings at any time during the year?	-	ł –	
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		لستنسا
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	$\vdash$	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			\
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<del> </del> ,
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	<del> </del>
а	· · · · · · · · · · · · · · · · · · ·	13a	1	-
	Note. See the instructions for additional information the organization must report on Schedule O		1	
b			1	
	organization is licensed to issue qualified health plans	$\dashv$		
	<del></del>	14a	$\vdash$	X
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		† <u> </u>
Ų	ii 165, has it lied a Form 120 to report aless parments. If 116, provide all explanation in Constant C		n <b>990</b>	(2014)

Form 990 (2014)

TEMPLE ISRAEL TRUST FUND

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

	[	X
Section		
	Yes	No
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Form 990 (2014)		ISRAEL			23-7169054	Page 7				
Part VII Compensation	n of Officer	s, Director	s, Truste	es, Key Employees,	Highest Compensated					
Employees, and Independent Contractors										
Check if Schedule O contains a response or 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.

Check this box if neither the organization in (A)	(B)	Jiga	41 IIZ	(C	<u> </u>	ושעויו	isal	(D)	(E)	(F)
(A) Name and Title				ر Pos	ر rtior	1		Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per	Position (do not check more than one box, unless person is both an		compensation	compensation	amount of				
	week	offi	cer ar	dad	recto	or/trus	tee)	from	from related	other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL I BORNSTEIN	1.00									_
TRUSTEE		X						0.	0.	0.
(2) JOHN WEBER	1.00				ĺ	İ				_
TRUSTEE		X			L			0.	0.	0.
(3) LARRY ECKMAN	1.00	l	1	l						_
TRUSTEE	1 00	X	ļ	ļ	┡	┡	<u> </u>	0.	0.	0.
(4) STEPHEN SAULTEN	1.00	x						0.	0.	0.
TRUSTEE		^	H	┝		┢	$\vdash$	<u> </u>	0.	<u> </u>
		ł								
		$\vdash$	┢┈		$I^-$	$\vdash$	<del>                                     </del>			
		1			l	1				
							$\vdash$			
		1								
										_
	1	Н	$\vdash$	-	H	+	$\vdash$			
•		$\mathbf{I}$		ļ						
			$\vdash$	-	_	$\vdash$	$\vdash$			
						<u> </u>				
				T						
		$\vdash$	_	_		$\vdash$	_			<del></del>
		L								
	<del> </del>	-								
		_		<u> </u>	1					-
	-	$\vdash$	$\vdash$	$\vdash$	$\vdash$	┢	$\vdash$	<del> </del>		
					L					
	•	•	_		•	•	_	•		000

(A) (B) Name and business address NONE Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	

Form 990 (2014) TEMPLE ISRAEL TRUST FUND
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response o	or note to any line	e in this Part VIII			
_	<del></del>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b		1b					
		Fundraising events	1c					
		Related organizations	1d					
			tions) 1e					
	f	All other contributions, gifts, gran						
		similar amounts not included abo	1 1	3,716.				
	а	Noncash contributions included in lines	<u></u>					
SE	_	Total. Add lines 1a-1f		<u> </u>	3,716.			
				Business Code				
<u> </u>	2 a		Ī					
اھ کے	b		1					
용희	С							
E a	d							
Program Service Revenue	е							
ا تە	f	All other program service revi	enue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		▶	27,614.	27,614.		
- 1	4	Income from investment of ta	ax-exempt bond p	roceeds 🕨				
	5	Royalties		▶				
			(i) Real	(ıi) Personal				
	6 a	Gross rents						ļ
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			٠,	
		assets other than inventory	400,000.					
	b	Less. cost or other basis						
		and sales expenses	420,497.					
	С	Gain or (loss)	<20,497.	>				
	d	Net gain or (loss)		▶	<20,497.	> <20,497.	<u> </u>	
•	8 a	Gross income from fundraisir	ng events (not					
evenue		including \$	of					
λΘ		contributions reported on line	e 1c). See					
Other R		Part IV, line 18	а					
ţ	b	Less: direct expenses	b					
٦	С	Net income or (loss) from fun	draising events	▶				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	, b					
	С	Net income or (loss) from gar	ming activities	<u> </u>				
	10 a	Gross sales of inventory, less	s returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sal	es of inventory	<b>•</b>				
		Miscellaneous Reven	ue	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						ļ <u>.</u>
	е	Total. Add lines 11a-11d		▶	4 4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			<u> </u>
	12	Total revenue. See instructions.		•	10,833.	7,117.	0.	. 0.

