



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



|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                      |                 |  |                     |                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|---------------------|---------------------------|--|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                      | As Filed Data - |  | DLN: 93493303011774 |                           |  |
| <div>Form 990</div> <div>Department of the Treasury<br/>Internal Revenue Service</div>                                                                                                                                                                                                                                                                      |  | Return of Organization Exempt From Income Tax                                                                                                                                                                                                                        |                 |  |                     | OMB No 1545-0047          |  |
|                                                                                                                                                                                                                                                                                                                                                             |  | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)                                                                                                                                                                   |                 |  |                     | 2013                      |  |
|                                                                                                                                                                                                                                                                                                                                                             |  | Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form<br>Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> |                 |  |                     | Open to Public Inspection |  |
| A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                      |                 |  |                     |                           |  |
| <div>B</div> <div>Check if applicable</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Terminated</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Application pending</div> |  |                                                                                                                                                                                                                                                                      |                 |  |                     |                           |  |

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4a | (Code ) (Expenses \$ 2,264,114 including grants of \$ ) (Revenue \$ 2,250,510 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | ADULT DAY CARE SIX ADULT DAY PROGRAMS IN THE NORTHWEST VALLEY PROVIDE SOCIAL, PHYSICAL, AND MENTAL STIMULATION INTEGRAL TO SUCCESSFUL AGING EACH CENTER UNIQUENESS ADDRESSES THE SPECIFIC NEEDS OF OLDER ADULTS LIVING WITH ALZHEIMER'S DISEASE, CHRONIC ILLNESS, OR DEVELOPMENTAL DISABILITIES OUR SERVICE AREA INCLUDES THE CITIES OF EL MIRAGE, GLENDALE, PEORIA, SUN CITY, SUN CITY WEST, AND SURPRISE WE PARTNER WITH THE AREA OF AGENCY ON AGING TO PROVIDE SUPPORT GROUPS AND EDUCATION FOR CAREGIVERS AND FAMILIES ANOTHER COLLABORATION WE HAVE IS WITH BANNER ALZHEIMER'S INSTITUTE TO ASSIST WITH MEMORY SCREENING FOR PEOPLE WHO MIGHT BE AT RISK TO DEVELOP ALZHEIMER'S ALL SIX OF OUR ADULT DAY PROGRAMS ARE ACCREDITED THROUGH CARF (COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES), EXCEED THE EXPECTATIONS OF THE DEPARTMENT OF HEALTH SERVICES AND MAINTAIN BEST PRACTICES IN THE FIELD OF ADULT DAY SERVICES EACH CENTER PROVIDES AN ALTERNATIVE TO INSTITUTIONAL CARE |
