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Form . 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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 \$1,000,000 and total assets less than \$2,500,000 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

OMB No 1545-1150

2008

Open to Public Inspection

A	For the	2008 calenda	ar year,	or tax year beginning January 1 , 2008, and endin	ng Decem	ber 31	, 20 08	
В	Check if ap	The state of the s				oyer identification number		
	Address c	ss change use IRS label or Rocky Mountain Chevra Kaddisha 14				1971474		
\sqsubseteq	Name cha	change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele					mber	
\blacksquare	Initial retur						03) 549-1402	
\forall	Term-nation Amended		Specific	City or town, state or country, and ZIP + 4	F Group	up Exemption		
H	Application		Instruc- tions.	Denver, CO 80224-1251	Numb	-		
=					G Accounting me		☑ Cash ☐ Accrual	
	• 5eca	011 301 (6)(3) (pleted Schedule A (Form 990 or 990-EZ).	Other (specify)		E Casi. [_], toolaa.	
					H Check ► 🗹			
	Websit	n/a		'			edule B (Form 990,	
			990-EZ, or 990-		eddie B (i omi 550,			
				ly one) — ✓ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			\$05.000 A	
				n is not a section 509(a)(3) supporting organization and its gross receipts zation chooses to file a return, be sure to file a complete return	s are normally no t i	more un	an \$25,000 A return is	
				e 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead	d of Form 990-F7	▶ \$		
_	art I			nses, and Changes in Net Assets or Fund Balances (S			or Part I \	
	1				ce the manuel	1	1724	
	1		-	, grants, and similar amounts received			42038	
	2	_		evenue including government fees and contracts		2		
	3	Membershi	ip dues	and assessments		3	0	
	4	Investment	incom	• _ 1		4	0	
	5a	Gross amo	unt fro	m sale of assets other than inventory 5a	0			
	b	Less: cost	or othe	er basis and sales expenses	0			
•	С	Gain or (los	s) from	sale of assets other than inventory (Subtract line 5b from line 5a) (atta	ach schedule).	5c	0	
چ	6	Special events	and acti	rities (complete applicable parts of Schedule G). If any amount is from gaming, check	k here 🕨 🔲			
Revenue	а	Gross reve						
Re		reported or						
	ь	Less: direc						
	c	Net income	6c	0				
	7a	Gross sale	,					
	b	Less: cost.						
	1		7c	0				
	_	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					0	
	9						43762	
	 					9 10	0	
	1	10 Grants and similar amounts paid (attach schedule)					0	
G	11	•		11	0			
Se	12	Salanes, of		13	40732			
ē	13			and other payments to independent contractors		14	0	
Expenses	14			15	482			
	13	and the second s					877	
	16						42091	
	17					17	1671	
Net Assets	18		•	for the year (Subtract line 17 from line 9)		18		
SS	19		ust agree with	40	E 404			
¥	l			reported on prior year's return)		19	5401 0	
Š	20			net assets or fund balances (attach explanation)		20		
	21			d balances at end of year. Combine lines 18 through 20		21	7072	
L	art II	вајапсе		s. If Total assets on line 25, column (B) are \$2,500,000 or more,				
			•	ee the instructions for Part II.)	(A) Beginning of y		(B) End of year	
22				estments	54	01 22		
23		d and buildir		0 23				
24	Othe	er assets (d	scribe	▶ <u>0</u>		0 24		
25	:					01 25		
26	Tota	al liabilities (descnb	e ▶)		01 26		
27				lances (line 27 of column (B) must agree with line 21)	54	01 27		
Fo	r Privac	y Act and Pa	perwor	k Reduction Act Notice, see the Instruction for Form 990.	Cat. No. 10642I		Form 990-EZ (2008)	