Form 990 (2014) TEMPLE ISRAEL TRUST FUND
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).						
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations	_								
	and domestic governments. See Part IV, line 21	31,187.	31,187.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. 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			j						
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages				<del></del>					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes				<del></del>					
11	Fees for services (non-employees).									
a	Management		<del></del> _							
b	Legal .									
C	Accounting									
d	Lobbying Professional fundraising services. See Part IV, line 17		**	A SA	<del></del>					
e	Investment management fees	<del></del>		//**						
f	Other. (If line 11g amount exceeds 10% of line 25,									
g	column (A) amount, list line 11g expenses on Sch O.)	145.	145.							
12	Advertising and promotion									
13	Office expenses	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest .									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
a				<del> </del>	<del></del>					
b			<del></del>	<del> </del>						
C										
ď	All other expenses	<del></del>								
	All other expenses	31,332.	31,332.	0.	0.					
25 26	Joint costs. Complete this line only if the organization	71,334.	32,332.	<u>-</u> -						
-4	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here  wit following SOR 98-2 (ASC 958-720)			}						

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 2,458. 4,530. 1 Cash - non-interest-bearing 43,487. 21,099. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 832,886. 832,703. 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 11 878,831. 858,332. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities 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 25 Schedule D 0. Ō. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 557,783. 545,487. 27 Unrestricted net assets 312,845. 321,048. 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 878,831. 858,332. 33 33 Total net assets or fund balances 858,332. 878,831. 34 Total liabilities and net assets/fund balances

	990 (2014) TEMPLE ISRAEL TRUST FUND	23-71	69054	Pag	<sub>le</sub> 12
Pai	t XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI	,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	),8	33.
2	Total expenses (must equal Part IX, column (A), line 25)	2			32.
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	878	<b>3,8</b> .	31.
5	Net unrealized gains (losses) on investments	5	<u> </u>		
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	858	3,3	<u>32.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: LX Cash		1 .		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		l	
	separate basis, consolidated basis, or both:		,		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			,
	consolidated basis, or both:				, ,
	Separate basis Consolidated basis Both consolidated and separate basis			. [	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,			J
	review, or compilation of its financial statements and selection of an independent accountant?		2c		SE 4 .3
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				SOY.
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			13
	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 required	ııred audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	9 <b>90</b> (	2014)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number 23-7169054 TEMPLE ISRAEL TRUST FUND Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 f Enter the number of supported organizations Provide the following information about the supported organization(s). v) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization listed in your (described on lines 1-9 other support (see support (see organization governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) 31,187. 02-6008822501(C)3 X TEMPLE ISRAEL

0.

31,187

Schedule A (Form 990 or 990-EZ) 2014

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if yo	u checked the box on line 5, 7, or 8 of F	art I or if the organization failed	d to qualify under Part III.	If the organization
fails to qualify unde	the tests listed below, please complete	Part III.)		

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not			1			
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
•	by each person (other than a				ŀ		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4		<u>-</u>				
	ction B. Total Support		·				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	1-7	(-//	(9/2012	(-/	(-)	
	Gross income from interest,			1			
·	dividends, payments received on			•			
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the			ŀ			
	business is regularly carried on						
10	Other income Do not include gain	· · · · · · · · · · · · · · · · · · ·					
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10			<del> </del>	<del></del>	<del> </del>	
	Gross receipts from related activities,	ata (aga mata at	L	.L	<u> </u>	12	
	First five years. If the Form 990 is for	•	•	and fourth or fifth t	ov voor oo o coati		
13	organization, check this box and stop	•	s iirst, second, tri	ra, loures, or men e	ax year as a secu	un 30 n(c)(3)	▶□
Sec	tion C. Computation of Publi		rcentage				
	Public support percentage for 2014 (li		<del>-</del>	column (fl)		14	
	Public support percentage for 2014 (iii			COMMIT (1))		15	%
	33 1/3% support test - 2014. If the o			on line 13 and line	14 is 33 1/3% or		
104		=			1418 86 17070 81	more, erreen une er	<b>.</b>
<b>.</b>	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
b	• •	-			June 13 13 00 1707	o or more, check a	L
170	and stop here. The organization quali 10% -facts-and-circumstances test		• • •		a 12 16a ar 16h	and line 14 is 100/	or more
1/8							
	and if the organization meets the "fact			-	· ·	art viriow trie organ	IIZALIOII
	meets the "facts-and-circumstances"				_	47a and line 45 :-	100/ 07
þ	10% -facts-and-circumstances test	_	-				
	more, and if the organization meets th				-		·
	organization meets the "facts-and-circ						<b>₽</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 000_F7\ 2014

