

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: BETH ISRAEL CEMETARY & MAUSOLEUM ASSOCIATION INC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: 9001 TOWNE CENTRE DRIVE
 City or town, state or country, and ZIP + 4: SAN DIEGO, CA 92122

D Employer identification number: 23-7166393
E Telephone number: (858) 535-1111
F Group Exemption Number:

G Accounting method: Cash Accrual
 Other (specify):

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 136,338

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe <input type="checkbox"/>)		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	17	Total expenses. Add lines 10 through 16		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe <input type="checkbox"/>)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	128,856	103,603
23 Land and buildings		
24 Other assets (describe <input type="checkbox"/>)	1,131,853	1,114,680
25 Total assets	1,260,709	1,218,283
26 Total liabilities (describe <input type="checkbox"/>)	16,662	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,244,047	1,218,283

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ***** Date: 2010-10-14

JOAN JACOBS President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JULIE A FIRL Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Leaf & Cole LLP
2810 Camino Del Rio South Suite 200
San Diego, CA 921083820

Preparer's identifying number (See instructions): _____
EIN: _____
Phone no: (619) 294-7200

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-7166393

Name: BETH ISRAEL CEMETARY & MAUSOLEUM
ASSOCIATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT SHAPIRO 9001 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122	Director 0 50	0		
JERALD KATLEMAN 9001 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122	Director 0 50	0		
HOWARD KATZ 9001 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122	Director 0 50	0		
HERMAN GORDON 9001 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122	Secretary 0 50	0		
RALPH LEVY 9001 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122	Treasurer 1 00	0		
JOAN JACOBS 9001 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122	President 2 00	0		

TY 2009 Other Assets Schedule

Name: BETH ISRAEL CEMETARY & MAUSOLEUM
ASSOCIATION INC

EIN: 23-7166393

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Inventories	1,103,100	1,060,038
Accounts Receivable	28,753	54,642

TY 2009 Other Changes in Net Assets Schedule

Name: BETH ISRAEL CEMETARY & MAUSOLEUM
ASSOCIATION INC

EIN: 23-7166393

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
Net Unrealized Gains and Losses on Investments	7,738
DISTRIBUTION TO CONGREGATION BETH ISRAEL TEMPLE OPS	-110,414
COST OF GOODS SOLD	43,528

TY 2009 Other Expenses Schedule

Name: BETH ISRAEL CEMETARY & MAUSOLEUM
ASSOCIATION INC

EIN: 23-7166393

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
TAXES AND PERMITS	10
SNACK EXPENSE	53
PUBLIC RELATIONS	445
COST OF GOODS SOLD	43,528
COMMISSIONS	5,447
BANK AND CREDIT CARD CHARGES	1,683
ALLOCATED EXPENSES	2,750

TY 2009 Other Liabilities Schedule

Name: BETH ISRAEL CEMETARY & MAUSOLEUM
ASSOCIATION INC

EIN: 23-7166393

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	16,662	