| 4b | (Code ) (Expenses \$ 605,532 including grants of \$ ) (Revenue \$ 372,835 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    | WIRTZIE'S CHILD DEVELOPMENT CENTER THE WIRTZIE'S GOAL IS TO PROVIDE A COMMUNITY WHERE RELATIONSHIPS ARE BUILT AND EVERYONE CONTRIBUTES AND BELONGS EACH CHILD WHO COMES TO WIRTZIE'S HAS UNIQUE MENTAL, PHYSICAL, AND SOCIAL CHARACTERISTICS BECAUSE EACH CHILD IS UNIQUE, THE WIRTZIE'S CURRICULUM IS DESIGNED TO FIND THE OPTIMAL BALANCE OF STRUCTURE AND FREEDOM FOR A CHILD'S PARTICULAR NEEDS OUR PROGRAMS ARE DESIGNED TO PROVIDE AGE-APPROPRIATE, CHILD-DIRECTED ACTIVITIES THAT WILL INSPIRE CHILDREN TO LEARN AND DISCOVER THROUGH PLAY AND THE SPARK OF THEIR OWN NATURAL CURIOSITY ART'S CENTER FOR ALL AGES IS A DEDICATED SPACE BETWEEN ONE OF OUR ADULT DAY CENTERS AND WIRTZIE'S WHICH PROVIDES STRUCTURED OPPORTUNITIES WHERE CHILDREN AND OLDER GENERATIONS COME TOGETHER TO GROW, LEARN ABOUT THEMSELVES AND OTHERS, AND FORM RELATIONSHIPS THAT CAN BE LIFE CHANGING THE CENTER FEATURES A SENSORY GARDEN, READING ROOM, AND PERFORMANCE STAGE                                   |
| 4c | (Code ) (Expenses \$ 349,668 including grants of \$ ) (Revenue \$ 215,829 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|    | TRANSPORTATION PARTICIPANTS ARE TRANSPORTED TO OUR ADULT DAY CARE CENTERS AND BACK TO THEIR HOMES AT THE END OF THEIR STAY EACH DAY OUR DEDICATED BUS DRIVERS TRANSPORT OUR PARTICIPANTS DOOR-TO-DOOR, THEY ARE SPECIALLY TRAINED TO WORK WITH OLDER ADULTS WITH CHRONIC ILLNESS, THEY ARE COMPASSIONATE AND ENJOY THEIR CLIENTS AND GET TO KNOW THE FAMILIES THAT THEY SERVE TRANSPORTATION IS AN IMPORTANT ASPECT OF OUR SERVICE THAT WE PROVIDE TO ELDER ADULT, MEMORY CARE, AND DISABLED ADULTS OUR FLEET OF BUSES PROVIDES EACH OF OUR SIX ADULT DAY CENTERS THE MEANS FOR OUTINGS TO RESTAURANTS, SHOPPING, VOLUNTEERING AT AN ANIMAL SHELTER, MOVIES, AND THEATER PRODUCTIONS                                                                                                                                                                                                                                                                                                                 |
|    | (Code ) (Expenses \$ 117,982 including grants of \$ ) (Revenue \$ )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | VOLUNTEER HOME SERVICES VOLUNTEERS ARE THE HEARTS AND HANDS OF BENEVILLA BY PROVIDING TRANSPORTATION TO MEDICAL APPOINTMENTS, GROCERY SHOPPING, FRIENDLY VISITORS, HANDYMAN SERVICES, BUSINESS ASSISTANCE, PHONE PALS AND DELIVERING MEALS HUNDREDS OF VOLUNTEERS PROVIDE OVER 2,500 VISITS AND 1,500 GROCERY DELIVERIES AND OVER 35,000 HOURS OF SERVICE TO THE COMMUNITIES IN THE WEST VALLEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | (Code ) (Expenses \$ 420,810 including grants of \$ ) (Revenue \$ 90,839 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | FAMILY RESOURCE CENTER THE CENTER WORKS TO STRENGTHEN FAMILIES WITH CHILDREN FIVE YEARS AND UNDER THE CENTER OFFERS CLASSES, EVENTS AND A LIBRARY OF COMMUNITY RESOURCES OVER 10,000 FAMILIES SERVED INCLUDING GRANDPARENTS RAISING GRANDCHILDREN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|    | (Code ) (Expenses \$ 67,835 including grants of \$ ) (Revenue \$ 103,007 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | LIFELINE EMERGENCY RESPONSE FALLS REPRESENT ONE OF THE LARGEST THREATS FOR ELDER CITIZENS THIS PROGRAM ALLOWS THEM TO REMAIN INDEPENDENT IN THEIR OWN HOMES WITH THE AID OF A DEVICE THAT RECOGNIZES A FALL AND AUTOMATICALLY DISPATCHES HELP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|    | (Code ) (Expenses \$ 82,782 including grants of \$ ) (Revenue \$ )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | VOLUNTARY RECRUITMENT VOLUNTEERS ARE CRUCIAL IN MAKING THE MISSION OF BENEVILLA A REALITY BY NEIGHBORS HELPING NEIGHBORS IN 2013, OVER NINE HUNDRED VOLUNTEERS AND THEIR HOURS OF SERVICE THAT THEY CONTRIBUTED WERE VALUED OVER \$760,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | (Code ) (Expenses \$ 134,456 including grants of \$ ) (Revenue \$ 93,508 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | HOME DELIVERED MEALS HOT MEALS ARE DELIVERED TO CLIENTS WHO WISH TO REMAIN INDEPENDENT IN THEIR OWN HOMES EACH MEAL IS NUTRITIONALLY APPROVED AND COST EFFICIENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4d | Other program services (Describe in Schedule O )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|    | (Expenses \$ 823,865 including grants of \$ ) (Revenue \$ 287,354 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4e | Total program service expenses 4,043,179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

