

Return of Organization Exempt From Income Tax

2008

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

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2008 calendar year, or tax year beginning, 2008, and ending

Header section containing B (Check if applicable), D (Employer Identification Number), E (Telephone number), G (Gross receipts), F (Name and address of principal officer), H(a) and H(b) (Affiliates), I (Tax-exempt status), J (Website), K (Type of organization), L (Year of Formation), and M (State of legal domicile).

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission...; 2-6. Activities & Governance; 7-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances. Includes columns for Prior Year and Current Year.

Part II Signature Block

Signature block containing declaration text, signature of officer (Elizabeth Banta), date (5/13/09), and title (EXECUTIVE DIRECTOR).

Paid Preparer's Use Only section containing preparer's signature, firm name (KLECKA, WILKINS & KLECKA CPAS), EIN (86-0516747), and phone number ((602) 266-4318).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO PROMOTE HEALTH AND WELL-BEING THROUGH A BROAD RANGE OF SERVICES TO HOMEBOUND ADULTS, CAREGIVERS, FAITH COMMUNITIES, AND GRANDPARENTS RAISING GRANDCHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 241,648. including grants of \$ ) (Revenue \$ )

BEATITUDES CENTER DOAR MEETS PRESSING NEEDS FACING OLDER ADULTS AND FAMILY CAREGIVERS. SERVICES ARE OFFERED FREE OF CHARGE THROUGHOUT OUR COMMUNITY. TOGETHER WITH TREMENDOUS INVOLVEMENT FROM VOLUNTEERS, DONORS, COMMUNITY ORGANIZATIONS, AND OVER 180 CHURCHES AND SYNAGOGUES, AND HUNDREDS OF VOLUNTEERS AND DONORS, WE: -HELP HOMEBOUND ELDERS STAY LIVING IN THEIR OWN HOMES THROUGH VOLUNTEER SERVICES SUCH AS GROCERY SHOPPING AND TRANSPORTATION. -MAKE IT POSSIBLE FOR CHILDREN TO STAY OUT OF FOSTER CARE, BY ASSISTING THE GRANDPARENTS WHO ARE RAISING THEM. -SUPPORT PEOPLE WHO ARE CARING FOR THEIR AGING LOVED ONES. -HELP FAITH COMMUNITIES THROUGHOUT THE VALLEY BEGIN AND CONTINUE HEALTH AND WELLNESS PROGRAMS.

4b (Code: ) (Expenses \$ 338,953. including grants of \$ ) (Revenue \$ )

HOMEBOUND ADULTS (VICAP FAITH IN ACTION): OUR VOLUNTEER SERVICES HELP HOMEBOUND ELDERS AND DISABLED ADULTS REMAIN LIVING IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE. THE PROGRAM RECRUITS AND TRAINS VOLUNTEERS IN PHOENIX, FOUNTAIN HILLS, GLENDALE, LITCHFIELD PARK, PARADISE VALLEY, PEORIA, AND SCOTTSDALE. IN 2008 VOLUNTEERS FROM 112 PARTICIPATING CONGREGATIONS AND THE COMMUNITY HELPED 816 HOMEBOUND OR DISABLED ADULTS WITH 39,539 HOURS OF SHOPPING, BUSINESS HELP, FRIENDLY VISITING, FRIENDLY PHONING, COMPUTER TRAINING, RESPITE ASSISTANCE, TRANSPORTATION, AND / OR HOME REPAIRS, PLUS ASSISTANCE IN OFFICE OPERATIONS. 144 NEW VOLUNTEERS WERE TRAINED. 5,056 ONE-WAY ESCORT TRANSPORTATION RIDES WERE PROVIDED TO MEDICAL APPOINTMENTS.

