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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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
SUNRISE COMMUNITY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
9040 SUNSET DRIVE

City or town, state or country, and ZIP + 4
MIAMI, FL 33173

D Employer identification number
65-0118730

E Telephone number
(305) 596-9040

G Gross receipts $ 51,863,511

F Name and address of principal officer
JAMES G WEEKS
9040 SUNSET DRIVE
MIAMI, FL 33173

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SUNRISEGROUP ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1988 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF PROVIDING HOUSING, SUPERVISION, TRAINING AND THERAPEUTIC, MEDICAL, EDUCATIONAL AND OTHER RELATED SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS IN THE STATE OF FLORIDA THE ORGANIZATION WAS INCORPORATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES THE ORGANIZATION ACTS AS HEADQUARTERS TO THE PHINEAS SUBSIDIARIES AND AS CENTRALIZED CASH DISBURSEMENT, CASH RECEIPTS, PAYROLL, CLIENT TRUST, AND MANAGEMENT/ADMINISTRATION 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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,868
6	Total number of volunteers (estimate if necessary)	**6**	97
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

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	107,477	16,258
9	Program service revenue (Part VIII, line 2g)	51,183,661	52,148,066
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,762	23,924
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,509	-349,411
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,415,409	51,838,837
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)	37,056,397	36,997,412
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,824,560	13,079,870
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,880,957	50,077,282
19	Revenue less expenses Subtract line 18 from line 12	1,534,452	1,761,555

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	9,886,211	11,144,111
21	Total liabilities (Part X, line 26)	10,218,668	11,469,196
22	Net assets or fund balances Subtract line 21 from line 20	-332,457	-325,085

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

****** | 2013-02-20
Signature of officer | Date

JAMES G WEEKS TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: LAWRENCE SCHIFF CPA | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00059492

Firm's name (or yours if self-employed), address, and ZIP + 4: MOORE STEPHENS LOVELACE PA, 14400 NW 77TH COURT SUITE 306, MIAMI LAKES, FL 330161507 | EIN ▶ 59-3070669 | Phone no ▶ (305) 819-9555

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

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF PROVIDING HOUSING, SUPERVISION, TRAINING AND THERAPEUTIC, MEDICAL, EDUCATIONAL AND OTHER RELATED SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS IN THE STATE OF FLORIDA THE ORGANIZATION WAS INCORPORATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES THE ORGANIZATION ACTS AS HEADQUARTERS TO THE PHINEAS SUBSIDIARIES AND AS CENTRALIZED CASH DISBURSEMENT, CASH RECEIPTS, PAYROLL, CLIENT TRUST, AND MANAGEMENT/ADMINISTRATION SERVICES

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 $ 38,835,200 including grants of $) (Revenue $ 46,909,442)

THE ORGANIZATION PROVIDES RESIDENTIAL AND BASIC TRAINING SKILLS TO DEVELOPMENTALLY DISABLED INDIVIDUALS

4b (Code) (Expenses $ 4,453,321 including grants of $) (Revenue $ 5,379,213)

THE ORGANIZATION PROVIDES SUPERVISION, TRAINING AND THERAPEUTIC, MEDICAL, EDUCATIONAL AND OTHER RELATED SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 43,288,521

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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*	3		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*	4		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*	5		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*	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9	Yes	
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*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	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.*	11b		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.*	11c		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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	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.*	11f		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*	12a	Yes	
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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*	17		No
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*	18		No
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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		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	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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**	93		
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**	1,868			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
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**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
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**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
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	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
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		Yes	
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			No
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		No
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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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 ▶