Form 990 (2013)

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 Yes   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                            | 3       | No |
| 4 <b>Section 501(c)(3) organizations.</b> 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 for escrow or custodial account liability, 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       | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                        | 10 Yes  |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                                                                 |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                            | 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 and XII                                                                                                                                           | 12a     | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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, Parts I and IV                                                                       | 14b     | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)                                                                             | 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 Yes  |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                      | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                    | 20b     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>                                                                                                        | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                                            | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>                                                      | 23  |     | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II . . . . .</i>                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . .</i>                                                                                      | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . .</i>                                                                                                                                                                                                    | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>                                 | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>                                                                             | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i>      | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                      | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

☐

|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |     |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                | Yes | No  |
| 1a                                                                                                                                                                                                                                                                      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                  | 39  |     |
| 1b                                                                                                                                                                                                                                                                      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                               | 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. | 200 |     |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                   |                                                                                                                                                                                | 2b  | Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        |                                                                                                                                                                                | 3a  | No  |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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, securities account, or other financial account)?                           |                                                                                                                                                                                | 4a  | No  |
| b If "Yes," enter the name of the foreign country:<br>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 as charitable contributions?                                                              |                                                                                                                                                                                | 6a  | Yes |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                         |                                                                                                                                                                                | 6b  | Yes |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                         |                                                                                                                                                                                |     |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                       |                                                                                                                                                                                | 7a  | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                       |                                                                                                                                                                                | 7b  | Yes |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                  |                                                                                                                                                                                | 7c  | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                    |                                                                                                                                                                                | 7d  |     |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                       |                                                                                                                                                                                | 7e  | No  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          |                                                                                                                                                                                | 7f  | No  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                      |                                                                                                                                                                                | 7g  |     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                    |                                                                                                                                                                                | 7h  |     |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |                                                                                                                                                                                | 8   |     |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                             |                                                                                                                                                                                |     |     |
| a Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                               |                                                                                                                                                                                | 9a  |     |
| b Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                |                                                                                                                                                                                | 9b  |     |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                               |                                                                                                                                                                                |     |     |
| a Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                             |                                                                                                                                                                                | 10a |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                          |                                                                                                                                                                                | 10b |     |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                              |                                                                                                                                                                                |     |     |
| a Gross income from members or shareholders.                                                                                                                                                                                                                            |                                                                                                                                                                                | 11a |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                          |                                                                                                                                                                                | 11b |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                          |                                                                                                                                                                                | 12a |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                |                                                                                                                                                                                | 12b |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                     |                                                                                                                                                                                |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                      |                                                                                                                                                                                | 13a |     |
| b Enter the 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 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 or note to any line 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 . . . . .                                                                                                                                 | 18  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |                                                                                                                                                                                                                               |     |     |
| b                                                                                                                                                                                                                | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 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   | No  |
| 7a                                                                                                                                                                                                               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | 7a  | No  |
| 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 this 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 | No  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) |                                                                                                                                                                                                                                                                                                        |     |     |
| 16a                                                                                | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        | 16a | Yes |
| b                                                                                  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b | Yes |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶AZ                                                                                                                                                                                                                                                                                                                                             |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 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 during the tax year                                                                                                                                                                                                                          |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization<br>▶GAIL STELLING VP BUSINESS OPERATIONS 16752 N GREASEWOOD ST<br>SURPRISE,AZ 85374 (623) 584-4999                                                                                                                                                                                           |

Part VII

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>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) JOHN BRIDGFORD<br>DIRECTOR                   | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (2) ROGER BROWN<br>DIRECTOR                      | 5 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (3) BIRT KELLAM<br>DIRECTOR                      | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (4) DR CAROL STRUCK<br>CHAIR, BOARD OF DIRECTORS | 15 00                                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (5) CARYL SHAFER<br>DIRECTOR                     | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) KAREN LAUGHLIN<br>DIRECTOR                   | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) DR RICHARD STUCKY<br>DIRECTOR                | 5 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) KENDAL MUELDER<br>DIRECTOR                   | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (9) CHRISTINE JOSEPH<br>SECRETARY                | 3 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (10) DAVID MITCHELL<br>DIRECTOR                  | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (11) THOMAS ROCHFORD<br>DIRECTOR                 | 2 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (12) JANE THOMAS<br>DIRECTOR                     | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (13) JANE WILLIS<br>DIRECTOR                     | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (14) MIKE ZONGOLOWICZ<br>DIRECTOR                | 5 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (15) LARRY VERING<br>VICE CHAIR, BOARD OF DIREC  | 5 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (16) TERRI HASTON<br>DIRECTOR (EX-OFFICIO)       | 5 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (17) TODD AAKHUS<br>DIRECTOR                     | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

## Part VII

|           |                                                                        |          |         |   |        |
|-----------|------------------------------------------------------------------------|----------|---------|---|--------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             | <b>▼</b> |         |   |        |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | <b>▼</b> |         |   |        |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | <b>▼</b> | 150,784 | 0 | 15,962 |

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization in 2011.

