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EXTENDED TO NOVEMBER 16, 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.lrs.gov/form990 Open to Public Inspection

Α	For the	2014 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres change Name	TIFERETH ISRAEL SYNAGOGUE FOUNDATION		20.46	001.607
누	change	Doing business as	<u> </u>		391607
	return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 924 POLK BOULEVARD	Room/suite	E Telephone number 515-2	255-1137
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	75,793.
旦	Amend			H(a) Is this a group re	
L	Application pendin	F Name and address of principal officer: DON SCHOOL	312	for subordinates? H(b) Are all subordinates ind	
ī	Tax-exe	mpt status: X 501(c)(3)	or 527	1 ' '	ist. (see instructions)
		e: ► N/A		H(c) Group exemption	•
ĸ	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1997 M	State of legal domicile: IA
	art I	Summary			
-0	1 1	Briefly describe the organization's mission or most significant activities. ${ m THE}$	FOUNDA	TION IS ORGA	ANIZED
Governance]	EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM	RM FUN	CTIONS OF, C	OR TO CARRY
ř	2	Check this box 🕨 🗀 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as:	sets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		. 3	
න	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
Σiξ	6	Total number of volunteers (estimate if necessary)		6	0
Acti		Total unrelated business revenue from Part VIII, column (C), line 12	7	. 7a	0.
_	b	Net unrelated business taxable income from Form 990 干川道 34 ニーソー		7b	0.
			181	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	101	9,923.	120.
ent	9	rogram service revenue (rait vin, into 29)	181 F	0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		60,010.	75,673.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\ <u> </u> _	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII) column (A) line 12)		69,933.	75,793.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	400,423.	77,152.
		Benefits paid to or for members (Part IX, column (A), line 4)	L	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,,</u> ⊢	0.	1,887.
Ž	b b	Total fundraising expenses (Part IX, column (D), line 25)	8/•	12 11/16 - 3/10/11 11/11	
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	3,800.	5,510.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	}	404,223.	84,549.
		Revenue less expenses. Subtract line 18 from line 12		-334,290.	-8,756.
Sor			B	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	<u> </u>	1,729,950.	1,743,195.
Net Assets	21	Total liabilities (Part X, line 26)	\vdash	1,729,950.	$\frac{0.}{1,743,195.}$
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,129,930	1,743,133.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and states	ante and to the heet of my	knowledge and ballet it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			knowledge and belief, it is
tru	e, correc	t, and complete. Degalation of preparer (other than officer) is based on an information of wi	ilicii piepaie	/o/20	116
•		Signature of officer		Date	7 6
Sı	_	FRANK MARCOVIS, TREASURER			
He	ere	Type or print name and title	-		
_		Print/Type preparer's name Preparer's signature	· I	Date Check	PTIN
Pa	id	TELFORD A. LODDEN		12/18/15 sell-employe	
	eparer	Firm's name BROOKS LODDEN, P.C.	<u></u>	Firm's EIN	42-1229486
	e Only	Firm's address 1441 29TH STREET, STE. 305		7.2111.0.2114	
		WEST DES MOINES, IA 50266-1357		Phone no.51	5/223-7300
NA:	av the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
425	27 1110 11	7-14 LHA For Panerwork Reduction Act Notice see the senarate instruction	ions	 	Form 990 (2014)