JAMES G WEEKS
9040 SUNSET DRIVE
MIAMI, FL 33173
(305) 596-9040

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) DOROTHY ADSIDE DIRECTOR	1 00	X						0	0	0
(2) CONNIE CROWTHER DIRECTOR	1 00	X						0	0	0
(3) BARNETT A GREENBERG DBA DIRECTOR	1 00	X						0	0	0
(4) ROBERT H MORING CLU CFP DIRECTOR	1 00	X						0	0	0
(5) RICHARD H MCCARTHY DIRECTOR	1 00	X						0	0	0
(6) F JOSEPH MCMACKIN III ESQ TREASURER	1 00	X		X				0	0	0
(7) WILLIAM P MUIR DIRECTOR	1 00	X						0	0	0
(8) DANIEL J O'CONNELL EDD DIRECTOR	1 00	X						0	0	0
(9) ROSE B PUJOL-PALACIOS DIRECTOR	1 00	X						0	0	0
(10) STEPHEN T RICE CLU CHFC CHAIRMAN	1 00	X		X				0	0	0
(11) JOSE E SOUTO DIRECTOR	1 00	X						0	0	0
(12) GERALDINE TUCKER SECRETARY	1 00	X		X				0	0	0
(13) STEVEN M WEINGER ESQ 1ST VICE CHAIR	1 00	X		X				0	0	0
(14) GLORIA A WETHERINGTON ASSISTANT SECRETARY	1 00	X		X				0	0	0
(15) MARILYN M WYCOFF DIRECTOR	1 00	X						0	0	0
(16) PAULINE A YOUNG EDD 2ND VICE CHAIR	1 00	X		X				0	0	0
(17) ROBERT COKER DIRECTOR	1 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) BILL LANK DIRECTOR	1 00	X						0	0	0
(19) LESLIE W LEECH JR PRESIDENT	40 00			X				330,329	0	14,455
(20) JAMES G WEEKS SECRETARY/TREASURER	40 00			X				179,068	0	23,440
(21) KATHRYN WHITAKER VICE PRESIDENT	40 00			X				125,809	0	16,793
(22) KENNETH W OLIVER ASSISTANT SECRETARY	40 00			X				227,510	0	1,915
(23) MARK GAPSKI DIRECTOR OF FINANCE	40 00				X			160,280	0	16,470
(24) KATHLEEN CHILDS DIVISION VICE PRESIDENT	40 00					X		113,751	0	15,923
(25) MICHAEL HART DIVISION VICE PRESIDENT	40 00					X		114,847	0	18,081
(26) MARCELLA HENRY COMPLIANCE OFFICER	40 00					X		103,798	0	22,418
(27) KINGSLEY ROSS VICE PRESIDENT EXTERNAL AFFAIRS	40 00					X		119,240	0	0

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	1,474,632	0	129,495

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 ▶ 9

			Yes	No
3	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*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
CORPORATE FLEET SERVICE INC 16322 WOODWARD AVENUE HIGHLAND PARK, MI 48203	TRANSPORTATION SERVICE	1,430,483
MOORE STEPHENS LOVELACE PA 77TH COURT SUITE 306 MIAMI LAKES, FL 33016	AUDITORS	422,551
KRONOS INC PO BOX 845748 BOSTON, MA 02284	CONSULTANT	145,850
KURZBAN KURZBAN WEINGER AND TETZELI P 2650 SW 27TH AVENUE SECOND FLOOR MIAMI, FL 33133	ATTORNEY	139,598
VICK CONSTRUCTION LLC 761 LEWIS ROAD CAIRO, GA 39828	CONSTRUCTION	103,519

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 ▶ 5

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 130				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 16,128				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	16,258			
Program Service Revenue		Business Code				
	2a	MEDICAID AND WAIVER RE	624310	49,441,921	49,441,921	
	b	PROGRAM REVENUE	624310	2,706,145	2,706,145	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	52,148,066			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	142			142
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: (ii) Other 42,909				
	b	Less cost or other basis and sales expenses: (ii) Other 19,127				
	c	Gain or (loss): (ii) Other 23,782				
	d	Net gain or (loss) . . . . . ▶	23,782			23,782
	8a	Gross income from fundraising events (not including $ 130 of contributions reported on line 1c) See Part IV, line 18 . . . a 0				
	b	Less direct expenses . . . b 0				
	c	Net income or (loss) from fundraising events . . ▶	0			
	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 27,361				
	b	Less cost of goods sold . . b 5,547				
	c	Net income or (loss) from sales of inventory . . ▶	21,814	21,814		
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	REP PAYEE INCOME 624310	94,699	94,699		
	b	MISCELLANEOUS 624310	24,076	24,076		
	c	LOSS OF FORGIVENESS OF 900099	-490,000			-490,000
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	-371,225			
	12	**Total revenue.** See Instructions . . . ▶	51,838,837	52,288,655	0	-466,076