|          |                                                                                                                                                                                                                                               | Yes      | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> | No |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | No |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b> | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|                                                           |                                                        |                                                                                                                                    | (A)<br>Total revenue                                                                      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |         |
|-----------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|---------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                                     | Federated campaigns . . . . .                                                                                                      | 1a                                                                                        |                                                    |                                         |                                                                     |         |
|                                                           | b                                                      | Membership dues . . . . .                                                                                                          | 1b                                                                                        |                                                    |                                         |                                                                     |         |
|                                                           | c                                                      | Fundraising events . . . . .                                                                                                       | 1c                                                                                        | 68,041                                             |                                         |                                                                     |         |
|                                                           | d                                                      | Related organizations . . . . .                                                                                                    | 1d                                                                                        |                                                    |                                         |                                                                     |         |
|                                                           | e                                                      | Government grants (contributions)                                                                                                  | 1e                                                                                        | 194,085                                            |                                         |                                                                     |         |
|                                                           | f                                                      | All other contributions, gifts, grants, and<br>similar amounts not included above                                                  | 1f                                                                                        | 1,787,508                                          |                                         |                                                                     |         |
|                                                           | g                                                      | Noncash contributions included in lines<br>1a-1f \$                                                                                |                                                                                           | 3,052                                              |                                         |                                                                     |         |
|                                                           | h                                                      | Total. Add lines 1a-1f . . . . .                                                                                                   |                                                                                           | 2,049,634                                          |                                         |                                                                     |         |
| Program Service Revenue                                   | 2a                                                     | ADULT DAY CENTERS                                                                                                                  | Business Code<br>623000                                                                   | 2,250,510                                          | 2,250,510                               |                                                                     |         |
|                                                           | b                                                      | CHILD CARE CENTER                                                                                                                  | 624410                                                                                    | 372,835                                            | 372,835                                 |                                                                     |         |
|                                                           | c                                                      | TRANSPORTATION                                                                                                                     | 480000                                                                                    | 215,829                                            | 215,829                                 |                                                                     |         |
|                                                           | d                                                      | EMERGENCY RESPONSE UNI                                                                                                             | 624200                                                                                    | 103,007                                            | 103,007                                 |                                                                     |         |
|                                                           | e                                                      | HOME DELIVERED MEALS                                                                                                               | 624210                                                                                    | 93,508                                             | 93,508                                  |                                                                     |         |
|                                                           | f                                                      | All other program service revenue                                                                                                  |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           | g                                                      | Total. Add lines 2a-2f . . . . .                                                                                                   |                                                                                           | 3,035,689                                          |                                         |                                                                     |         |
|                                                           | Other Revenue                                          | 3                                                                                                                                  | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                                                    | 125,756                                 |                                                                     | 125,756 |
| 4                                                         |                                                        | Income from investment of tax-exempt bond proceeds . . . . .                                                                       |                                                                                           |                                                    |                                         |                                                                     |         |
| 5                                                         |                                                        | Royalties . . . . .                                                                                                                |                                                                                           |                                                    |                                         |                                                                     |         |
| 6a                                                        |                                                        | Gross rents                                                                                                                        | (i) Real                                                                                  | (ii) Personal                                      |                                         |                                                                     |         |
|                                                           |                                                        | b                                                                                                                                  | Less rental expenses                                                                      |                                                    |                                         |                                                                     |         |
|                                                           |                                                        | c                                                                                                                                  | Rental income or (loss)                                                                   |                                                    |                                         |                                                                     |         |
|                                                           |                                                        | d                                                                                                                                  | Net rental income or (loss) . . . . .                                                     |                                                    |                                         |                                                                     |         |
| 7a                                                        |                                                        | Gross amount from sales of assets other than inventory                                                                             | (i) Securities                                                                            | (ii) Other                                         |                                         |                                                                     |         |
|                                                           |                                                        | b                                                                                                                                  | Less cost or other basis and sales expenses                                               |                                                    |                                         |                                                                     |         |
|                                                           |                                                        | c                                                                                                                                  | Gain or (loss)                                                                            |                                                    |                                         |                                                                     |         |
|                                                           |                                                        | d                                                                                                                                  | Net gain or (loss) . . . . .                                                              |                                                    | 47,106                                  |                                                                     | 47,106  |
| 8a                                                        |                                                        | Gross income from fundraising events (not including \$ 68,041 of contributions reported on line 1c) See Part IV, line 18 . . . . . |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           |                                                        | a                                                                                                                                  | 20,400                                                                                    |                                                    |                                         |                                                                     |         |
|                                                           |                                                        | b                                                                                                                                  | Less direct expenses . . . . .                                                            | b                                                  | 34,591                                  |                                                                     |         |
| c                                                         |                                                        | Net income or (loss) from fundraising events . . . . .                                                                             |                                                                                           | -14,191                                            |                                         | -14,191                                                             |         |
| 9a                                                        |                                                        | Gross income from gaming activities See Part IV, line 19 . . . . .                                                                 |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           |                                                        | a                                                                                                                                  |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           |                                                        | b                                                                                                                                  | Less direct expenses . . . . .                                                            | b                                                  |                                         |                                                                     |         |
| c                                                         |                                                        | Net income or (loss) from gaming activities . . . . .                                                                              |                                                                                           |                                                    |                                         |                                                                     |         |
| 10a                                                       |                                                        | Gross sales of inventory, less returns and allowances . . . . .                                                                    |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           | a                                                      |                                                                                                                                    |                                                                                           |                                                    |                                         |                                                                     |         |
|                                                           | b                                                      | Less cost of goods sold . . . . .                                                                                                  | b                                                                                         |                                                    |                                         |                                                                     |         |
| c                                                         | Net income or (loss) from sales of inventory . . . . . |                                                                                                                                    |                                                                                           |                                                    |                                         |                                                                     |         |
| Miscellaneous Revenue                                     |                                                        | Business Code                                                                                                                      |                                                                                           |                                                    |                                         |                                                                     |         |
| 11a                                                       | OTHER INCOME                                           | 900099                                                                                                                             | 90,839                                                                                    | 90,839                                             |                                         |                                                                     |         |
| b                                                         |                                                        |                                                                                                                                    |                                                                                           |                                                    |                                         |                                                                     |         |
| c                                                         |                                                        |                                                                                                                                    |                                                                                           |                                                    |                                         |                                                                     |         |
| d                                                         | All other revenue . . . . .                            |                                                                                                                                    |                                                                                           |                                                    |                                         |                                                                     |         |
| e                                                         | Total. Add lines 11a-11d . . . . .                     |                                                                                                                                    | 90,839                                                                                    |                                                    |                                         |                                                                     |         |
| 12                                                        | Total revenue. See Instructions . . . . .              |                                                                                                                                    | 5,334,833                                                                                 | 3,126,528                                          | 0                                       | 158,671                                                             |         |