## Schedule A (Form 990 or 990-EZ) 2014 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
gualific under the tests listed below places complete Dort II \

Sec	etion A. Public Support	elow, please com	piete r art ii j			<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(2)20.0	(5/2511	(0)2012	\	(0/2011	
-	membership fees received. (Do not				ı		
	include any "unusual grants ")	}					
2	Gross receipts from admissions,				1	1 1	
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					1	
•	Gross receipts from activities that	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
3	are not an unrelated trade or bus-						
	iness under section 513				1		
			ļ	-			<del></del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf	<b></b>			<b>_</b>		
5	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge			<u> </u>	<del> </del>		
	Total. Add lines 1 through 5				<del> </del>	<del> </del>	
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			ļ		1	
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that					1	
	exceed the greater of \$5,000 or 1% of the			1			
	amount on line 13 for the year						
	Add lines 7a and 7b					2 4 -	
	Public support (Subtractline 7c from line 6.)	Atalia .	with the same of t	In the Branch	% <sub>1,0</sub> =	· January Company	
	ction B. Total Support	1		1	<del></del>	1	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6		1			<del>                                     </del>	<del></del>
108	Gross income from interest, dividends, payments received on					1	
	securities loans, rents, royalties					1	
	and income from similar sources					1	<del></del>
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses		•				
	acquired after June 30, 1975						
	Add lines 10a and 10b	<u> </u>					
11	Net income from unrelated business					i	
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain					1	
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>	1	
14	First five years. If the Form 990 is fo	r the organization	's first, second, thi	ird, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiza	ation,
	check this box and stop here		··		-		
Se	ction C. Computation of Publ	ic Support Pe	ercentage			<del>, ,</del>	
15	Public support percentage for 2014 (	line 8, column (f) o	divided by line 13,	column (f))		15	
_	Public support percentage from 2013		_			16	<u>%</u>
	ction D. Computation of Inve					1	
	Investment income percentage for 20	•	**	ne 13, column (f))		17	%
18	Investment income percentage from	2013 Schedule A,	, Part III, line 17			18	<u>%</u>
198	33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	difies as a publicly	supported organi	zation	▶∟
t	33 1/3% support tests - 2013. If the	_					nd
	line 18 is not more than 33 $1/3\%$ , che	eck this box and s	stop here. The org	anızatıon qualifies	as a publicly supp	ported organization	▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ır	structions	▶└

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part vi what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	res	NO
1	Х	
2		
3a		X
3b		Lj
		]
3c		
4a		X
4b		
4c		
5a	P-all-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to-al-to	X
5b 5c		—
-		X
6		_
7		X
 8		X
9a		X
9b		X
9c	-	X
10a		X
10b		- *

2	3-	7	1	6	9	0	5	4	Page 5	

Sche	dule A (Form 990 or 990-EZ) 2014 TEMPLE ISRAEL TRUST FUND 23-71	6905	4 Pa	ige 5
	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		_X
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			İ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			<u>.</u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	Supervised, or controlled the supporting organization	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		,	
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>		
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1 3		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the pnor tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			ن انست
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	×.	**	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		17,7	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	,		- 1
	significant voice in the organization's investment policies and in directing the use of the organization's	F-3		2.0
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		L
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	<u>).                                    </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in part VI Identify			ŀ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined	<u>                                     </u>		
	that these activities constituted substantially all of its activities	2a		L
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	]	]	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	l		 
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of the connected experience of the New Adecombo in a connected placed by the organization in this regard	1 aL	i	l

