



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 , 2009, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: BEATITUDES AUXILIARY. D Employer identification number: 86-0261789. E Telephone number: (602) 995-2611. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [] Accrual [X]. Other (specify).

I Website: NONE

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

J Tax-exempt status (check only one) - [X] 501(c)(3) (insert no) 4947(a)(1) or 527

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 \$ 192,737.

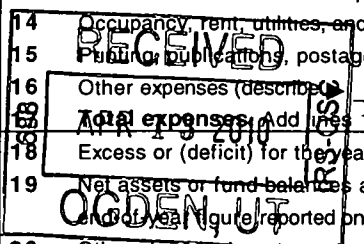
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, investment income, gross amount from sale of assets, special events, gross revenue, gross sales of inventory, other revenue, total revenue, grants and similar amounts paid, benefits paid, salaries, professional fees, occupancy, postage, other expenses, total expenses, excess or deficit, net assets at beginning/end of year.

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.

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

SCANNED MAY 0 0 2010



Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? ATCH 6 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Table with 2 columns: Program Description and Expenses. Row 28: TO SUPPORT THE PROGRAMS OF THE BEATITUDES CAMPUS AND TO ENHANCE THE QUALITY OF LIFE OF THE BEATITUDES CAMPUS RESIDENTS. (Grants \$ 42,158.) If this amount includes foreign grants, check here. 28a 74,514. Row 29: (Grants \$) If this amount includes foreign grants, check here. 29a. Row 30: (Grants \$) If this amount includes foreign grants, check here. 30a. Row 31: Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here. 31a. Row 32: Total program service expenses (add lines 28a through 31a) 32 74,514.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Table with 5 columns: (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. Row 1: ATTACHMENT 7, 31,047., -0-, 282.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0.		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	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		X
41	List the states with which a copy of this return is filed. ▶ AZ,		
42a	The organization's books are in care of ▶ PHIL CROWLEY Telephone no. ▶ 602-995-2611 Located at ▶ 1610 W. GLENDALE AVE PHOENIX, AZ ZIP + 4 ▶ 85021-8971		
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 account)?		X
	If "Yes," enter the name of the foreign county: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

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.

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

f Total number of other employees paid over \$100,000 ▶ NONE

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		

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

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.

Sign Here
 Signature of officer: *Philip C. Crowley* Date: *4/7/2010*
 Type or print name and title: *TREASURER - Philip C. Crowley*

Paid Preparer's Use Only
 Preparer's signature: *Ann M. [Signature]* Date: *3-23-10* Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: *QBIZ MHM, LLC* EIN: *34-1884125*
3101 N. CENTRAL AVE, STE 300 PHOENIX, AZ 85012 Phone no: *602-264-6835*
 Preparer's identifying number (See instructions): *900869687*

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	27,307.	359,631.	31,506.	31,741.	47,944	498,129.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	124,024.	181,406	130,565.	126,404	130,803.	693,202.
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						
6 Total. Add lines 1 through 5	151,331.	541,037.	162,071.	158,145	178,747.	1,191,331
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0.	0	0	25	25.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0	0.	0	25.	25.
8 Public support (Subtract line 7c from line 6)						1,191,306

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	151,331	541,037.	162,071.	158,145.	178,747.	1,191,331.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,832.	13,589.	17,449.	9,428.	10,991.	63,289.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	11,832	13,589.	17,449.	9,428.	10,991.	63,289
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,517	10,860	3,306.	2,935.	2,999	23,617.
13 Total support. (Add lines 9, 10c, 11, and 12.)	166,680.	565,486	182,826.	170,508.	192,737.	1,278,237.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	93.20%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	93.75%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	4.95%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.96%

- 19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	3,517.	10,860.	3,306	2,935	2,999	23,617
TOTALS	<u>3,517</u>	<u>10,860</u>	<u>3,306</u>	<u>2,935</u>	<u>2,999</u>	<u>23,617</u>

ATTACHMENT 1

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS

2,999.

TOTALS

2,999.

ATTACHMENT 2

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

THE BEATITUDES CAMPUS
1610 W. GLENDALE AVE.
PHOENIX, AZ 85021

NONE
PUBLIC CHARITY

EMPLOYEE AND RESIDENT GIFTS, RESIDENT ACTIVITIES,
A/C UNIT, AND SUPPORT FOR FOUNDATION

42,158

TOTAL CONTRIBUTIONS PAID

42,158

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

INSURANCE	180.
MEMBERSHIP EXPENSE	3,920.
OPERATING EXPENSES	12,915.
MOVING EXPENSE	524.
TOTAL	<u>17,539.</u>

ATTACHMENT 4

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	4,890.	6,237.
INVENTORIES FOR SALE OR USE	36,038.	32,876.
TOTALS	<u>40,928.</u>	<u>39,113.</u>

ATTACHMENT 5

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	4,305.	2,565.
TOTALS	<u>4,305.</u>	<u>2,565.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE GOODS AND SERVICES FOR THE ELDERLY AND DISABLED PERSONS IN THE BEATITUDES RETIREMENT COMMUNITY WITHOUT COST OR AT LESS THAN COST.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 7

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
JEAN BARNHILL 1610 W. GLENDALE AVE. PHOENIX, AZ 85021	RECORDING SECRETARY 10.00	0.	0.	0.
JERRY HUNTER SAME AS ABOVE	PAST PRESIDENT 10.00	0.	0.	0.
PAM TRUEBLOOD SAME AS ABOVE	PANTRY MANAGER 40.00	28,647.	0.	282.
PHIL CROWLEY SAME AS ABOVE	TREASURER 8.00	2,400.	0.	0.
MARY JANE SAMER SAME AS ABOVE	CORRESPONDING SECRETARY 10.00	0.	0.	0.
SUELLEN HARTLEY SAME AS ABOVE	CORRESPONDING SECRETARY 10.00	0.	0.	0.
JOE CASTILLO SAME AS ABOVE	PRESIDENT 10.00	0.	0.	0.
GRAND TOTALS		31,047.	0.	282.