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).

Check if Schedule O contains a response or note to any line in this Part IX ☒

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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.                                                                                                                                                                      | 166,747               | 109,501                         | 31,120                                 | 26,126                      |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                 |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                                      | 2,780,717             | 2,050,222                       | 552,936                                | 177,559                     |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            | 74,578                | 46,470                          | 28,108                                 |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 293,874               | 200,409                         | 78,419                                 | 15,046                      |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 204,292               | 150,885                         | 42,582                                 | 10,825                      |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         | 21,700                |                                 | 21,700                                 |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    | 30,458                |                                 | 30,458                                 |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                                    | 110                   |                                 |                                        | 110                         |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     | 75,230                | 16,911                          | 34,540                                 | 23,779                      |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               | 459,542               | 336,274                         | 82,965                                 | 40,303                      |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        | 21,078                | 860                             | 4,102                                  | 16,116                      |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 226,952               | 177,468                         | 49,484                                 |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 153,087               | 146,699                         | 4,662                                  | 1,726                       |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 26,631                | 14,916                          | 8,380                                  | 3,335                       |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      | 50,182                | 20,064                          | 30,118                                 |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 300,440               | 212,537                         | 87,903                                 |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 82,953                | 72,848                          | 10,105                                 |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                              |                       |                                 |                                        |                             |
| a                                                                              | PROGRAM MEAL EXPENSE                                                                                                                                                                                                                           | 393,584               | 393,584                         |                                        |                             |
| b                                                                              | EMERGENCY RESPONSE SYST                                                                                                                                                                                                                        | 60,312                | 60,312                          |                                        |                             |
| c                                                                              | BANK AND PAYROLL FEES                                                                                                                                                                                                                          | 53,678                | 50                              | 53,628                                 |                             |
| d                                                                              | OTHER EXPENSES                                                                                                                                                                                                                                 | 47,655                | 33,017                          | 10,936                                 | 3,702                       |
| e                                                                              | All other expenses                                                                                                                                                                                                                             | 23,552                | 152                             | 47,038                                 | -23,638                     |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 5,547,352             | 4,043,179                       | 1,209,184                              | 294,989                     |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |              | (A)               |     | (B)         |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|-----|-------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |              | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |              | 328,160           | 1   | 249,391     |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |              | 208,974           | 2   | 65,573      |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |              | 491,431           | 3   | 192,893     |
|                             | 4                                                                                                                                                   | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |              | 1,030,934         | 4   | 1,340,889   |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |              |                   | 5   |             |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |              |                   | 6   |             |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |              | 10,909            | 7   | 0           |
|                             | 8                                                                                                                                                   | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |              |                   | 8   |             |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |              | 30,803            | 9   | 22,231      |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a9,883,935 |                   |     |             |
|                             | b                                                                                                                                                   | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b2,207,073 | 7,970,126         | 10c | 7,676,862   |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |              | 3,218,974         | 11  | 3,013,357   |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |              |                   | 12  |             |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |              |                   | 13  |             |
|                             | 14                                                                                                                                                  | Intangible assets                                                                                                                                                                                                                                                                                                            |              |                   | 14  |             |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |              | 11,377            | 15  | 11,377      |
|                             | 16                                                                                                                                                  | Total assets. Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                                    |              | 13,301,688        | 16  | 12,572,573  |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |              | 309,077           | 17  | 312,863     |
|                             | 18                                                                                                                                                  | Grants payable                                                                                                                                                                                                                                                                                                               |              |                   | 18  |             |
|                             | 19                                                                                                                                                  | Deferred revenue                                                                                                                                                                                                                                                                                                             |              | 98,743            | 19  | 28,020      |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |              |                   | 20  |             |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |              |                   | 21  |             |
|                             | 22                                                                                                                                                  | Loans and other 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                                                                                                                                                                                                                                                               |              | 2,045,449         | 23  | 1,568,868   |
|                             | 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                                                                                                                                                         |              | 91,998            | 25  | 103,218     |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25                                                                                                                                                                                                                                                                                   |              | 2,545,267         | 26  | 2,012,969   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                              |              |                   |     |             |
|                             | 27                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |              | 7,002,977         | 27  | 7,338,114   |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |              | 1,006,340         | 28  | 474,386     |
|                             | 29                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |              | 2,747,104         | 29  | 2,747,104   |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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                                                                                                                                                                                                                                                                                            |              | 10,756,421        | 33  | 10,559,604  |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                               |              | 13,301,688        | 34  | 12,572,573  |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