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	1,096,069		1,096,069	
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	30,928,115	25,933,511	4,994,604	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	105,137	86,640	18,497	
9	Other employee benefits	2,293,536	1,890,024	403,512	
10	Payroll taxes	2,574,555	2,121,603	452,952	
11	Fees for services (non-employees)				
a	Management	-4,503,776		-4,503,776	
b	Legal	121,373		121,373	
c	Accounting	155,363		155,363	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	1,269,104	1,139,836	129,268	
12	Advertising and promotion	17,454	6,975	10,479	
13	Office expenses	4,024,394	3,152,318	872,076	
14	Information technology				
15	Royalties . .				
16	Occupancy	2,500,320	1,865,927	634,393	
17	Travel	1,096,058	768,669	327,389	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	413,499	179,954	233,545	
20	Interest	138,765	63,861	74,904	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,315,834	731,813	584,021	
23	Insurance	947,697	731,413	216,284	
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	FOOD, KITCHEN SUPPLIES	1,470,279	1,470,279		
b	EQUIPMENT RENTAL AND MA	1,303,792	1,192,614	111,178	
c	MEDICAL SUPPLIES	869,785	869,785		
d	ADMINISTRATIVE ALLOCATI	717,816		717,816	
e					
f	All other expenses	1,222,113	1,083,299	138,814	
25	**Total functional expenses.** Add lines 1 through 24f	50,077,282	43,288,521	6,788,761	0
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		736,380	1	2,927,589
	2	Savings and temporary cash investments		14,030	2	107,043
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,272,850	4	3,978,209
	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		490,000	7	0
	8	Inventories for sale or use		76,094	8	70,123
	9	Prepaid expenses and deferred charges		410,635	9	463,297
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 15,876,165			
	b	Less accumulated depreciation	10b 12,527,084	3,636,498	10c	3,349,081
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		158,394	14	158,394
	15	Other assets See Part IV, line 11		91,330	15	90,375
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,886,211	16	11,144,111
Liabilities	17	Accounts payable and accrued expenses		5,578,689	17	6,491,357
	18	Grants payable			18	
	19	Deferred revenue		72,309	19	191,222
	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		1,545,684	23	1,398,691
	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		3,021,986	25	3,387,926
	26	**Total liabilities.** Add lines 17 through 25		10,218,668	26	11,469,196
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		-332,457	27	-325,085
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		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		-332,457	33	-325,085
	34	Total liabilities and net assets/fund balances		9,886,211	34	11,144,111

Part XI Reconcilliation 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	51,838,837
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,077,282
3	Revenue less expenses Subtract line 2 from line 1	3	1,761,555
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-332,457
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,754,183
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	-325,085

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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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?	3a		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 . .	3b		

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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
SUNRISE COMMUNITY INC

Employer identification number
65-0118730

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 See **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?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 ")						
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 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 **Public Support.** Subtract line 5 from line 4						

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						
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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

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 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 ")	55,192	54,712	31,525	107,477	16,258	265,164
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	46,523,744	48,285,230	49,070,759	51,219,946	52,175,427	247,275,106
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	46,578,936	48,339,942	49,102,284	51,327,423	52,191,685	247,540,270
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						247,540,270

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	46,578,936	48,339,942	49,102,284	51,327,423	52,191,685	247,540,270
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,411	11,297	30,063	12,762	142	96,675
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	42,411	11,297	30,063	12,762	142	96,675
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)	391,372	56,978	46,385	107,667	118,775	721,177
13 **Total support** (Add lines 9, 10c, 11 and 12)	47,012,719	48,408,217	49,178,732	51,447,852	52,310,602	248,358,122

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	99 670 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99 460 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 040 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 060 %

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SUNRISE COMMUNITY INC

Employer identification number
65-0118730

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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

		Amount
c Beginning balance	1c	456,778
d Additions during the year	1d	
e Distributions during the year	1e	188,616
f Ending balance	1f	268,162

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- 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	3a(i)		
(ii) related organizations	3a(ii)		
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				
b Buildings		277,365	199,504	77,861
c Leasehold improvements		3,227,794	2,000,288	1,227,506
d Equipment		12,311,904	10,327,292	1,984,612
e Other		59,102		59,102
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,349,081

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE	912,605
DUE TO INTERMEDIARIES	1,175,321
OTHER NOTES PAYABLE-RELATED PARTIES	1,300,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,387,926

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	51,838,837
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	50,077,282
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,761,555
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	1,761,555

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	52,328,837
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	490,000		
e	Add lines **2a** through **2d**			2e	490,000
3	Subtract line **2e** from line **1**			3	51,838,837
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	51,838,837

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	50,077,282
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	0
3	Subtract line **2e** from line **1**			3	50,077,282
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	50,077,282

