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Form 990  Department of the Treasury Internal Revenue Service	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)	OMB No 1545-0047 2011 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 86-0404687	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization SUN CITY AREA INTERFAITH SERVICES INC		E Telephone number (623) 584-4999
	Doing Business As BENEVILLA		G Gross receipts \$ 7,727,507
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	16752 N GREASEWOOD STREET		
	City or town, state or country, and ZIP + 4 SURPRISE, AZ 85374		
F Name and address of principal officer MICHELLE DIONISIO 16752 N GREASEWOOD STREET SURPRISE, AZ 85374		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: WWW.BENEVILLA.ORG		H(c) Group exemption number	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1981	M State of legal domicile AZ

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities BENEVILLA'S MISSION AND CORE PURPOSE IS TO HELP INDIVIDUALS LIVE INDEPENDENTLY AT HOME IN THE COMMUNITY FOR AS LONG AS POSSIBLE THIS IS ACCOMPLISHED THROUGH IN HOME CARE SERVICES PROVIDED BY 772 VOLUNTEERS, SIX ADULT DAY HEALTH CARE CENTERS, TRANSPORTATION, HOME DELIVERED MEALS, INFORMATION AND REFERRALS, AND SOCIAL SERVICES		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	203
	6 Total number of volunteers (estimate if necessary)	6	772
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,134,612	3,103,073
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,229,627	2,556,555
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,995	201,074
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,819	171,166
		7,586,053	6,031,868
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,988,056	3,372,275
	16a Professional fundraising fees (Part IX, column (A), line 11e)	75,000	68,831
	b Total fundraising expenses (Part IX, column (D), line 25) <u>494,534</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,064,940	1,971,798
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,127,996	5,412,904
	19 Revenue less expenses Subtract line 18 from line 12	2,458,057	618,964
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		13,576,261	13,486,544
21 Total liabilities (Part X, line 26)		3,954,775	3,417,749
22 Net assets or fund balances Subtract line 21 from line 20		9,621,486	10,068,795

Part II Signature Block

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			2012-11-14 Date	
	MICHELLE DIONISIO PRESIDENT/CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	PHIL MCCOLLUM	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00129716
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLIFTONLARSONALLEN LLP 20 E THOMAS RD STE 2300 PHOENIX, AZ 85012			EIN 41-0746749
					Phone no (602) 266-2248

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization's mission

TO MEET THE EXISTING AND EMERGING HUMAN SERVICE NEEDS BY PROMOTING THE PHYSICAL, PSYCHOLOGICAL, SPIRITUAL, AND SOCIAL WELL BEING OF AGING INDIVIDUALS AND THEIR FAMILIES SO THAT THEY MAY DEVELOP AND MAINTAIN DIGNITY AND INDEPENDENCE IN DOING SO THESE INDIVIDUALS WILL BE AFFORDED THE OPPORTUNITY TO REMAIN IN THEIR HOME AS LONG AS POSSIBLE

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 2,311,321 including grants of \$) (Revenue \$ 1,930,164)
ADULT DAY CARE SIX ADULT DAY PROGRAMS IN THE NORTHWEST VALLEY PROVIDE SOCIAL, PHYSICAL, AND MENTAL STIMULATION INTEGRAL TO SUCCESSFUL AGING EACH CENTER UNIQUENESS ADDRESSES THE SPECIFIC NEEDS OF OLDER ADULTS LIVING WITH ALZHEIMER'S DISEASE, CHRONIC ILLNESS, OR DEVELOPMENTAL DISABILITIES OUR SERVICE AREA INCLUDES THE CITIES OF EL MIRAGE, GLENDALE, PEORIA, SUN CITY, SUN CITY WEST, AND SURPRISE WE PARTNER WITH THE AREA OF AGENCY ON AGING TO PROVIDE SUPPORT GROUPS AND EDUCATION FOR CAREGIVERS AND FAMILIES ANOTHER COLLABORATION WE HAVE IS WITH BANNER ALZHEIMER'S INSTITUTE TO ASSIST WITH MEMORY SCREENING FOR PEOPLE WHO MIGHT BE AT RISK TO DEVELOP ALZHEIMER'S ALL SIX OF OUR ADULT DAY PROGRAMS ARE ACCREDITED THROUGH CARF (COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES), EXCEED THE EXPECTATIONS OF THE DEPARTMENT OF HEALTH SERVICES AND MAINTAIN BEST PRACTICES IN THE FIELD OF ADULT DAY SERVICES	