|    |                                                                                                               |    |            |
|----|---------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1  | 5,334,833  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 5,547,352  |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | -212,519   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 10,756,421 |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  | 19,604     |
| 6  | Donated services and use of facilities                                                                        | 6  |            |
| 7  | Investment expenses                                                                                           | 7  |            |
| 8  | Prior period adjustments                                                                                      | 8  | -3,902     |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                          | 9  | 0          |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 10,559,604 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | If "Yes," to line 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                 |     | No |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     |     |    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009  | (b) 2010  | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total  |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                                                   | 1,167,926 | 5,134,612 | 3,103,073 | 2,535,554 | 2,049,634 | 13,990,799 |
| 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 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 1,167,926 | 5,134,612 | 3,103,073 | 2,535,554 | 2,049,634 | 13,990,799 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |           |           |           |           |           | 3,106,358  |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |           |           |           |           |           | 10,884,441 |

| Section B. Total Support                      |                                                                                                                                                                                                          |           |           |           |           |           |            |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ |                                                                                                                                                                                                          | (a) 2009  | (b) 2010  | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total  |
| 7                                             | Amounts from line 4                                                                                                                                                                                      | 1,167,926 | 5,134,612 | 3,103,073 | 2,535,554 | 2,049,634 | 13,990,799 |
| 8                                             | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                           | 45,165    | 32,062    | 172,083   | 175,611   | 125,756   | 550,677    |
| 9                                             | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                       |           |           |           |           |           |            |
| 10                                            | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                                           | 33,124    | 132,570   | 99,551    | 35,722    | 20,400    | 321,367    |
| 11                                            | Total support (Add lines 7 through 10)                                                                                                                                                                   |           |           |           |           |           | 14,862,843 |
| 12                                            | Gross receipts from related activities, etc (see instructions)                                                                                                                                           |           |           |           |           | 12        | 12,771,821 |
| 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 . . . . . <input type="checkbox"/> |           |           |           |           |           |            |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                         |    |          |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                                                  | Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                  | 14 | 73 230 % |
| 15                                                  | Public support percentage for 2012 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                         | 15 | 69 220 % |
| 16a                                                 | <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                            |    |          |
| b                                                   | <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                       |    |          |
| 17a                                                 | <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      |    |          |
| b                                                   | <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |    |          |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                               |    |          |

Part IIISupport Schedule for Organizations Described in Section 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                      |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                    |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                             |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                         |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                          |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test                              |                                |
|-----------------------------------------------------------|--------------------------------|
|                                                           |                                |
| Return Reference                                          | Explanation                    |
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | MISC INCOME FUNDRAISING EVENTS |

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

**Name of the organization**  
SUN CITY AREA INTERFAITH SERVICES INC

**Employer identification number**  
86-0404687

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

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year)                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year)                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII
- ☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 2,898,240       | 2,780,058     | 2,735,327           | 207,694             | 1,771,450          |
| b Contributions . . . . .                                  |                 |               | 193,258             | 2,386,152           | 39,682             |
| c Net investment earnings, gains, and losses               | 112,784         | 118,182       | -108,527            | 141,481             | 96,838             |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 59,000          |               | 40,000              |                     | 1,687,277          |
| f Administrative expenses . . . . .                        |                 |               |                     |                     | 12,999             |
| g End of year balance . . . . .                            | 2,952,024       | 2,898,240     | 2,780,058           | 2,735,327           | 207,694            |

- 2
- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment ▶

0 %

b

Permanent endowment ▶

93 060 %

c

Temporarily restricted endowment ▶

6 940 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No
- 4
- Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                      | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                            |                                      | 844,343                        |                              | 844,343        |
| b Buildings . . . . .                                                                                        |                                      | 7,861,281                      | 1,345,479                    | 6,515,802      |
| c Leasehold improvements . . . . .                                                                           |                                      | 153,787                        | 114,218                      | 39,569         |
| d Equipment . . . . .                                                                                        |                                      | 820,097                        | 593,250                      | 226,847        |
| e Other . . . . .                                                                                            |                                      | 204,427                        | 154,126                      | 50,301         |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                              | 7,676,862      |