4c (Code: ) (Expenses \$ 156,160. including grants of \$ ) (Revenue \$ )

GRANDPARENTS RAISING GRANDCHILDREN (PROJECT GRANDCARE): PROJECT GRANDCARE HELPS A GROWING SEGMENT OF MARICOPA COUNTY'S POPULATION - GRANDPARENTS RAISING GRANDCHILDREN. IN 2008, 900 GRANDPARENTS AND PROFESSIONALS RECEIVED INFORMATION AND REFERRAL SERVICES. OUR ANNUAL GRANDPARENT UNIVERSITY PROVIDED EDUCATION AND SUPPORT FOR 270 PARTICIPANTS. FIVE SUPPORT GROUPS FOR GRANDPARENTS MEETING MONTHLY REACHED 222 TOTAL ATTENDEES. THREE SOCIAL THERAPEUTIC OUTINGS (RECREATIONAL EVENTS) AND 7 SOCIAL THERAPEUTIC MEETINGS FOR GRANDCHILDREN REACHED 135 TOTAL ATTENDEES. 3,603 DAYS OF RESPITE WERE PROVIDED TO 138 GRANDPARENTS AND 185 GRANDCHILDREN. LEGAL ASSISTANCE WAS PROVIDED TO 31 FAMILIES (36 ADULTS AND 58 CHILDREN). NUMEROUS WELL-ATTENDED ACTIVITIES AND OUTINGS WERE HELD THROUGHOUT THE YEAR FOR THESE SPECIAL FAMILIES.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 211,957. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 948,718. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....	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? <i>If 'Yes,' complete Schedule C, Part I</i> .....	3		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i> .....	4		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> .....	5		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i> .....	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....	8		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .....	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....	10	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	11	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> .....	12	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i> .....	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i> .....	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i> .....	16		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i> .....	17		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....	18	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....	19		X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....	20		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....	21		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....	22		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i> .....	23		X
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i> .....	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b		
c 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		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .....	25a		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i> .....	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i> .....	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .....	27		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<b>35</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	<b>37</b>	X

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Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .		
<b>1a</b>	10		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		X
<b>2a</b>	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. . . . .		
<b>2a</b>	24		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
<b>3b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . .		
<b>4a</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
<b>4b</b>	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>5c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	X	
<b>6b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .		X
<b>7b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>7d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
<b>7h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>10b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from other members or shareholders . . . . .		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) nonexempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>12b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .		

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
<i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1 a</b>	Enter the number of voting members of the governing body		
<b>1 b</b>	Enter the number of voting members that are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7 a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7 b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body?	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9 a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>9 b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . SEE . SCHEDULE . O . . .		X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . .		X

**Section B. Policies**

		Yes	No
<b>12 a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 . . .	X	
<b>12 b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	X	
<b>12 c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . .	X	
<b>13</b>	Does the organization have a written whistleblower policy? . . .	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . .		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official? . . .	X	
<b>15 b</b>	Other officers of key employees of the organization? . . . SEE . SCHEDULE . O . . . Describe the process in Schedule O. (see instructions)	X	
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .		X
<b>16 b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . .		

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶   AZ
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website       Another's website       Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶   BEATITUDES CENTER DOAR, INC. 555 W GLENDALE AVE PHOENIX AZ 85021 602-274-5022