4b	(Code) (Expenses \$ 714,906 including grants of \$) (Revenue \$ 283,878)
WIRTZIE'S CHILD DEVELOPMENT CENTER THE WIRTZIE'S GOAL IS TO PROVIDE A COMMUNITY WHERE RELATIONSHIPS ARE BUILT AND EVERYONE CONTRIBUTES AND BELONGS EACH CHILD WHO COMES TO WIRTZIE'S HAS UNIQUE MENTAL, PHYSICAL, AND SOCIAL CHARACTERISTICS BECAUSE EACH CHILD IS UNIQUE, THE WIRTZIE'S CURRICULUM IS DESIGNED TO FIND THE OPTIMAL BALANCE OF STRUCTURE AND FREEDOM FOR A CHILD'S PARTICULAR NEEDS OUR PROGRAMS ARE DESIGNED TO PROVIDE AGE-APPROPRIATE, CHILD-DIRECTED ACTIVITIES THAT WILL INSPIRE CHILDREN TO LEARN AND DISCOVER THROUGH PLAY AND THE SPARK OF THEIR OWN NATURAL CURIOSITY ART'S CENTER FOR ALL AGES IS A DEDICATED SPACE BETWEEN ONE OF OUR ADULT DAY CENTERS AND WIRTZIE'S WHICH PROVIDES STRUCTURED OPPORTUNITIES WHERE CHILDREN AND OLDER GENERATIONS COME TOGETHER TO GROW, LEARN ABOUT THEMSELVES AND OTHERS, AND FORM RELATIONSHIPS THAT CAN BE LIFE CHANGING THE CENTER FEATURES A SENSORY GARDEN, READING ROOM, AND PERFORMANCE STAGE	

4c	(Code) (Expenses \$ 294,523 including grants of \$) (Revenue \$ 189,287)
TRANSPORTATION PARTICIPANTS ARE TRANSPORTED TO OUR ADULT DAY CARE CENTERS AND BACK TO THEIR HOMES AT THE END OF THEIR STAY EACH DAY OUR DEDICATED BUS DRIVERS TRANSPORT OUR PARTICIPANTS DOOR-TO-DOOR, THEY ARE SPECIALLY TRAINED TO WORK WITH OLDER ADULTS WITH CHRONIC ILLNESS, THEY ARE COMPASSIONATE AND ENJOY THEIR CLIENTS AND GET TO KNOW THE FAMILIES THAT THEY SERVE TRANSPORTATION IS AN IMPORTANT ASPECT OF OUR SERVICE THAT WE PROVIDE TO ELDER ADULT, MEMORY CARE, AND DISABLED ADULTS OUR FLEET OF BUSES PROVIDES EACH OF OUR SIX ADULT DAY CENTERS THE MEANS FOR OUTINGS TO RESTAURANTS, SHOPPING, VOLUNTEERING AT AN ANIMAL SHELTER, MOVIES, AND THEATER PRODUCTIONS	

	(Code) (Expenses \$ 490,576 including grants of \$) (Revenue \$ 288,127)
VOLUNTEER HOME SERVICES MATCHES CARING VOLUNTEERS WITH OLDER ADULTS WHO NEED HELP WITH SHOPPING, TRANSPORTATION, FINANCIAL AFFAIRS, MINOR HOUSEHOLD REPAIRS, OR WHO NEED A FRIENDLY VISITOR OR PHONE PAL SERVICES ARE PROVIDED AT NO CHARGE TO INDIVIDUALS WITH LIMITED RESOURCES THIS PROGRAM PROVIDED 2,315 ROUND TRIPS TO DOCTOR APPOINTMENTS AND NECESSARY ERRANDS, 1,573 GROCERY DELIVERIES, AND 272,542 HOURS OF SERVICE PROVIDED TO THE COMMUNITY INFORMATION & REFERRAL SPECIALISTS MAINTAIN A CONSTANTLY UPDATED DATABASE OF LOCAL RESOURCES TO HELP INDIVIDUALS AND FAMILIES IDENTIFY, UNDERSTAND, AND EFFECTIVELY USE COMMUNITY SERVICES IN 2011, THERE WERE OVER 4,000 CALLS RECEIVED FOR INFORMATION AND REFERRAL FAMILY RESOURCE CENTER IS FUNDED BY A GRANT FROM FIRST THINGS FIRST AND WORKS TO STRENGTHEN FAMILIES WITH CHILDREN FIVE YEARS AND UNDER THE CENTER OFFERS FREE PARENTING CLASSES, FAMILY EVENTS, A LENDING LIBRARY OF BOOKS AND VIDEOS, LINKS TO COMMUNITY RESOURCES AND INFORMATION, AND DISTRIBUTES THOUSANDS OF PRE-KINDERGARTEN SCHOOL READINESS KITS EACH YEAR TO HELP SET CHILDREN UP FOR SUCCESS IN SCHOOL OTHER PROGRAMS INCLUDE LIFELINE EMERGENCY RESPONSE AND VOLUNTEER RECRUITMENT IN 2011, THE ORGANIZATION'S VOLUNTEER WORKFORCE GREW TO 772 VOLUNTEERS	