39-1891607

		Check if Schedule O con	itains a response o	or note to any li	ne in this Part VIII (A)	(B)		
To the second	,				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इइ	1 8	Federated campaigns	1a				13. 7	6 7 7 7
ts, Grants Amounts		Membership dues	1b					
اغ ق		Fundraising events	1c		1	0 1	/	A Park
Gifts llar /		d Related organizations	1d		1			
S,E	ì	Government grants (contribu			1, "	200		
Sign	•	All other contributions, gifts, grain			1, 1, 11			
la Et	•	similar amounts not included abo	i i	120.	11/11/	!		`
Ēδ				120.				-1 "-2
Contributions, and Other Simi		Noncash contributions included in line Total. Add lines 1a-1f	s 1a- 11 \$		120.	1 · a.		,
"		Total. Add lines 1a-11		Business Code		, , , , ,		
0	2 8		T	Susmess Code		A	1	
Ş	z t							
Program Service Revenue	,							
ΕĒ		,						
P.S.	,				<u> </u>			
윤	•	All						
_	Ī	All other program service rev	enue [<u> </u>			·
\rightarrow		Total. Add lines 2a-2f		<u> </u>		. i	To leave the first	
	3	Investment income (including	g aividenas, interes	st, and	75 672			75 653
	4	other similar amounts)			75,673.			75,673.
1	4	Income from investment of ta	ax-exempt bond pr	oceeds				
	5	Royalties	(A B - 1	(2) D	er a de de			
			(ı) Real	(ii) Personal				ì
	6 a		-		, , ', '		(1) (1)	4 1
- 1		Less: rental expenses			30	1. 1. 1. 1. 1.	7.	te e e
		Rental income or (loss)	L	•			- 1 1	
		Net rental income or (loss)			· - · · · · · ·	(a. 0 3) (3 1 10 2 2 2	
	/ 2	Gross amount from sales of	(i) Securities	(ii) Other				
- 1		assets other than inventory	-					
	£	Less: cost or other basis			The state of the s	100	(1) 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
}		and sales expenses			1. 12. 14. 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
- 1		Gain or (loss)				6 - 2017	المسائد أحاث أسا	
		- , ,	Г				ing a special	7 7
venue	8 8	Gross income from fundraisin			J. G. C. J. G. C.			
Ve		including \$			The second second		The prince	
æ		contributions reported on line	l.		14 1 2 2	t same in the		(A)
Other Re		Part IV, line 18	a _				Bury J. T.	
₹		Less: direct expenses	. b[1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- ,
		Net income or (loss) from fund	_	<u> </u>			, ,	<u></u>
- 1	9 8	Gross income from gaming a					1 , " ", " · · · · ·	
		Part IV, line 19	a			1 1 1 1 1 1 1		
		Less direct expenses	b_		أسير أسرا		4 .	
		Net income or (loss) from gan						
	10 a	Gross sales of inventory, less	1		of the second	,	-1	
	L	and allowances	a		,, , 11		, '	
1		Less, cost of goods sold	_b_		, a 4 m	- ' (-	-19 1	
ŀ		Net income or (loss) from sale				, ",	1 ,	
}	44 6	Miscellaneous Revenu	Je E	usiness Code		·		و برگی می د
	11 a		<u> </u> -	-				
1	t			-				
1	0							
	0		<u>i</u>					
	12	Total. Add lines 11a-11d Total revenue. See instructions.			75,793.	0.	0.	75,673.
1								

Form 990 (2014) TIFERETH ISRAI Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon		this Part IX	(C)	(D)
	ot 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	Fundraising expenses
1	Grants and other assistance to domestic organizations	75 450			7. 5. 5. 1. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	and domestic governments. See Part IV, line 21	77,152.	77,152.		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			# 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 1
3	Grants and other assistance to foreign				1 1
	organizations, foreign governments, and foreign				* , * 4
	individuals. See Part IV, lines 15 and 16			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Benefits paid to or for members			* **	111 12
5	Compensation of current officers, directors,				
	trustees, and key employees		·-···		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			II	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
ь	Legal	5,040.		5,040.	
C	Accounting	3,040.		3,040.	
d	Lobbying Professional fundraising services. See Part IV, line 17	1,887.			1,887.
e	-	1,007.	<u> </u>		= 1007.
Ţ	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
40	Advertising and promotion				
12 13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
,0	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		1 () 4	, , , , ,	
	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.)	95 31 . is	1, 100) 1 24 2 24	· · · · · · · · · · · · · · · · · · ·
а	BAD DEBT EXPENSE	470.		470.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	84,549.	77,152.	5,510.	1,887.
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>
10001	0.11-07-14				Form 990 (2014)