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 \$100,000 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MS. ELIZABETH BANTA EXECUTIVE DIREC	40			X	X			72,218.	0.	10,833.
REV. DR. NANCY ELSENHEIMER PRESIDENT	1							0.	0.	0.
MS. LINDA COUGHENOUR DIRECTOR	1							0.	0.	0.
MS. SANDRA TERRY TREASURER	1							0.	0.	0.
MS. ROBIN EUEN DIRECTOR	1							0.	0.	0.
JIM ADAMS DIRECTOR	1							0.	0.	0.
ANN BOAL DIRECTOR	1							0.	0.	0.
BETH BRITT DIRECTOR	1							0.	0.	0.
LARRY CUMMINGS DIRECTOR	1							0.	0.	0.
RAY D'AMICO DIRECTOR	1							0.	0.	0.
BARBARA DERRICO DIRECTOR	1							0.	0.	0.
SUSAN FELT DIRECTOR	1							0.	0.	0.
BETTY FAIRFAX DIRECTOR	1							0.	0.	0.
DR. DOUGLAS JARDINE DIRECTOR	1							0.	0.	0.
APRIL JONES DIRECTOR	1							0.	0.	0.
DR. PAULINE KOMNENICH DIRECTOR	1							0.	0.	0.
KAREN O'DONNELL DIRECTOR	1							0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEE PETERSON DIRECTOR	1							0.	0.	0.
RABBI MARTIN SCHARF DIRECTOR	1							0.	0.	0.
CURT SPOTTS DIRECTOR	1							0.	0.	0.
CYNTHIA THOMAS DIRECTOR	1							0.	0.	0.
CAROLYN WARNER DIRECTOR	1							0.	0.	0.
JOE FENICLE DIRECTOR	0							0.	0.	0.
CRANE MCCLENNEN DIRECTOR	0							0.	0.	0.
<b>1 b Total</b>								72,218.	0.	10,833.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b> 143,991.				
	<b>d</b> Related organizations . . . . .	<b>1 d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b> 259,734.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 944,219.				
	<b>g</b> Noncash contribns included in lns 1a-1f: . . . . \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,347,944.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> WORKSHOP & RESOURCE SALES	<b>Business Code</b>	26,565.		26,565.	
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . . .		26,565.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		29,088.		29,088.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6 a</b> Gross Rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8 a</b> Gross income from fundraising events (not including \$ 141,991. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 62,015.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b> 70,517.			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-8,502.		-8,502.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . .					
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		1,395,095.	0.	0.	47,151.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	83,051.	83,051.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	543,846.	449,811.	62,690.	31,345.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	150,969.	128,324.	15,097.	7,548.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.	5,000.		5,000.	
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.				
13 Office expenses.	52,206.	44,489.	5,145.	2,572.
14 Information technology.	10,528.	8,949.	1,053.	526.
15 Royalties.				
16 Occupancy.	59,400.	50,490.	5,940.	2,970.
17 Travel.	13,299.	13,299.		
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.	12,598.	10,708.	1,260.	630.
23 Insurance.	4,413.		4,413.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a GRANDCARE	47,919.	47,919.		
b CONT ED AND TRAINING	44,333.	44,333.		
c PRINTING PUBS DUES & FEES	38,096.	27,811.	8,995.	1,290.
d MAPPING AND MARKETING	36,531.	36,531.		
e HOSPITALITY	3,003.	3,003.		
f All other expenses.				
25 Total functional expenses. Add lines 1 through 24f.	1,105,192.	948,718.	109,593.	46,881.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	81,708.	1	64,410.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,076.	4	11,533.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	187.	9	5,544.
	10a	Land, buildings, and equipment: cost basis	194,975.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	159,655.	10c	35,320.
	11	Investments — publicly-traded securities		11	
	12	Investments — other securities. See Part IV, line 11	1,011,148.	12	991,490.
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,500.	15	5,500.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,130,953.	16	1,113,797.	
LIABILITIES	17	Accounts payable and accrued expenses	28,259.	17	40,684.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	28,259.	26	40,684.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	753,455.	27	813,913.
	28	Temporarily restricted net assets	183,039.	28	93,000.
	29	Permanently restricted net assets	166,200.	29	166,200.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances.</b>	1,102,694.	33	1,073,113.	
34	<b>Total liabilities and net assets/fund balances.</b>	1,130,953.	34	1,113,797.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If 'Yes,' did the organization undergo the required audit or audits?		

BAA

Form 990 (2008)



**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**

Calendar 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 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .						
4 <b>Total.</b> Add lines 1-3. . . . .						
5 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). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar 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, royalties 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 <b>Total support.</b> Add lines 7 through 10. . . . .						
12 Gross receipts from related activities, etc. (see instructions). . . . .					12	
13 <b>First five years.</b> 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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). . . . .	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. . . . .	15	%
16a <b>33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
16b <b>33-1/3 support test – 2007.</b> 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 and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17b <b>10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

**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 yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	674,725.	706,996.	891,531.			2,273,252.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	87,945.	54,439.	17,270.			159,654.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1-5	762,670.	761,435.	908,801.	0.	0.	2,432,906.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</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	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						2,432,906.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	762,670.	761,435.	908,801.	0.	0.	2,432,906.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,951.	34,477.	55,133.			153,561.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	63,951.	34,477.	55,133.	0.	0.	153,561.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						2,586,467.

**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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 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.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

BEATITUDES CENTER DOAR, INC.

74-2370522

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	717,427.				
b Contributions	483,758.				
c Investment earnings or losses	-280,865.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	920,320.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 82.00 %
- b Permanent endowment ▶ 18.00 %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		X

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		194,975.	159,655.	35,320.
e Other				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				35,320.