FORT 990-E2 (2000)					i age =
Part III Statement of Program Service Accor	nplishments (See the inst	ructions for Part	III.)		Expenses
What is the organization's primary exempt purpose?				(Rec	uired for 501(c)(3)
Describe what was achieved in carrying out the organi	zation's exempt purposes Ir	a clear and conc	ico manner	and	(4) organizations 4947(a)(1) trusts,
describe the services provided, the number of persons b	enefited or other relevant info	nmation for each n	rooram title		onal for others)
28 Ritual preparation of 117 jewish deceased for b	urial				
(Grants \$) If this amount inc	cludes foreign grants, check	here	. •	28a	40732
				T	
29					
	•••••		• • • • • • • • • • • • • • • • • • • •		
(Grants \$) If this amount inc	cludes foreign grants, check	here	<u>. ▶ </u>	29a	
30					
				1	
	aludae fareige grante, chack			30a	
				Sua	
31 Other program services (attach schedule)				l_	
(Grants \$) If this amount inc	cludes foreign grants, check	here	. ▶ 📋	31a	
32 Total program service expenses (add lines 28a				32	40732
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	en if not compensate	d. (See the ins	structio	ons for Part :V)
	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & sation	account and other allowances
Edward Charica		Citter 0,	deterred compe	13011011	Outer anowances
Edward Shapiro	President	0		0	0
427 S. Jersey Denvor, CO 80224		<u> </u>		u	U
Sean Perkins	Vice President				
272 S. Monaco Pkwy Denver, CO 80224		0		0	0
Randy Zakroff	Treasurer				
316 S. Locust Denver, CO 80224	- I Tousuici	0		0	0
Vackey Wetking	1	 			
441 S. Locust Denver, CO 80224	Secretary	0		0	0
		<u> </u>			
Ben Last	At Large				
6540 E. Nevada Pl Denver, CO 80224		0		0	U
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		<u></u>			
	_]				

		<u> </u>			
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	 	ļ			

Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)			·····
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<u>'</u>		
	Did the organization file Form 1120-POL for this year?	37b	ļ	✓
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	······	✓
	If "Yes," complete Schedule L. Part II and enter the total amount involved	┨ ┆		
39	Section 501(c)(7) organizations. Enter:		}	
	initiation lees and capital contributions included on line 5	-		
	Closs receipts, included on line of lot public dec of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ Colorado			
42a	The books are in care of ▶ Randy Zakroff Telephone no. ▶ (303) 54 80224-	49-14 1251	02
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	[40]	Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_		42c		1
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	120	L	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		▶ ⊔
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45 ——	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓
	F	orm 99 ()-EZ	(2008)

Par	t.VI	section 501(c)(3) organizations only and complete the tables for lines 50 at		c)(3) organiza	ations mu	st answer questi	ons 4	6–49	
46	Did th	e organization engage in direct or indirect p		ctivities on be	half of or it	n opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I								1
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								1
48	Is the	organization operating a school as describe	ed in section 170(b)	1)(A)(ii)? If "Yo	es," comple	ete Schedule E .	48	ļ	1
49a	a Did the organization make any transfers to an exempt non-charitable related organization?								1
		s," was the related organization(s) a section					49b	<u> </u>	_
50		lete this table for the five highest compensa					emple /	oyees) who
	each r	received more than \$100,000 of compensati	ion from the organiz	ation. If there	ıs none, e	nter "None."			
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position		empensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount ar	nd
Non	e		······································						
								- -	
								-	
Total	numb	er of other employees paid over \$100,000							
		ensation from the organization. If there is no (a) Name and address of each independent contractor	<u>.</u>		(b) Tv	pe of service	(c) Cor	noonsa	
		(a) Name and address of each independent contractor	paid more than \$100,000		(D) 1 y	pe of service	(0) (0)		
									