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 490,576 including grants of \$) (Revenue \$ 288,127)
4e	Total program service expenses \$ 3,811,326

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)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
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? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
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 U S ? If "Yes," complete Schedule F, Part II and IV.		No
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 U S ? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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	Section 501(c)(3) and 501(c)(4) organizations. 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		No
b	Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	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> 	33		No
34	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> 	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	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> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	26
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	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. .	2a	203
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20
2	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?	2	No
3	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, 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	9	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	KENDRA AMBURGEY 16752 N GREASEWOOD ST SURPRISE, AZ 85374 (623) 584-4999

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 \$10,000 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) AL LEMOINE DIRECTOR	5 00	X						0	0	0
(2) BARBARA FINDLAY DIRECTOR	1 00	X						0	0	0
(3) BIRT KELLAM DIRECTOR	3 00	X						0	0	0
(4) DR CAROL STRUCK DIRECTOR	5 00	X						0	0	0
(5) CARYL SHAFER DIRECTOR	3 00	X						0	0	0
(6) CHRIS BUSTAMANTE DIRECTOR	2 00	X						0	0	0
(7) DR RICHARD STUCKY CHAIR, BOARD OF DIRECTORS	5 00	X		X				0	0	0
(8) ELIZABETH LOWE SECRETARY	5 00	X		X				0	0	0
(9) JASON JOSEPH DIRECTOR	2 00	X						0	0	0
(10) JEANA PETERSEN DIRECTOR	2 00	X						0	0	0
(11) JEANNE JONES DIRECTOR	3 00	X						0	0	0
(12) KAREN THOMAS DIRECTOR	3 00	X						0	0	0
(13) KATHRYN SIMMONS DIRECTOR	2 00	X						0	0	0
(14) LARRY WOODS DIRECTOR	3 00	X						0	0	0
(15) MIKE ZONGOLOWICZ TREASURER	5 00	X		X				0	0	0
(16) SHERREE FISCHER DIRECTOR	2 00	X						0	0	0
(17) SHERRY WONG DIRECTOR	2 00	X						0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) TERRI HASTON VICE CHAIR, BOARD OF DIRECTORS	5 00	X		X				0	0	0
(19) TODD AAKHUS DIRECTOR	1 00	X						0	0	0
(20) TOM LISTON DIRECTOR	5 00	X						0	0	0
(21) MICHELLE DIONISIO PRESIDENT/CEO	50 00			X				116,667	0	10,879
(22) JOANNE ANDERSON VP BUSINESS OPERATIONS	45 00			X				60,040	0	6,622
(23) COLLEEN MCMANUS COO	45 00			X				75,000	0	3,591
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								251,707	0	21,092

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	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? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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 Report compensation for the calendar year ending with or within the organization's tax year

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

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	34,828				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	946,927				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,121,318				
	g	Noncash contributions included in lines 1a-1f \$ 205,556						
	h	Total. Add lines 1a-1f		3,103,073				
Program Service Revenue			Business Code					
	2a	ADULT DAY CENTERS	623000	1,930,164	1,930,164			
	b	CHILD CARE CENTER	624410	283,878	283,878			
	c	TRANSPORTATION	480000	189,287	189,287			
	d	EMERGENCY RESPONSE UNI	624200	112,573	112,573			
	e	HOME DELIVERED MEALS	624210	40,653	40,653			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		2,556,555				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		172,083			172,083	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1,661,344					
			1,620,322	12,031				
			41,022	-12,031				
	d	Net gain or (loss)		28,991			28,991	
	8a	Gross income from fundraising events (not including \$ 34,828 of contributions reported on line 1c) See Part IV, line 18	a	99,551				
	b	Less direct expenses	b	63,286				
	c	Net income or (loss) from fundraising events . .		36,265			36,265	
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances	a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME	900099	107,188	107,188				
b	FOOD SALES	722210	27,713	27,713				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		134,901					
12	Total revenue. See Instructions		6,031,868	2,691,456	0	237,339		