S'aha	. dule A (Form 990 or 990-EZ) 2014 TEMPLE ISRAEL TRUST FUND		2	3-7169054 Page 6
Par	t V   Type III Non-Functionally Integrated 509(a)(3) Supporting	Oraz		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			ctions. All
-	other Type III non-functionally integrated supporting organizations must com			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		<del></del>	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other		*	
_	factors (explain in detail in Part VI)	~		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4_	ļ.,	
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	29 - 27	
2	Enter 85% of line 1	2	^ 3	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

4

5

Schedule A (Form 990 or 990-EZ) 2014

Enter greater of line 2 or line 3

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

8

a · b ·

Breakdown of line 7:

d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 TEMPLE ISRAEL TRUST FUND	23-/169054 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17b; and Part III, line 12.
Also complete this part for any additional information (See instructions)	
	·
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	·
age and a general space of the	

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

► Attach to Form 990.

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

2014
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Name of the organization **Employer identification number** TEMPLE ISRAEL TRUST FUND 23-7169054 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) \_ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	<u></u>	ISRAEL TRU							69054	
Par	t III Organizations Maintaining C	collections of A	<u>rt, Hist</u>	orical Tr	easures, o	or Oth	er Sim	<u>ilar Asse</u>	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	it are a s	ignificar	nt use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	ı 🔲 ı	oan or excl	hange progra	ams				
ь	Scholarly research	е	. 🗆	Other						
С	Preservation for future generations							-		
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	he organizati	on's exe	mpt pui	pose in Par	XIII.	
5	During the year, did the organization solicit o	· ·			=					
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's co	ollection?	_			Yes	□ No
Par	t IV Escrow and Custodial Arran					"Yes" to	Form 9	90, Part IV, I	ne 9, or	
	reported an amount on Form 990, Par	-		_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not	tinclude	ed		
	on Form 990, Part X?		· ·						Yes	□□ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:		·				
		•							Amount	
С	Beginning balance						10			
	Additions during the year				•		10			
	Distributions during the year	•		•			1e	,		
f	Ending balance						11	+		
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21. for e	escrow or cu	ustodial acco	ount liabi	ility?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.						•			
	t: V. Endowment Funds. Complete i									
		(a) Current year		nor year	(c) Two yea			e years back	(e) Four ye	ears back
1a	Beginning of year balance	<u></u>								
b	Contributions		<b>1</b> "							
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities			•	<u> </u>			-		
•	and programs	•								
f	Administrative expenses									<del></del>
g	End of year balance					·				
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1	a. column (a	a)) held as:					
- а	Board designated or quasi-endowment	,	%	<b>3</b> ,	,,					
b	Permanent endowment	%								
	Temporarily restricted endowment									
•	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	•	ation tha	at are held a	ind administe	ered for	the orga	nızatıon		
-	by:								Γ	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	$\top$
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	tule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
Pai	t≩VI≨ Land, Buildings, and Equipm									
	Complete if the organization answere		), Part IV	, line 11a S	ee Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or o			or other		ccumul		(d) Book v	/alue
		basis (investi			(other)		preciati			
1a	Land	<u> </u>			· ··- ·	N. P. Mark	Ma ala	MIN'S		
	Buildings							7	- "	
	Leasehold improvements									
d	Equipment							<u> </u>		
	Other									
	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c)					0.

Schedule D (Form 990) 2014 TEMPLE ISRA	EL TRUST FUN	D	23-	-7169054 Page 3
Part VII Investments - Other Securities.		<del>-</del>	<del></del> -	· ago •
Complete if the organization answered "Yes" t	to Form 990, Part IV, lin-	e 11b. See Form 990. Pa	ırt X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value			-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	832,703	. COST		
(D)		1		
(E)				
(F)				
(G)				<del></del>
(H)	-			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	832,703	•		
Part VIII Investments - Program Related.		•		
Complete if the organization answered "Yes"	to Form 990. Part IV. lin	e 11c See Form 990. Pa	rt X. line 13.	
(a) Description of investment	(b) Book value			-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.)				, <del>************************************</del>
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11d. See Form 990, Pa	art X, line 15.	
	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	: 15)		<b>&gt;</b>	
Part X Other Liabilities.	<u> </u>		•	
Complete if the organization answered "Yes"	to Form 990, Part IV, lin		90, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(8) (9)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Sarvice 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.