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE ORGANIZATION IS TRUSTEE FOR CLIENT FUNDS WHICH ARE EXPENDED ON BEHALF OF THE CLIENTS FOR PERSONAL ITEMS THESE AMOUNTS HAVE NOT BEEN REFLECTED ON THE ORGANIZATION'S STATEMENTS OF FINANCIAL POSITION
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON FORGIVENESS OF LOAN TO RELATED PARTY 490,000

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SUNRISE COMMUNITY INC

Employer identification number
65-0118730

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE W LEECH JR	(i)	325,000	5,329	0	14,200	255	344,784	0
	(ii)	0	0	0	0	0	0	0
(2) JAMES G WEEKS	(i)	175,000	4,068	0	21,000	2,440	202,508	0
	(ii)	0	0	0	0	0	0	0
(3) KENNETH W OLIVER	(i)	224,135	3,375	0	0	1,915	229,425	0
	(ii)	0	0	0	0	0	0	0
(4) MARK GAPSKI	(i)	152,000	2,280	6,000	10,010	6,460	176,750	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SUNRISE COMMUNITY INC

Employer identification number
65-0118730

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STEVEN L WEINGER ESQ	1ST VICE CHAIR, BOARD OF DIRECTORS	139,598	LEGAL FEESMR WEINGER'S LAW FIRM, KURZBAN, KURBAN, WIENGER AND TETZELI, P A , PROVIDES LEGAL SERVICES TO SUNRISE COMMUNITY, INC		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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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
SUNRISE COMMUNITY INC

Employer identification number
65-0118730

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE ORGANIZATION IS THE PHINEAS CORPORATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S SOLE MEMBER, THE PHINEAS CORPORATION, HAS THE AUTHORITY TO ELECT MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE CONDUCTS A COMPREHENSIVE REVIEW OF THE FORM 990 BEFORE IT IS FILED A COPY OF THE RETURN, AS ULTIMATELY FILED, IS PROVIDED TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES, EXECUTIVES, TRUSTEES AND BOARD MEMBERS THE PRESIDENT & CEO MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY MEMBERS OF THE BOARD OF DIRECTORS MUST FULLY DISCLOSE TO THE BOARD CHAIR ANY CONTRACT, BUSINESS ARRANGEMENT, OR DIRECT FINANCIAL INTEREST IN A BUSINESS THAT CONTRACTS OR TRANSACTS BUSINESS WITH THE ORGANIZATION MEMBERS OF THE BOARD OF TRUSTEES, EMPLOYEES AND COMMITTEE MEMBERS MUST MAKE SUCH DISCLOSURES TO THE PRESIDENT & CEO THE BOARD CHAIR (IN MATTERS INVOLVING THE BOARD OF DIRECTORS), OR THE PRESIDENT & CEO (IN MATTERS INVOLVING MEMBERS OF THE BOARD OF TRUSTEES, EMPLOYEES, AND COMMITTEE MEMBERS), MAY DECIDE WHETHER TO ALLOW CONTINUING INVOLVEMENT IN THE DISCUSSION AND DECISION PROCESS, AND TO WHAT DEGREE (I E DISCUSSION ONLY AND THE MEMBER MUST ABSTAIN FROM VOTING), BEFORE PROCEEDING THE POTENTIAL CONFLICT OF INTEREST IS RECORDED IN THE MINUTES OR NOTES OF THE MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION USES A COMPARATIVE PROCESS FOR DETERMINING APPROPRIATE AND JUST COMPENSATION FOR ITS CHIEF EXECUTIVE OFFICER, OTHER OFFICERS, AND KEY EMPLOYEES INCLUSIVE OF A REVIEW AND APPROVAL BY THE ORGANIZATION'S INDEPENDENT BOARD OF DIRECTORS THE PROCESS INCLUDES THE USE OF COMPARABILITY DATA OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS IN OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND FUNCTION THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND THE COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER THE COMPENSATION AMOUNT IS REPORTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL THIS PROCESS INCLUDES CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET ASSETS TRANSFERRED TO RELATED PARTIES -1,754,183 TOTAL TO FORM 990, PART XI, LINE 5 -1,754,183