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)
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	272,799	78,591	194,208	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,595,156	1,961,568	295,759	337,829
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,130		32,130	
9	Other employee benefits	264,961	225,381	2,526	37,054
10	Payroll taxes	207,229	148,516	37,558	21,155
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,422		1,422	
c	Accounting	21,763		21,763	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	68,831			68,831
f	Investment management fees	11,736		11,736	
g	Other				
12	Advertising and promotion	41,007	22,541	18,466	
13	Office expenses	419,477	269,081	81,514	68,882
14	Information technology	12,073		250	11,823
15	Royalties				
16	Occupancy	234,161	178,492	55,669	
17	Travel	123,289	113,995	7,116	2,178
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,066	1,946	8,519	3,601
20	Interest	172,200	105,163	67,037	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	361,635	271,018	90,617	
23	Insurance	62,465	52,986	9,479	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAM MEAL EXPENSE	289,070	289,070		
b	EVENT EXPENSES	87,994		81,527	6,467
c	EMERGENCY RESPONSE SYST	64,568	64,568		
d	OTHER EXPENSES	56,064	28,410	27,654	
e					
f	All other expenses	-1,192		62,094	-63,286
25	Total functional expenses. Add lines 1 through 24f	5,412,904	3,811,326	1,107,044	494,534
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			44,490	1	232,913
	2	Savings and temporary cash investments			221,943	2	84,365
	3	Pledges and grants receivable, net			373,785	3	536,471
	4	Accounts receivable, net			564,648	4	911,905
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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			32,663	7	18,954
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			21,411	9	51,500
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,904,813			
	b	Less: accumulated depreciation	10b	1,593,503	8,591,202	10c	8,311,310
	11	Investments—publicly traded securities			3,623,469	11	3,327,749
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			102,650	15	11,377
16	Total assets. Add lines 1 through 15 (must equal line 34)			13,576,261	16	13,486,544	
Liabilities	17	Accounts payable and accrued expenses			394,900	17	306,346
	18	Grants payable				18	
	19	Deferred revenue			21,944	19	20,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial 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			3,400,355	23	2,994,492
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			137,576	25	96,911
	26	Total liabilities. Add lines 17 through 25			3,954,775	26	3,417,749
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			6,346,477	27	6,628,144
28		Temporarily restricted net assets			681,163	28	693,547
29		Permanently restricted net assets			2,593,846	29	2,747,104
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building or equipment fund				31	
32		Retained earnings, endowment, accumulated income, or other funds				32	
33		Total net assets or fund balances			9,621,486	33	10,068,795
34	Total liabilities and net assets/fund balances			13,576,261	34	13,486,544	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,031,868
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,412,904
3	Revenue less expenses Subtract line 2 from line 1	3	618,964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,621,486
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-171,655
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,068,795

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization SUN CITY AREA INTERFAITH SERVICES INC	Employer identification number 86-0404687
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

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)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

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)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% 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 1/3% 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)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

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)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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 the supported organization?

(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?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,418,955	1,537,899	1,167,926	5,134,612	3,103,073	16,362,465
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 through 3	5,418,955	1,537,899	1,167,926	5,134,612	3,103,073	16,362,465
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)						3,087,923
6 Public Support. Subtract line 5 from line 4						13,274,542

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,418,955	1,537,899	1,167,926	5,134,612	3,103,073	16,362,465
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,951	50,202	45,165	32,062	172,083	364,463
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	21,518	5,201	33,124	132,570	99,551	291,964
11 Total support (Add lines 7 through 10)						17,018,892

12 Gross receipts from related activities, etc (See instructions)

1210,849,187

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	78 000 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	85 380 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. 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 stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
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.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISC INCOME FUNDRAISING EVENTS