		Check if Schedule O contains a response or note to any line in this Part X	(4)		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	68,656.	2	3,825.
- 1	3	Pledges and grants receivable, net	97,237.	3	96,167.
1	4	Accounts receivable, net		4	
l	5	Loans and other receivables from current and former officers, directors,			, ,
		trustees, key employees, and highest compensated employees. Complete	, , , , , , , , , , , , , , , , , , ,	,	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	, ' 1	,	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	,	
1		employers and sponsoring organizations of section 501(c)(9) voluntary		٠,	W. 15.
က္က		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ا ک	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
l		Land, buildings, and equipment, cost or other	13,000	7	1 1 14, 3 1 1
ļ		basis Complete Part VI of Schedule D 10a		, 1	
	h	Less accumulated depreciation 10b	16	10c	
	11	Investments - publicly traded securities	1,564,057.	11	1,643,203.
	12	Investments - other securities. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •	12	, , , , , , , , , , , , , , , , , , , ,
	13	Investments - program-related. See Part IV, line 11		13	· · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,729,950.	16	1,743,195.
	17	Accounts payable and accrued expenses		17	27,20,250
	18	Grants payable and accided expenses		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,,	22	Loans and other payables to current and former officers, directors, trustees,	1 1 1 1 1	,	
ţį	~~.	key employees, highest compensated employees, and disqualified persons.		۱ '	77 9 4
Liabilities		Complete Part II of Schedule L	' ' ' '	22	, , ,
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	!		
	23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶	1,	-	
6		complete lines 27 through 29, and lines 33 and 34.	8		
cei	27	Unrestricted net assets	-	27	,
ılan	28	Temporarily restricted net assets	1,729,950.	28	1,743,195.
Ba				29	2,743,155.
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	. , ,	23	
됴				١ .	,
o s	20	and complete lines 30 through 34.	-	30	1 ' `
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	1,729,950.	32	1,743,195.
_	33	Total net assets or fund balances			1,743,195.
	34	Total liabilities and net assets/fund balances	1,729,950.	34	

Form **990** (2014)

	990 (2014) TIFERETH ISRAEL SYNAGOGUE FOUNDATION	39	-1891607	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			93.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>49.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>56.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,729		
5	Net unrealized gains (losses) on investments	5	22	2,0	01.
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	ļ	4 -44		
_	column (B))	10	1,743	3,1	<u>95.</u>
Pai	rt XII Financial Statements and Reporting				
	Check of Schedule O contains a response or note to any line in this Part XII				پی
			r	Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		"``.	,,	, •-1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 16.		* <u>``</u> X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	, —	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		*-	~ (* }
	separate basis, consolidated basis, or both:		1.2	1	1
	Separate basis Consolidated basis Both consolidated and separate basis		[[c] ₂]		X
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 separat	e bası		٠,	. ` ` t
	consolidated basis, or both		1,32	1.2	
	Separate basis Consolidated basis Both consolidated and separate basis				ji (i
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi			- 1 3
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			· . `	,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Ai		. š ²	x
	Act and OMB Circular A-133?	. ـ. اد ـ دا.	3a		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irea at	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Sb Form	000	(001.6)
			Form :	5 50 (,2014)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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