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                          |    |    |  |
|---|------------------------------------------------------------------------------------------|----|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |    |  |
| a | Net unrealized gains on investments . . . . .                                            | 2a |    |  |
| b | Donated services and use of facilities . . . . .                                         | 2b |    |  |
| c | Recoveries of prior year grants . . . . .                                                | 2c |    |  |
| d | Other (Describe in Part XIII ) . . . . .                                                 | 2d |    |  |
| e | Add lines 2a through 2d . . . . .                                                        |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                   |    | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                      |    |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a |    |  |
| b | Other (Describe in Part XIII ) . . . . .                                                 | 4b |    |  |
| c | Add lines 4a and 4b . . . . .                                                            |    | 4c |  |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . |    | 5  |  |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                           |    |    |  |
|---|-------------------------------------------------------------------------------------------|----|----|--|
| 1 | Total expenses and losses per audited financial statements . . . . .                      |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |    |  |
| a | Donated services and use of facilities . . . . .                                          | 2a |    |  |
| b | Prior year adjustments . . . . .                                                          | 2b |    |  |
| c | Other losses . . . . .                                                                    | 2c |    |  |
| d | Other (Describe in Part XIII ) . . . . .                                                  | 2d |    |  |
| e | Add lines 2a through 2d . . . . .                                                         |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                    |    | 3  |  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |    |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |    |  |
| b | Other (Describe in Part XIII ) . . . . .                                                  | 4b |    |  |
| c | Add lines 4a and 4b . . . . .                                                             |    | 4c |  |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . |    | 5  |  |

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1

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

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

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

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                                         |               |                                                                |    |                                   |                                                                  |                                                   |

- 3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1<br>BENEVILLA ON BROADWAY<br>(event type)                   | (b) Event #2<br>FESTIVAL OF CHEER<br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col (a) through col (c)) |
|-----------------|----|-------------------------------------------------------------------------|---------------------------------------------------|------------------------------------|---------------------------------------------------|
|                 |    |                                                                         |                                                   |                                    |                                                   |
| Revenue         | 1  | Gross receipts . . . .                                                  | 66,491                                            | 21,950                             | 88,441                                            |
|                 | 2  | Less Contributions . .                                                  | 50,041                                            | 18,000                             | 68,041                                            |
|                 | 3  | Gross income (line 1 minus line 2) . . . .                              | 16,450                                            | 3,950                              | 20,400                                            |
| Direct Expenses | 4  | Cash prizes . . . .                                                     |                                                   |                                    |                                                   |
|                 | 5  | Noncash prizes . .                                                      |                                                   |                                    |                                                   |
|                 | 6  | Rent/facility costs . .                                                 | 5,216                                             |                                    | 5,216                                             |
|                 | 7  | Food and beverages .                                                    | 12,978                                            |                                    | 12,978                                            |
|                 | 8  | Entertainment . . . .                                                   | 2,600                                             | 4,695                              | 7,295                                             |
|                 | 9  | Other direct expenses .                                                 | 5,397                                             | 3,705                              | 9,102                                             |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                                   |                                    |                                                   |
|                 | 11 | Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                                   |                                    |                                                   |

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

|                 |   | (a) Bingo                                                                     | (b) Pull tabs/Instant<br>bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|---|-------------------------------------------------------------------------------|--------------------------------------------------|------------------|---------------------------------------------------|
|                 |   |                                                                               |                                                  |                  |                                                   |
| Revenue         | 1 | Gross revenue . . . .                                                         |                                                  |                  |                                                   |
| Direct Expenses | 2 | Cash prizes . . . .                                                           |                                                  |                  |                                                   |
|                 | 3 | Non-cash prizes . . . .                                                       |                                                  |                  |                                                   |
|                 | 4 | Rent/facility costs . . . .                                                   |                                                  |                  |                                                   |
|                 | 5 | Other direct expenses . . . .                                                 |                                                  |                  |                                                   |
|                 | 6 | Volunteer labor . . . .                                                       | Yes %<br>No                                      | Yes %<br>No      | Yes %<br>No                                       |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                  |                  |                                                   |
|                 | 8 | Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                  |                  |                                                   |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