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<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,395,095.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,105,192.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	289,903.
4	Net unrealized gains (losses) on investments	-366,084.
5	Donated services and use of facilities	48,600.
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	-317,484.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-27,581.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
1	Total revenue, gains, and other support per audited financial statements	1	1,077,611.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	-366,084.
	b Donated services and use of facilities	2b	48,600.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	-317,484.
3	Subtract line 2e from line 1	3	1,395,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,395,095.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
1	Total expenses and losses per audited financial statements	1	1,105,192.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Losses reported on Form 990, Part IX, line 25	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,105,192.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,105,192.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

--- **PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND** ---  
 --- ENDOWMENT FUNDS ARE ADMINISTERED TO EARN INTEREST AND INVESTMENT INCOME FOR ---  
 --- OPERATIONS IN A STEADY AND SAFE MANNER. ---  
 ---  
 ---  
 ---  
 ---





**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
	BENEFIT CONCERT (event type)	POINSETTIA TEA (event type)	1 (total number)	(Add col. (a) through col. (c))		
1	Gross receipts	95,106.	90,865.	17,135.	203,106.	
2	Less: Charitable contributions	72,485.	65,556.	3,050.	141,091.	
3	Gross revenue (line 1 minus line 2)	22,621.	25,309.	14,085.	62,015.	
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	35,084.	29,904.	1,572.	66,560.
	8	Direct expense summary. Add lines 4- through 7 in column (d)			66,560.	
9	Net income summary. Combine lines 3 and 8 in column (d)			-4,545.		

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(Add col. (a) through col. (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers? .....	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12	

		YES	NO
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility. ....	<b>13a</b>	%	
<b>b</b> An outside facility. ....	<b>13b</b>	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ▶ -----			
Address: ▶ -----			
<b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue? .....	<b>15a</b>		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
<b>c</b> If 'Yes,' enter name and address:			
Name: ▶ -----			
Address: ▶ -----			
<b>16</b> Gaming manager information			
Name: ▶ -----			
Gaming manager compensation ▶ \$ _____			
Description of services provided: ▶ -----			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	<b>17a</b>		
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____			

**SCHEDULE M  
(Form 990)**

**Non-Cash Contributions**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.**

► **Attach to Form 990.**

Name of the organization

BEATITUDES CENTER DOAR, INC.

Employer identification number

74-2370522

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (OFFICE SPACE)	X	1	48,600.	FMV
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2008



**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization

BEATITUDES CENTER DOAR, INC.

Employer identification number

74-2370522

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

**CONGREGATIONAL HEALTH PROGRAMS (NURSE & HEALTH MINISTRIES NETWORK):**

WE ASSIST CONGREGATIONS, HEALTH INSTITUTIONS, NURSES AND LAY PEOPLE OF ALL FAITHS IN DEVELOPING AND MAINTAINING EFFECTIVE CONGREGATIONAL HEALTH PROGRAMS. OUR NURSE & HEALTH MINISTRY NETWORK'S EDUCATION, SUPPORT, AND CONSULTATIVE SERVICES HELPED THE GREATER PHOENIX AREA BECOME HEALTHIER IN DRAMATIC WAYS. A TOTAL OF 282,500+ INTERVENTIONS (INCLUDING HEALTH SCREENINGS, HEALTH EDUCATION, REFERRALS, OR PERSONAL HEALTH COUNSELING) WERE PROVIDED BY PARTICIPATING CONGREGATIONS TO INDIVIDUALS LIVING THROUGHOUT THE VALLEY. ONE HUNDRED THIRTY CONGREGATIONS WITH ESTABLISHED PARISH NURSE PROGRAMS OR HEALTH MINISTRIES REGULARLY INTERFACED WITH THE NETWORK. WE PRESENTED THREE "HEALTH & WELLNESS IN FAITH COMMUNITIES" INFORMATIONAL SESSIONS THROUGHOUT PHOENIX; PRESENTED AN ANNUAL CONFERENCE TO 107 INDIVIDUALS; PROVIDED TRAINING THROUGH OUR PARISH NURSE BASIC PREPARATION COURSE TO 17 REGISTERED NURSES; SUPPLIED CONTINUING EDUCATION TO AN AVERAGE OF 22 PARISH NURSES PER MONTH; AND SERVED AS AN INFORMATION AND REFERRAL NETWORK IN RESPONDING TO OVER 2,500 PHONE AND EMAIL CONTACTS.