Open to Public Inspection

Name of the organization						Employer	identification number
TI	FERETH ISRAE	L SYNAGOGUE	FOUND	MOITA		3	9-1891607
Part I Reason for Pub	lic Charity Status (All organizations must c	omplete thi	s part) Se	e instruction	s	
The organization is not a private for	oundation because it is:	(For lines 1 through 11,	check only	one box.)			
1 A church, convention of	of churches, or association	on of churches describe	d in section	n 170(b)(1	I)(A)(i).		
2 A school described in s	section 170(b)(1)(A)(ii). ((Attach Schedule E.)					
3 A hospital or a coopera	ative hospital service org	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4 A medical research org	ganization operated in co	onjunction with a hospita	al described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and state:							
5 An organization operat	ed for the benefit of a co	ollege or university owne	d or operat	ed by a g	overnmental	unit describ	ped in
section 170(b)(1)(A)(iv	v). (Complete Part II.)						
6 A federal, state, or loca	al government or governr	mental unit described in	section 17	0(b)(1)(A)	(v).		
7 An organization that no	ormally receives a substa	antial part of its support	from a gove	ernmental	unit or from t	he general	public described in
section 170(b)(1)(A)(vi						_	•
8 A community trust des	cribed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)				
9 An organization that no	ormally receives: (1) more	e than 33 1/3% of its su	pport from	contribution	ons, member	ship fees, a	and aross receipts from
	exempt functions - subje						
	business taxable income						
See section 509(a)(2).						•	
10 An organization organiz	zed and operated exclus	sively to test for public s	afety See s	ection 50	9(a)(4).		
11 X An organization organization	zed and operated exclus	sively for the benefit of, t	o perform t	he functio	ons of, or to c	arry out the	purposes of one or
more publicly supporte	ed organizations describe	ed in section 509(a)(1) d	or section 5	i09(a)(2).	See section	509(a)(3). (Check the box in
lines 11a through 11d	that describes the type o	of supporting organization	on and com	plete lines	s 11e, 11f, an	d 11g	
a Type I. A supporting	organization operated, s	supervised, or controlled	by its supp	orted org	ganızation(s),	typically by	gıving gıving
the supported organ	ızatıon(s) the power to re	egularly appoint or elect	a majority o	f the direc	ctors or truste	ees of the s	supporting
	ust complete Part IV, Se	ections A and B.					
b X Type II. A supporting	organization supervised	d or controlled in connec	ction with its	s supporte	ed organizatio	on(s), by ha	iving
control or manageme	ent of the supporting org	anization vested in the s	same perso	ns that co	ontrol or mana	age the sup	ported
organizatıon(s). You	must complete Part IV,	Sections A and C.					
c L Type III functionally	integrated. A supportin	ig organization operated	l in connect	ion with, a	and functiona	lly integrate	ed with,
its supported organiz	zation(s) (see instructions	s) You must complete	Part IV, Se	ctions A,	D, and E.		
d Type III non-functio	nally integrated. A supp	porting organization ope	rated in cor	nection v	vith its suppo	rted organi	zation(s)
that is not functional	ly integrated. The organi:	zation generally must sa	itisfy a distr	ibution re	quirement an	d an attent	iveness
_	tructions). You must co r	•	-				
e L Check this box if the	organization received a	written determination from	om the IRS	that it is a	Type I, Type	II, Type III	
	ed, or Type III non-function	onally integrated suppor	tıng organiz	ation.			
f Enter the number of suppor	ted organizations						1
g Provide the following inform		,	Tr 50				·····
(ı) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed in			-	(vi) Amount of
organization		above or IRC section	governing d		support Instruct	-	other support (see Instructions)
######################################		(see instructions))	Yes	No	111001000	10113)	instructions)
TIFERETH ISRAEL	40 0505400						
SYNAGOGUE	42-0727490	<u> </u>	X		77	7,152.	
			├				
			 				
			 -				 _
			1				
Tatal	14 1,2"		'	,	7-	7 152	_

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

_		H ISRAEL S				<u> 39-18</u>	91607 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	<u>ar Asse</u>	ts(continued)
3,	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection items
	(check all that apply)						
а	Public exhibition	d		hange programs			
b	Scholarly research	е	U Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	•	-	•		se in Par	t XIII
5	During the year, did the organization solicit of				ar assets	_	
	to be sold to raise funds rather than to be ma						JYes LINo
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" to	5 Form 990	, Part IV, I	ine 9, or
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for contribution	s or other assets no	ot included	_	, <u> </u>
	on Form 990, Part X?					L_	JYes ∟ No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				
							Amount
	Beginning balance				1c		
	Additions during the year				1d		
e	Distributions during the year		•		1e		
f O-	Ending balance	aum 000 Bart V Iraa	01 for accrew or a	intedial apparent ligh	1f		Yes No
	Did the organization include an amount on Fif "Yes," explain the arrangement in Part XIII				-		」Yes
Pai							
1	11 I I I I I I I I I I I I I I I I I I	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four years back
10	Beginning of year balance	1,632,713.	1,779,836.	(c) The years back	(u) moo)	Cars Back	(e) i our years back
b	Contributions	720.	81,823.		-		
	Net investment earnings, gains, and losses	97,673.	171,477.			·	
	Grants or scholarships	77,152.	400,423.				
	Other expenditures for facilities						
	and programs	6,926.	0.				
f	Administrative expenses	·					
g	End of year balance	1,647,028.	1,632,713.				
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowment	35.00	_%				
b	Permanent endowment ►65.00	%					
С	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.					
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organiz	zation	
	by.						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations				•		3a(ii) X
b	If "Yes" to 3a(ii), are the related organization:			•			3b
4	Describe in Part XIII the intended uses of the		wment funds				
Ра	rt VI Land, Buildings, and Equipm		D-40/2 44 6				
	Complete if the organization answere					- 	
	Description of property	(a) Cost or o basis (investing	1 , ,		Accumulate epreciation		(d) Book value
	l and	Dasis (investi	Dasis	(onler) 0	epreciation	 	
	Land .					- -	
	Buildings						
	Leasehold improvements Equipment	····	-			$\overline{}$	
	Other .	-					
	1. Add lines 1a through 1e (Column (d) must e	egual Form 990 Part	X. column (B), line :	10c)			0.
	ir idd iiriod ta airiodgir to fooldriir fo made c	o ooo, r art	, 50.0 (D), mic :	/			