Additional Data

Software ID:
Software Version:
EIN: 86-0404687
Name: SUN CITY AREA INTERFAITH SERVICES INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ 490,576 including grants of \$) (Revenue \$ 288,127) VOLUNTEER HOME SERVICES MATCHES CARING VOLUNTEERS WITH OLDER ADULTS WHO NEED HELP WITH SHOPPING, TRANSPORTATION, FINANCIAL AFFAIRS, MINOR HOUSEHOLD REPAIRS, OR WHO NEED A FRIENDLY VISITOR OR PHONE PAL SERVICES ARE PROVIDED AT NO CHARGE TO INDIVIDUALS WITH LIMITED RESOURCES THIS PROGRAM PROVIDED 2,315 ROUND TRIPS TO DOCTOR APPOINTMENTS AND NECESSARY ERRANDS, 1,573 GROCERY DELIVERIES, AND 272,542 HOURS OF SERVICE PROVIDED TO THE COMMUNITY INFORMATION & REFERRAL SPECIALISTS MAINTAIN A CONSTANTLY UPDATED DATABASE OF LOCAL RESOURCES TO HELP INDIVIDUALS AND FAMILIES IDENTIFY, UNDERSTAND, AND EFFECTIVELY USE COMMUNITY SERVICES IN 2011, THERE WERE OVER 4,000 CALLS RECEIVED FOR INFORMATION AND REFERRAL FAMILY RESOURCE CENTER IS FUNDED BY A GRANT FROM FIRST THINGS FIRST AND WORKS TO STRENGTHEN FAMILIES WITH CHILDREN FIVE YEARS AND UNDER THE CENTER OFFERS FREE PARENTING CLASSES, FAMILY EVENTS, A LENDING LIBRARY OF BOOKS AND VIDEOS, LINKS TO COMMUNITY RESOURCES AND INFORMATION, AND DISTRIBUTES THOUSANDS OF PRE-KINDERGARTEN SCHOOL READINESS KITS EACH YEAR TO HELP SET CHILDREN UP FOR SUCCESS IN SCHOOL OTHER PROGRAMS INCLUDE LIFELINE EMERGENCY RESPONSE AND VOLUNTEER RECRUITMENT IN 2011, THE ORGANIZATION'S VOLUNTEER WORKFORCE GREW TO 772 VOLUNTEERS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
SUN CITY AREA INTERFAITH SERVICES INC

Employer identification number
86-0404687

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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☐ No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Escrow and Custodial Arrangements. Complete if the 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 the 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	2,735,327	207,694	1,771,450	955,647	
b Contributions	193,258	2,386,152	39,682	800,000	
c Investment earnings or losses	229,529	141,481	96,838	26,872	
d Grants or scholarships					
e Other expenditures for facilities and programs	40,000		1,687,277		
f Administrative expenses			12,999	11,069	
g End of year balance	3,118,114	2,735,327	207,694	1,771,450	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 10 190 %

b

Permanent endowment ▶ 88 100 %

c

Term endowment ▶ 1 710 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		844,343		844,343
b Buildings		7,824,232	925,323	6,898,909
c Leasehold improvements		152,497	89,353	63,144
d Equipment		803,233	374,531	428,702
e Other		280,508	204,296	76,212
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				8,311,310

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	

Part XIVSupplemental 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENTS CONSIST OF SEVERAL FUNDS ESTABLISHED TO SUPPORT A VARIETY OF CHARITABLE EFFORTS OF THE ORGANIZATION. ITS PERMANENTLY RESTRICTED ENDOWMENTS CONSIST OF DONOR-RESTRICTED FUNDS WHERE THE PRINCIPAL IS TO BE HELD IN PERPETUITY. INVESTMENT INCOME IS RESTRICTED AND IS TO BE USED TO COVER OPERATING EXPENSES OF THE BOVARD BUILDING. THE PRIOR YEAR ENDOWMENT FUND COLUMN HAS BEEN RESTATED TO AGREE TO THE PRIOR YEAR BALANCES PER THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. THE TWO YEAR BACK EXPENDITURE AMOUNT HAS BEEN ADJUSTED SO THE TWO YEAR BACK END OF YEAR BALANCE TIES TO THE PRIOR YEAR BEGINNING BALANCE PER THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.
		PART X, CHARITABLE GIFT ANNUITIES. THE ORGANIZATION ADMINISTERS TWELVE CHARITABLE GIFT ANNUITIES. THE ASSETS CONTRIBUTED UNDER THE CHARITABLE GIFT ANNUITIES ARE CARRIED AT FAIR VALUE AND ARE INCLUDED WITH INVESTMENTS. CONTRIBUTION SUPPORT IS RECOGNIZED AT THE DATE THE ANNUITIES ARE ESTABLISHED AFTER RECORDING LIABILITIES FOR THE PRESENT VALUE OF THE ESTIMATED FUTURE PAYMENTS TO BE MADE TO THE DONORS AND/OR OTHER BENEFICIARIES. PRESENT VALUES ARE CALCULATED USING DISCOUNT RATES DETERMINED AT THE TIME THE ANNUITIES ARE ESTABLISHED, WHICH RANGE FROM 7.3% TO 11.3%, AND ACTUARIAL TABLE AND GUIDELINES ARE USED FOR CALCULATING THE AVAILABLE DEDUCTION FOR INCOME TAX PURPOSES. THE LIABILITIES ARE ADJUSTED FOR THE ACCRETION OF THE DISCOUNT AND OTHER CHANGES IN THE ESTIMATES OF FUTURE BENEFITS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
SUN CITY AREA INTERFAITH SERVICES INC