Identifier	Return Reference	Explanation
OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT	FORM 990, PART XI, LINE 2C	THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION, MONITORING AND EVALUATION OF AN INDEPENDENT AUDIT FIRM AND OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS THERE WAS NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
NET ASSET TRANSFERS TO RELATED PARTIES	FORM 990, PART XI, LINE 5	THE SUNRISE GROUP'S CASH MANAGEMENT POLICIES REQUIRE ALL CASH RECEIPTS TO BE TRANSFERRED TO THE SUNRISE COMMUNITY, INC GENERAL OPERATING ACCOUNT CASH TRANSFERS BACK TO THE OTHER MEMBERS OF THE SUNRISE GROUP ARE ONLY MADE TO COVER REQUIRED CASH FLOW NEEDS, CREATING A DUE TO/FROM OTHER MEMBERS OF THE SUNRISE GROUP SINCE THERE IS NO INTENTION TO REPAY THESE RELATED PARTY BALANCES, ANY EXCESS CASH TRANSFERS ARE CONSIDERED A PERMANENT TRANSFER OF NET ASSETS AT YEAR END DURING THE YEARS ENDED JUNE 30, 2012 AND 2011, THE ORGANIZATION HAD NET ASSET TRANSFERS TO THE OTHER MEMBERS OF THE SUNRISE GROUP AMOUNTING TO $1,754,183 AND $1,001,985, RESPECTIVELY

Identifier	Return Reference	Explanation
MANAGEMENT FEE	FORM 990, PART IX, LINE 11A	THE ORGANIZATION PROVIDES SUBSTANTIALLY ALL EXECUTIVE MANAGEMENT, FINANCIAL, INFORMATION SYSTEMS AND HUMAN RESOURCE MANAGEMENT FUNCTIONS TO THE OTHER MEMBERS OF THE SUNRISE GROUP THE ORGANIZATION CHARGED MANAGEMENT FEES OF $4,503,776 AND $4,659,452 FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, RESPECTIVELY, FOR SUCH SERVICES THESE AMOUNTS ARE PRESENTED AS A REDUCTION IN MANAGEMENT AND GENERAL EXPENSE IN THE STATEMENTS OF ACTIVITIES

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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
SUNRISE COMMUNITY INC