**FAMILY CAREGIVERS (GENERATIONS PROGRAM):**

A VARIETY OF PERSONALIZED SERVICES ASSIST PEOPLE CARING FOR AGING LOVED ONES LIVING IN MARICOPA COUNTY. THROUGH OUR GENERATIONS PROGRAM, NINE CAREGIVER SUPPORT GROUPS MET EACH MONTH AND PROVIDED EMOTIONAL AND PRACTICAL SUPPORT TO 537 PEOPLE. "UNDESCANSITO" SPANISH CAREGIVER FORUMS SUPPORTED 180 PARTICIPANTS. THREE CAREGIVER FORUMS BROUGHT HELP AND HOPE TO 28 FAMILIES. NINE PRESENTATIONS WERE GIVEN TO PROFESSIONALS OR COMMUNITY ORGANIZATIONS. IN ADDITION, 500 CAREGIVER GUIDES WERE DISTRIBUTED AND 200 INFORMATION AND REFERRAL CALLS WERE PROVIDED.

Name of the organization

BEATITUDES CENTER DOAR, INC.

Employer identification number

74-2370522

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

NO REVIEW WAS OR WILL BE CONDUCTED.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

A COMPENSATION TASK FORCE WAS CONVENED IN 2008 TO DEVELOP A PLAN TO COMPENSATE BEATITUDES CENTER DOAR'S STAFF MEMBERS AT THE AVERAGE RATE FOR COMPARABLE POSITIONS IN OTHER NONPROFIT ORGANIZATIONS IN MARICOPA COUNTY THAT ARE OF A SIMILAR SIZE. THE TASK FORCE REVIEWED THE ASU CENTER FOR NONPROFIT LEADERSHIP AND MANAGEMENT'S 2007 NONPROFIT COMPENSATION AND BENEFITS REPORT TO FIND THE POSITIONS THAT MOST CLOSELY MATCHED THE DUTIES IN BEATITUDES CENTER DOAR'S VARIOUS POSITIONS. THE STUDY INCLUDED 221 ORGANIZATIONS AND COLLECTED INFORMATION ON 8,375 EMPLOYEES. IN SOME CASES AN AVERAGE OR WEIGHTING OF MORE THAN ONE POSITION FROM THE STUDY WAS USED TO CREATE A MATCH FOR A BEATITUDES CENTER DOAR POSITION, DUE TO THE BLEND OF DUTIES AND RESPONSIBILITIES.

THE COMPENSATION FOR EACH THOSE POSITIONS WAS THEN COMPARED AGAINST EACH OF THE BEATITUDES CENTER DOAR POSITIONS. THE ANALYSIS FOUND A RANGE FROM BEING BELOW THE AVERAGE BY 27% TO BEING ABOVE THE AVERAGE BY 22%. 13 OUT OF 21 POSITIONS WERE FOUND TO NEED A MARKET RATE ADJUSTMENT. OF THE POSITIONS THAT WERE LOWER THAN THE MARKET AVERAGE, THE AVERAGE AMOUNT UNDER OR "OFF" WAS 14%.

THE PLAN APPROVED BY THE BOARD OF DIRECTORS INCLUDED A THREE-YEAR STRATEGY TO BRING POSITIONS UP TO "AVERAGE" COMPENSATION BASED ON OTHER NONPROFIT ORGANIZATIONS IN MARICOPA COUNTY. THAT INCLUDED THE EXECUTIVE DIRECTOR POSITION WHICH WAS COMPENSATED AT LESS THAN THE AVERAGE. THE BOARD KEPT POSITIONS AT THE SAME COMPENSATION IF THEIR SALARIES WERE HIGHER THAN THE AVERAGE FOR OTHER NONPROFITS IN MARICOPA COUNTY OF SIMILAR SIZE. IN NO CASE WAS THAT COMPENSATION HIGHER BY MORE THAN A 10% VARIATION FROM AVERAGE.