Employer identification number
86-0404687

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE PHOENIX PHILANTHROPY GROUP 3301 E GLENROSA AVE PHOENIX, AZ 85018	CONSULTANT		No	0	62,500	-62,500
Total ▶					62,500	-62,500

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AZ, CA

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	
			<u>GOLF FIRESTONE</u>	<u>GALA</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	37,259	84,610	12,510	134,379	
	2	Less Charitable contributions	6,313	25,000	3,515	34,828	
3	Gross income (line 1 minus line 2)	30,946	59,610	8,995	99,551		
Direct Expenses	4	Cash prizes	1,165			1,165	
	5	Non-cash prizes					
	6	Rent/facility costs	2,000	2,296		4,296	
	7	Food and beverages	5,479	24,187	7,984	37,650	
	8	Entertainment		3,500	3,806	7,306	
	9	Other direct expenses	7,195	5,674		12,869	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(63,286)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					36,265

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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) ▶					

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
SUN CITY AREA INTERFAITH SERVICES INC

Employer identification number
86-0404687

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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	X	2	205,556	FAIR MARKET VALUE
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 ► ()				
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

0

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?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
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		

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	OUR GIFT POLICY IS TO ACCEPT STOCK AND IMMEDIATELY SELL THE SHARES LEAVING THE PROCEEDS IN OUR INVESTMENT ACCOUNT OUR BROKER JPMORGAN CHASE IS AUTHORIZED TO SELL THE STOCK ON OUR BEHALF

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SUN CITY AREA INTERFAITH SERVICES INC