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OMB No 1545-0047 ·

**Employer Identification number** 

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

ž M Schedule I (Form 990) (2014) 23-7169054 (h) Purpose of grant or assistance RELIGIOUS ACTIVITIES, TO PROVIDE FUNDS FOR \_\_\_\_ Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 assistance non-cash 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 31,187 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 Part I General Information on Grants and Assistance (b) 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

TEMPLE ISRAEL TRUST FUND Schedule I (Form 990) (2014)

Page 2

23-7169054

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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 O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### 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.

2014
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Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 23-7169054

TEMPLE ISRAEL TRUST FUND	23-/109034
FORM 990, PART VI, SECTION A, LINE 2:	
MICHAEL BORNSTEIN, TRUSTEE, IS THE CPA FOR LARRY ECKMAN'S	, TRUSTEE,
PERSONAL AND BUSINESS MATTERS.	
FORM 990, PART VI, SECTION A, LINE 8A:	
THE ORGANIZATION DID NOT HOLD ANY REGULARLY SCHEDULED MEE	rings.
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE ARE NO COMMITTEE'S AMONG THE ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11:	
MICHAEL BORNSTEIN'S, TRUSTEE, FIRM PREPARES THE FORM 990	AND REVIEWS THE
RETURN WITH THE OTHER TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE BOOKS AND RECORDS OF THE TEMPLE ISRAEL TRUST FUND ALO	NG WITH ITS
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE A	VAILABLE FOR
PUBLIC INSPECTION AT THE OFFICE OF TEMPLE ISRAEL, 66 SALM	ON ST.,
MANCHESTER, NH.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	ORS, ETC:
MICHAEL I BORNSTEIN - 476 ELGIN AVE, MANCHESTER, NH 03104	
JOHN WEBER - 55 FRONT ST, MANCHESTER, NH 03102	
LARRY ECKMAN - GENERAL AMHERST RD, AMHERST, NH 03031	
STEPHEN SAULTEN - 149 CANDIA RD, CHICHESTER, NH 03036	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2014

OMB No 1545-0047.

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

Employer identification number 23-7169054 Open to Public Inspection

Part I Julentification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

TRUST FUND

TEMPLE ISRAEL

(g) Section 5/2(bX13) controlled entity? Ŷ × Direct controlling Yes entrty Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section 501(c)(3)) ◉ Public charity LINE 1 Total income Exempt Code section 501(C)3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) NEW HAMPSHIRE Primary activity Primary activity RELIGIOUS Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity FEMPLE ISRAEL - 02-6008822 03104 MANCHESTER, NH 66 SALMON ST Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(1) Share of total income	(g) Share of end-of-year assets		ortionate tlons?	(i) Code V-UB! amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner? Ile partner? (SS) Yes No	Para ON	(i) (k) General or Percentage managing ownership yest No
								<del>.</del>					
Part IV 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.	ganizations Taxable a rporation or trust durin	is a Corpoig the tax y	ration or Trust Colear.	mplete if the	organization	answered "Ye	s" on Form 9	90, Part IV,	line 34 t	oecause it had	d one or i	more re	slated
(a) Name, address, and EIN of related organization	<u> Z</u> c	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(C corp., S corp., or trust)	(f) Share of total income	_	(g) Share of end-of-year assets	(h) Percentage ownership		Section 512(b)(13) controlled entity?
							_						
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Part V . Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				_ L
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  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	elated organizations listed	in Parts II-IV?	Yes
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>&gt;</b>			1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Giff, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				1e X
f Dividends from related organization(s)				×
				1
				$\downarrow$
h Purchase of assets from related organization(s)				#
i Exchange of assets with related organization(s)				;=
Juease of facilities, equipment, or other assets to related organization(s)				1 X
k Lease of facilities, equipment, or other assets from related organization(s)				¥
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)	-		1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n X
o Sharing of paid employees with related organization(s)				10 X
<ul> <li>Beimbursement paid to related organization(s) for expenses</li> </ul>				4 d
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				1g ×
* Other transfer of cash or property to related presentation(s)				*
				1s
If the answer to any of the above is "Yes." see the instructions for	who must complete the	is line incliding covered	information on who must complete this line, including covered relationships and transaction thresholds.	
וו נוים מושמים נט מוץ טו נוים מסטים וא שליה מים וויטו שביות שכיוטון זיים	אווס ווומפו כסוווסופופ וו	ns inte, including covered	ופומנוסו ומוספרום וופטוסום:	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	penjonu
(1)				
(3)				
(4)				
(5)				
(9)				
432163 08-14-14			Schedule	Schedule R (Form 990) 2014

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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.