Schedule D (Form 990) 2014

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2014) **≗** □ TIFERETH ISRAEL SYNAGOGUE Employer identification number 39-1891607 5 F OUNDATION PURPOSE IS (h) Purpose of grant DISTRIBUTE FUNDS TO or assistance X Yes 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 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, EMV, appraisal, other) 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 77,152 cash grant TIFERETH ISRAEL SYNAGOGUE FOUNDATION Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table 42-0727490 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization TIFERETH ISRAEL SYNAGOGUE or government DES MOINES, IA 50312 Name of the organization 924 POLK BLVD Part Part II.

SCHEDULE O

(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TIFERETH ISRAEL SYNAGOGUE FOUNDATION

Employer identification number 39-1891607

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUT THE PURPOSES OF THE TIFERETH ISRAEL SYNAGOGUE OF DES MOINES, IA.
FORM 990, PART VI, SECTION B, LINE 11:
THE PRESIDENT OF THE FOUNDATION REVIEWS THE 990 BEFORE IT IS FILED. THE
MEMBERS OF THE GOVERNING BODY MAY REQUEST A COPY OF THE 990 FOR REVIEW.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.
FORM 990 PART B - AMENDED RETURN
THE 2014 FORM 990 FOR TIFERETH ISRAEL SYNAGOGUE FOUNDATION IS BEING
AMENDED DUE TO INCORRECT CONTRIBUTION INCOME AND INCORRECT EXPENSE
LISTING. THERE WAS AN ACCOUNTING ERROR CAUSED BY TIMING OF RECEIPTS
AND PAYMENTS THAT CAUSED INCORRECT FIGURES TO BE REPORTED. THE CHANGES
WILL EFFECT FORM 990 PAGES 1 AND 2, THE STATEMENT OF REVENUE, STATEMENT
OF FUNCTIONAL EXPENSE, THE BALANCE SHEET, AND SUPPORTING SCHEDULES A,
D, I, AND R.

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	0
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?	ns with one or more re	elated organizations listed	in Parts II-IV?		`
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	· ·			1a X	5 4
b Gift, grant, or capital contribution to related organization(s)		:		1b X	1
c Gift, grant, or capital contribution from related organization(s)		•		1c X	يدا
d Loans or loan guarantees to or for related organization(s)				T Pt	بدا
e Loans or loan guarantees by related organization(s)				1e X	 se
			<u>[*</u>	,,	
f Dividends from related organization(s)				× +	∙⋈
g Sale of assets to related organization(s)		•		1g X	
h Purchase of assets from related organization(s)				+ X	بدا
i Exchange of assets with related organization(s)				it	الم
j Lease of facilities, equipment, or other assets to related organization(s)				į- X	l,
k ease of facilities equipment or other assets from related organization(e)				2) 2) 2) 2)	
				+	٨
	ariizatiori(s)	•			. ا
	anization(s)	•		TI.	ار
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	•		1n X	اب
 Sharing of paid employees with related organization(s) 			· · · · · · · · · · · · · · · · · · ·	10 X	,
			_	,	
p Reimbursement paid to related organization(s) for expenses				to X	, ~
q Reimbursement paid by related organization(s) for expenses	•			1q X	الما
			1		. -
r Other transfer of cash or property to related organization(s)		•		1r X	M
s Other transfer of cash or property from related organization(s)		:		1s X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	ns line, including covered	relationships and transaction thresholds.		i
(a)	(9)	(9)	(P)		1
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ved	
(1) TIFERETH ISRAEL SYNAGOGUE	В	77,152.	77,152.FAIR MARKET VALUE		1
(2)					
(6)					l
(4)					1
(5)					ľ
(9)					ı
432163 08-14-14	30		Schedule R (Form 990) 2014	Form 990) 201	4