Employer identification number
86-0404687

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE EXECUTIVE COMMITTEE IS SELECTED BY THE GOVERNANCE COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS AT THE ANNUAL BOARD MEETING THE EXECUTIVE COMMITTEE HAS SIX BOARD MEMBERS, STAFF LIAISON (CEO) AND CHAIR (CHAIR OF THE BOARD)
	FORM 990, PART VI, SECTION A, LINE 7B	ALL COMMITTEES INCLUDING THE EXECUTIVE TEAM'S DECISIONS AND DIRECTIONS ARE SUBJECT TO THE APPROVAL OF THE FULL BOARD OF DIRECTORS COMMITTEE CHAIR PERSONS ARE ADDED TO THE BOARD AGENDA WHERE THE TOPIC/PROPOSAL IS DISCUSSED AND VOTED ON BY THE MEMBERS
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 WAS COMPLETED AND REVIEWED BY THE PRESIDENT/CEO, FINANCE COMMITTEE, AND BOARD OF DIRECTORS BEFORE FILING THE 990 RETURN IT IS APPROVED IN ENTIRETY AS PART OF THE BOARD'S DUTIES IN APPROVING ITS ANNUAL REPORT TO THE STATE OF ARIZONA
	FORM 990, PART VI, SECTION B, LINE 12C	ALL NEW MEMBERS TO THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST AND CODE OF ETHICS STATEMENT AT BOARD ORIENTATION EACH YEAR THEREAFTER, ALL MEMBERS ARE ASKED TO RE-SIGN THE CONFLICT OF INTEREST STATEMENT AND CODE OF ETHICS ALL NEW BOARD MEMEBERS ATTEND AN ORIENTATION SESSION AT WHICH TIME THIS POLICY IS DISCUSSED SO AWARENESS IS CREATED AT THE ONSET DURING BOARD MEETINGS, THE QUESTION AS TO IF ANY CONFLICTS EXIST IS RAISED AND MEMBERS ABSTAIN FROM VOTING WHERE THERE IS ANY CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT/CEO'S COMPENSATION IS BASED ON THE ANNUAL SURVEY OF BOARD MEMBERS AND GOALS SET BY THE BOARD THE EVALUATION IS REVIEWED BY THE CHAIR OF THE BOARD AND EXECUTIVE COMMITTEE THEY REVIEW ALL SURVEY RESPONSES AND REVIEW THE OUTCOME OF GOALS THAT WERE PREVIOUSLY SET, AND THEN DETERMINE THE PRESIDENT/CEO SALARY AND NEW GOALS FOR THE UPCOMING YEAR EACH EMPLOYEE OF THE ORGANIZATION RECEIVES AN EVALUATION AT THE END OF (3) MONTHS, (6) MONTHS, AND AN ANNUAL REVIEW THE ANNUAL REVIEW CONSISTS OF A SELF APPRAISAL FORM GIVEN TO THE EMPLOYEE, REVIEW OF CURRENT JOB DESCRIPTION, COLLECTION OF APPROPRIATE DOCUMENTS (TRAINING, POSITIVE AND NEGATIVE REPORTS, GOALS OBTAINED), AND EMPLOYEE PERFORMANCE PLAN A SCORING SCALE IS USED TO CALCULATE EACH AREA OF PERFORMANCE AND PREDETERMINED WEIGHTS A MEETING IS HELD WITH THE EMPLOYEE TO FINALIZE AND OBTAIN FEEDBACK FROM THE REVIEW AN ANNUAL MARKET SURVEY IS ALSO OBTAINED BY HUMAN RESOURCES TO COMPARE COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	SUN CITY AREA INTERFAITH SERVICES' GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND THE ORGANIZATION'S ANNUAL REPORT
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -171,655
	FORM 990, PG 12, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE FROM THE PREVIOUS YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SUN CITY AREA INTERFAITH SERVICES INC

Employer identification number
86-0404687

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ICC CHILD CARE LLC DBA WIRTZIE'S CHILD DEVELOPMENT CENTER 16752 N GREASEWOOD STREET SURPRISE, AZ 85374	CHILD & INFANT CARE PLUS PRESCHOOL TO 5YRS OLD	AZ	283,978	237,044	SUN CITY AREA INTERFAITH SERVICES INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ICC BISTRO AND CATERING INC 16752 N GREASEWOOD STREET SURPRISE, AZ 85378 26-4705602	RESTAURANT	AZ	SUN CITY AREA INTERFAITH SERVICES INC	C	-121,159	57,121	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

No

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ICC BISTRO AND CATERING INC	D	295,513	COST
(2) ICC BISTRO AND CATERING INC	M	9,692	COST
(3) ICC BISTRO AND CATERING INC	N	310,896	COST
(4) ICC BISTRO AND CATERING INC	Q	86,456	COST
(5) ICC BISTRO AND CATERING INC	R	501,344	COST
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	SCHEDULE R PART V TRANSACTIONS WITH RELATED ORGANIZATIONS	ICC BISTRO AND CATERING, INC WAS INCORPORATED IN MARCH 2009 AS A FOR-PROFIT SOCIAL ENTERPRISE ICC BISTRO AND CATERING, INC CONTRACTS WITH SUN CITY AREA INTERFAITH SERVICES, INC , A NON-PROFIT ORGANIZATION, TO PROVIDE DAILY MEALS TO THEIR SIX ADULT DAY CARE CENTERS, CHILD DEVELOPMENT CENTER, AND HOME DELIVERED MEALS THE BISTRO ALSO PROVIDES CATERING SERVICES TO THE COMMUNITY AND SURROUNDING CITIES INCLUDING A LOCAL SENIOR CENTER THE BISTRO ALSO PROVIDES BREAKFAST AND LUNCH TO ITS CUSTOMERS ALONG WITH EDUCATIONAL AND ENGAGING ACTIVITES THE EXPENSES INCURRED BY BIRT'S OPERATIONS ARE ACTUAL COSTS WHICH ARE REFLECTED ON SUN CITY AREA INTERFAITH SERVICES' BALANCE SHEET AS A RECEIVABLE ICC BISTRO AND CATERING BOOKS ARE KEPT SEPARATE FROM THE PARENT ORGANIZATION AND FILES A SEPARATE TAX RETURN