Employer identification number
65-0118730

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

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
See Additional Data Table							

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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r	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) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 65-0118730
Name: SUNRISE COMMUNITY INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
CAPE CORAL HOME INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0796731	DEVELOPMENT OF HOUSING PROJECTS	FL	501(C)(3)	LINE 9	THE PHINEAS CORPORATION	Yes	
LOG CABIN ENTERPRISES INC 9040 SUNSET DRIVE MIAMI, FL 33173 59-2398577	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	FL	501(C)(3)	LINE 9	NONE	Yes	
REGIONAL PROPERTIES INC 9040 SUNSET DRIVE MIAMI, FL 33173 59-1230233	LEASES REAL PROPERTY TO TAX-EXEMPT AFFILIATES	FL	501(C)(3)	LINE 11B, II	THE PHINEAS CORPORATION	Yes	
RESOURCES FOR INDEPENDENCE INC 9040 SUNSET DRIVE MIAMI, FL 33173 63-1113642	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	AL	501(C)(3)	LINE 9	THE PHINEAS CORPORATION	Yes	
RESOURCES FOR INDEPENDENCE OF VIRGINIA INC 9040 SUNSET DRIVE MIAMI, FL 33173 52-1929588	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	VA	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE 2000 INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0610836	SUPPORTS ACTIVITIES OF TAX-EXEMPT AFFILIATES	FL	501(C)(3)	LINE 11A, I	THE PHINEAS CORPORATION	Yes	
SUNRISE COMMUNITY FOUNDATION INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0021846	CONDUCTS FUNDRAISING ON BEHALF OF TAX-EXEMPT AFFILIATES	FL	501(C)(3)	LINE 11B, II	THE PHINEAS CORPORATION	Yes	
SUNRISE COMMUNITY OF GEORGIA INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0583790	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	GA	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE COMMUNITY OF MARYLAND INC 9040 SUNSET DRIVE MIAMI, FL 33173 52-1929587	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	MD	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE COMMUNITY OF NEW MEXICO INC 9040 SUNSET DRIVE MIAMI, FL 33173 74-2795030	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	NM	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE COMMUNITY OF NORTH CAROLINA INC 9040 SUNSET DRIVE MIAMI, FL 33173 62-1604764	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	NC	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE COMMUNITY OF POLK COUNTY INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0714062	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	FL	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE COMMUNITY OF SOUTHWEST FLORIDA INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0583793	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	FL	501(C)(3)	LINE 9	THE PHINEAS CORPORATION	Yes	
SUNRISE COMMUNITY OF TENNESSEE INC 9040 SUNSET DRIVE MIAMI, FL 33173 62-1604765	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	TN	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE COMMUNITY OF WEST VIRGINIA INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-1078651	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	WV	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE COMMUNITY PROMOTIONS INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0662341	SPONSORS FUNDRAISING EVENTS FOR THE BENEFIT AND SUPPORT OF AFFILIATES	FL	501(C)(3)	LINE 11B, II	THE PHINEAS CORPORATION	Yes	
SUNRISE COMMUNITY SERVICES INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0662366	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	FL	501(C)(3)	LINE 11A, I	SUNRISE 2000 INC	Yes	
SUNRISE NORTHEAST INC 9040 SUNSET DRIVE MIAMI, FL 33173 06-1249974	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	CT	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE OPPORTUNITIES INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0118734	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	FL	501(C)(3)	LINE 9	THE PHINEAS CORPORATION	Yes	
SUNRISE UNITED CEREBRAL PALSY OF EAST TENNESSEE INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0794479	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	TN	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
TECH OF COLLIER COUNTY INC 9040 SUNSET DRIVE MIAMI, FL 33173 59-1564538	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	FL	501(C)(3)	LINE 9	SUNRISE COMMUNITY SERVICES INC	Yes	
THE HAVEN CENTER INC 9040 SUNSET DRIVE MIAMI, FL 33173 59-0668484	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	FL	501(C)(3)	LINE 9	REGIONAL PROPERTIES INC	Yes	
THE PHINEAS CORPORATION 9040 SUNSET DRIVE MIAMI, FL 33173 65-0118726	HOLDING COMPANY	FL	501(C)(3)	LINE 11A, I	NONE	Yes	
UNITED CEREBRAL PALSY ASSOCIATION OF GREAT HARTFORD INC 9040 SUNSET DRIVE MIAMI, FL 33173 06-0737307	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	CT	501(C)(3)	LINE 9	SUNRISE COMMUNITY SERVICES INC	Yes	
UNITED CEREBRAL PALSY OF KENTUCKY INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-1066623	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	KY	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
UNITED CEREBRAL PALSY OF SOUTHWEST FLORIDA INC 9040 SUNSET DRIVE MIAMI, FL 33173 59-1796622	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	FL	501(C)(3)	LINE 9	THE PHINEAS CORPORATION	Yes	
UNITED CEREBRAL PALSY OF SAVANNAH & THE GOLDEN ISLE INC 9040 SUNSET DRIVE MIAMI, FL 33173 58-2355246	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	GA	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
UNITED CEREBRAL PALSY OF TALLAHASSEE INC 9040 SUNSET DRIVE MIAMI, FL 33173 65-0493697	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	FL	501(C)(3)	LINE 9	THE PHINEAS CORPORATION	Yes	
SUNRISE COMMUNITY OF NEW JERSEY INC 9040 SUNSET DRIVE MIAMI, FL 33173 32-0300620	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	NJ	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	
SUNRISE COMMUNITY OF INDIANA INC 9040 SUNSET DRIVE MIAMI, FL 33173 36-4674944	ASSISTANCE AND SUPPORT TO PERSONS WITH DISABILITIES	IN	501(C)(3)	LINE 9	SUNRISE 2000 INC	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	REGIONAL PROPERTIES INC	J	992,241	FAIR MARKET VALUE
(2)	SUNRISE OPPORTUNITIES INC	O	446,801	FAIR MARKET VALUE
(3)	UNITED CEREBRAL PALSY OF SOUTHWEST FLORIDA INC	O	221,206	FAIR MARKET VALUE
(4)	UNITED CEREBRAL PALSY OF TALLAHASSEE INC	O	341,804	FAIR MARKET VALUE
(5)	RESOURCES FOR INDEPENDENCE INC	P	479,993	FAIR MARKET VALUE
(6)	RESOURCES FOR INDEPENDENCE OF VIRGINIA INC	P	206,838	FAIR MARKET VALUE
(7)	SUNRISE COMMUNITY OF GEORGIA INC	P	103,953	FAIR MARKET VALUE
(8)	SUNRISE COMMUNITY OF MARYLAND INC	P	105,331	FAIR MARKET VALUE
(9)	SUNRISE COMMUNITY OF POLK COUNTY INC	P	705,823	FAIR MARKET VALUE
(10)	SUNRISE COMMUNITY OF TENNESSEE INC	P	1,127,982	FAIR MARKET VALUE
(11)	SUNRISE NORTHEAST INC	P	1,115,830	FAIR MARKET VALUE
(12)	SUNRISE OPPORTUNITIES INC	P	1,328,396	FAIR MARKET VALUE
(13)	UNITED CEREBRAL PALSY OF SOUTHWEST FLORIDA INC	P	204,355	FAIR MARKET VALUE
(14)	RESOURCES FOR INDEPENDENCE OF VIRGINIA INC	Q	652,242	FAIR MARKET VALUE
(15)	SUNRISE COMMUNITY OF TENNESSEE INC	Q	1,193,636	FAIR MARKET VALUE
(16)	SUNRISE OPPORTUNITIES INC	Q	66,502	FAIR MARKET VALUE
(17)	UNITED CEREBRAL PALSY OF SOUTHWEST FLORIDA INC	Q	50,025	FAIR MARKET VALUE
(18)	UNITED CEREBRAL PALSY OF TALLAHASSEE INC	Q	58,645	FAIR MARKET VALUE
(19)	HAVEN CENTER INC	R	461,202	FAIR MARKET VALUE
(20)	LOG CABIN ENTERPRISES	R	64,071	FAIR MARKET VALUE