(k) centage nership					) 2014
Perc					 8
(j) General or managing partner? Yes No					or or
Gene Darr	 				 ä
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No					Schedule R (Form 990) 2014
Olsproportionale allocations?	-				
Olsproportionale allocations?					l
(g) Share of end-of-year assets					
(f) Share of total income					
Are all partners sec 501(c)(3) orgs?					
A ES S					
Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)		- "			
(b) Primary activity					
(a) Name, address, and EIN of entity					

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Part VII	Supplemental Info		
	Provide additional inform	nation for responses to questions on Schedule R (see instructions)	
			<del></del>
			•
			·
	** ***********************************	- W-1	***
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#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No 1545-1709

<ul><li>If yo</li></ul>	u are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		🕨	LXJ			
<ul><li>If yo</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	this form).					
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	m 8868.				
Electro	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a corpo	oration			
require	d to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	ion of time. You can electronically fi	le Form 88	368 to request an e	xtension			
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers A	Associated With Ce	rtaın			
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of this f	orm,			
	wwwirs gov/efile and click on e-file for Chanties & Nonprofits		·						
Part	I Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies ne	eded).					
A corp	oration required to file Form 990-T and requesting an autor	natic 6-mo	nth extension - check this box and o	complete					
Part I c	only				<b>•</b>				
All othe	er corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time				
to file ıı	ncome tax returns.			Enter file	r's identifying nun	nber			
Туре о	Name of exempt organization or other filer, see instru	ctions.		Employer	identification numb	oer (EIN) or			
print									
	TEMPLE ISRAEL TRUST FUND				23-716905	54			
File by th due date		ee instruc	tions.	Social se	curity number (SSN	)			
filing you	/ 66 SALMON STREET								
retum Se instructio		reign add	ress, see instructions						
	MANCHESTER, NH 03104	•							
	•				,				
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)	-		0 1			
Applic	ation	Return	Application			Return			
Is For Code Is For									
	s For         Code         Is For         Code           form 990 or Form 990-EZ         01         Form 990-T (corporation)         07								
Form 9	<del>-</del> :	02	Form 1041-A			08			
	720 (ındıvidual)	03	Form 4720 (other than individual)			09			
Form 9		04	Form 5227			10			
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	90-T (trust other than above)	06	Form 8870			12			
	MICHAEL I BORNS	STEIN			. "				
• The	books are in the care of ▶ 500 COMMERCIAL		ET - MANCHESTER, N	н 031	01				
	phone No ► (603) 627-7659		Fax No.		<del> </del>				
	e organization does not have an office or place of business	s in the Ur	·	-					
	is is for a Group Return, enter the organization's four digit			f this is for	r the whole aroup. a	heck this			
box >					- ·				
	request an automatic 3-month (6 months for a corporation								
•			tion return for the organization name		The extension				
-	s for the organization's return for:	· <b>g</b>							
	► X calendar year 2014 or								
í	tax year beginning	. an	d endina		_				
					_				
2 h	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n				
	Change in accounting period					<del></del>			
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			_			
-	onrefundable credits See instructions.			3a	\$	0.			
	f this application is for Forms 990-PF, 990-T, 4720, or 6069					_			
_	stimated tax payments made. Include any prior year overp			3b	\$	0.			
	Balance due. Subtract line 3b from line 3a. Include your pa	-	· · · · · · · · · · · · · · · · · · ·			_			
t	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.			
<b>-</b>	- If you are going to make an electropic funds withdrawal	(direct de	hat with this Form OCCO ass Form O	452 EO 0	nd Form 9970 FO fo	r novmont			

instructions.