Total	numb	per of other independent contractors each re	eceiving over \$100 (100					
	Tidinib	Under penalties of penury, I declare that I have exami-			chedules and	statements, and to the	best of n	ıy kno	wledge
		and belief, it is true, correct, and complete Declarati							
Sign		TY MINISTER				120/	\mathcal{O}		
Here	1	Signature of office			- (Date			
		Randy Zakroff Treasurer							
		Type or print name and title.							
Paid Pren:	arer's	Preparer's signature		Date	Check if self- employed	Preparer's Identifying	Number (See msh	tictions)
Use (Firm's name (or yours if self-employed), address, and ZIP + 4				Phone no ► ()			
May	the IR	S discuss this return with the preparer show	vn above? See instr	uctions .	· · ·	<u></u> ▶	□ Y	es 🗆	No
					·	F	orm 99		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer Identification number 1971474 Rocky Mountain Chevra Kaddisha Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). (Attach Schedule H.) 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). 6 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\% % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I **b** Type II d Type III-Other e ... By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the organizations the organization supports. h (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (i) Name of supported (vi) Is the (vii) Amount of organization organization in col (described on lines 1-9 in cal (i) listed in your the organization in support governing document? above or IRC section col (I) of your (i) organized in the (see instructions)) support? US? No Yes Total

Par	t II Support Schedule for Org					and 170(b)(1)(A)(vi)
<u>. </u>	(Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part I.	.)		
	tion A. Public Support						
Ça	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4			4	-101-1111-1111-1111-111-111-111-111-111		
	tion B. Total Support			***************************************			
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royaltie and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		1				L
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		_	ear as a section	
	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line	, ,,	•			14	<u> %</u>
15	Public support percentage from 2007 Scl					15	<u></u>
16a							
	and stop here. The organization qualifies						
b	331/3 % support test—2007. If the organization quality box and stop here. The organization quality					33/3 % or more	, cneck this .▶ □
17a	10%-facts-a. d-circumstances test—20 more, and if the organization meets the "facts-and-circum	08. If the organacts-and-circurstances" test.	nization did not on mstances" test, The organization	check a box on check this box n qualifies as a	line 13, 16a, or and stop here publicly suppo	. Explain in Part rted organizatio	IV how the n .▶ □
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstation meets the "facts-and-circumstation. If the organization did	acts-and-circun ances" test. The	nstances" test, o organization qua	theck this box a difies as a public	and stop here bly supported or	Explain in Part ganization	IV how the .▶ □

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.)

	(Complete only if you checke	ed the box o	n line 9 of Pa	art 1.)				
	tion A. Public Support	() 2224	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 () 222	() 0007			
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						1724	1724
2	any *unusual grants.*)					+		
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the							
_	organization without charge					 	1724	1724
6	Total. Add lines 1-5				-		1124	1724
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					_		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							1724`
Sec	tion B. Total Support							
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9	Amounts from line 6		_			4-	1724	1724
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses							
_	acquired after June 30, 1975 Add lines 10a and 10b		_			1		_
11	Net income from unrelated business					<u> </u>		
••	activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						42038	42038
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for to organization, check this box and stop I		•	nd, third, fourti		-		`````
Sec	tion C. Computation of Public Su					-	· · · · ·	
15	Public support percentage for 2008 (lin	e 8. column (f) divided by Irr	ne 13. column	(f)	15		%
16	Public support percentage from 2007 S	Schedule A, P	art IV-A, line 2			16		%
	tion D. Computation of Investmen				.1 (6)	4-		·····
17	Investment income percentage for 2008	-	• • •	•	olumn (f)) .	17		<u>%</u> %
18	Investment income percentage from 20 331/3 % support tests – 2008. If the organization				and line 15 is		an 3214 n	
19a	17 is not more than 33½%, check this be 33½% support tests – 2007. If the organ	ox and stop h	ere. The organi	zation qualifies	s as a publicly	suppor	ted orga	nization 🕨 🗌
b	line 18 is not more than 33½ %, check this							
20	Private foundation. If the organization	-	-	•		• •	-	

Schedule A (Fo	orm 990 or 990-EZ) 2008	Page 4
Part IV	Supremental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see in	art II, line 10; estructions)