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	RESOURCES FOR INDEPENDENCE INC	R	344,580	FAIR MARKET VALUE
(22)	SUNRISE COMMUNITY OF GEORGIA INC	R	701,311	FAIR MARKET VALUE
(23)	SUNRISE COMMUNITY OF MARYLAND INC	R	441,409	FAIR MARKET VALUE
(24)	SUNRISE COMMUNITY OF SOUTHWEST FLORIDA INC	R	62,983	FAIR MARKET VALUE
(25)	SUNRISE COMMUNITY PROMOTIONS INC	R	274,257	FAIR MARKET VALUE
(26)	SUNRISE OPPORTUNITIES INC	R	75,486	FAIR MARKET VALUE
(27)	SUNRISE OPPORTUNITIES INC	R	89,592	FAIR MARKET VALUE
(28)	UNITED CEREBRAL PALSY OF SOUTHWEST FLORIDA INC	R	19,505	FAIR MARKET VALUE
(29)	UNITED CEREBRAL PALSY OF SOUTHWEST FLORIDA INC	R	82,721	FAIR MARKET VALUE
(30)	REGIONAL PROPERTIES INC	R	1,062,793	FAIR MARKET VALUE
(31)	HAVEN CENTER INC	J	41,192	FAIR MARKET VALUE
(32)	SUNRISE COMMUNITY OF POLK COUNTY INC	O	3,022	FAIR MARKET VALUE
(33)	LOG CABIN ENTERPRISES	P	11,059	FAIR MARKET VALUE
(34)	SUNRISE COMMUNITY FOUNDATIONS INC	P	543	FAIR MARKET VALUE
(35)	SUNRISE COMMUNITY PROMOTIONS INC	P	21,272	FAIR MARKET VALUE
(36)	UNITED CEREBRAL PALSY OF HARTFORD INC	P	4,637	FAIR MARKET VALUE
(37)	UNITED CEREBRAL PALSY OF TALLAHASSEE INC	P	45,915	FAIR MARKET VALUE
(38)	UNITED CEREBRAL PALSY OF HARTFORD INC	Q	42,830	FAIR MARKET VALUE
(39)	RESOURCES FOR INDEPENDENCE OF VIRGINIA INC	R	22,246	FAIR MARKET VALUE
(40)	SUNRISE COMMUNITY FOUNDATIONS INC	R	39,201	FAIR MARKET VALUE

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41)	SUNRISE COMMUNITY OF POLK COUNTY INC	R	1,869	FAIR MARKET VALUE
(42)	SUNRISE NORTHEAST INC	R	42,146	FAIR MARKET VALUE
(43)	UNITED CEREBRAL PALSY OF TALLAHASSEE INC	R	2,450	FAIR MARKET VALUE

Additional Data

Software ID:
Software Version:
EIN: 65-0118730
Name: SUNRISE COMMUNITY INC

Form 990, Special Condition Description:

Special Condition Description