**13** Indicate the percentage of gaming activity operated in

|                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

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

**c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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.

➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

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

990 Schedule O, Supplemental Information

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART III, LINE 3             | CHILD CARE STARTING AGE CHANGED FROM 6 WEEKS TO 12 MONTHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| FORM 990, PART VI, SECTION B, LINE 11  | FORM 990 WAS COMPLETED BY THE ORGANIZATION'S CPA AUDIT FIRM AND REVIEWED BY THE PRESIDENT/ CEO, FINANCE COMMITTEE, AND BOARD OF DIRECTORS BEFORE FILING THE 990 RETURN IT IS APPROVE D IN ENTIRETY AS PART OF THE BOARD'S DUTIES IN APPROVING ITS ANNUAL REPORT TO THE STATE OF ARIZONA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FORM 990, PART VI, SECTION B, LINE 12C | ALL NEW MEMBERS TO THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST AND CODE OF ETHICS S TATEMENT AT BOARD ORIENTATION EACH YEAR THEREAFTER, ALL MEMBERS ARE ASKED TO RE-SIGN THE CONFLICT OF INTEREST STATEMENT AND CODE OF ETHICS ALL NEW BOARD MEMEBERS ATTEND AN ORIENT ATION SESSION AT WHICH TIME THIS POLICY IS DISCUSSED SO AWARENESS IS CREATED AT THE ONSET DURING BOARD MEETINGS, THE QUESTION AS TO IF ANY CONFLICTS EXIST IS RAISED AND MEMBERS AB STAIN FROM VOTING WHERE THERE IS ANY CONFLICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FORM 990, PART VI, SECTION B, LINE 15A | THE PRESIDENT/CEO'S COMPENSATION IS BASED ON THE ANNUAL SURVEY OF BOARD MEMBERS AND GOALS SET BY THE BOARD THE EVALUATION IS REVIEWED BY THE CHAIR OF THE BOARD AND EXECUTIVE COMMI TTEE THEY REVIEW ALL SURVEY RESPONSES AND REVIEW THE OUTCOME OF GOALS THAT WERE PREVIOUSL Y SET, AND THEN DETERMINE THE PRESIDENT/CEO SALARY AND NEW GOALS FOR THE UPCOMING YEAR TH E COMPENSATION IS ALSO BASED UPON LOCAL MARKET DATA EACH NEW EMPLOYEE OF THE ORGANIZATION RECEIVES AN EVALUATION AT THE END OF (3) MONTHS, (6) MONTHS, AND AN ANNUAL REVIEW THE AN NUAL REVIEW CONSISTS OF A SELF APPRAISAL FORM GIVEN TO THE EMPLOYEE, REVIEW OF CURRENT JOB DESCRIPTION, COLLECTION OF APPROPRIATE DOCUMENTS (TRAINING, CODE OF ETHICS, CONFIDENTIALI TY, CONFLICT OF INTEREST, DISCIPLINARY, POSITIVE AND NEGATIVE REPORTS, GOALS OBTAINED), AN D EMPLOYEE PERFORMANCE PLAN A SCORING SCALE IS USED TO CALCULATE EACH AREA OF PERFORMANCE AND PREDETERMINED WEIGHTS A MEETING IS HELD WITH THE EMPLOYEE TO FINALIZE AND OBTAIN FEE DBACK FROM THE REVIEW AN ANNUAL MARKET SURVEY IS ALSO OBTAINED BY HUMAN RESOURCES TO COMP ARE COMPENSATION PRESIDENT'S EVALUATION IS COMPLETED BY ALL BOARD MEMBERS AND COMPILED BY THE CHAIR |
| FORM 990, PART VI, SECTION C, LINE 19  | SUN CITY AREA INTERFAITH SERVICES' GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND F INANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND IN THE ORGANIZATION'S ANNUAL REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| FORM 990, PART IX, LINE 24E            | BAD DEBT EXPENSE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 44,458 FUND RAISING EXPENSES 0 TOTAL EXPENSES 44,458 EVENT EXPENSES PROGRAM SERVICE EXPENSES 152 M ANAGEMENT AND GENERAL EXPENSES 225 FUNDRAISING EXPENSES 13,308 TOTAL EXPENSES 13,685 FU NDRAISING EVENT DIRECT EXPENSE RECLASS PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES -34,591 TOTAL EXPENSES -34,591                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FORM 990, PAGE 12, PART XII, LINE 2C   | THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT PROCESS OR THE SELECTION PROCESS DURING THE TAX YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
SUN CITY AREA INTERFAITH SERVICES INC

Employer identification number  
86-0404687

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                                          |                                                  |                     |                           |                                          |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------|---------------------|---------------------------|------------------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity                  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity         |
| (1) ICC CHILD CARE LLC DBA WIRTZIE'S CHILD DEVELOPMENT CENTER<br>16752 N GREASEWOOD STREET<br>SURPRISE, AZ 85374         | CHILD CARE PLUS<br>PRESCHOOL TO 5YRS OLD | AZ                                               | 372,835             | 110,515                   | SUN CITY AREA INTERFAITH<br>SERVICES INC |
|                                                                                                                          |                                          |                                                  |                     |                           |                                          |
|                                                                                                                          |                                          |                                                  |                     |                           |                                          |
|                                                                                                                          |                                          |                                                  |                     |                           |                                          |
|                                                                                                                          |                                          |                                                  |                     |                           |                                          |
|                                                                                                                          |                                          |                                                  |                     |                           |                                          |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |                                                  |                            |                                                     |                                  |                                              |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization                                             | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity   | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|---------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                      |                         |                                                           |                                       |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) ICC BISTRO AND CATERING INC<br><br>16752 N GREASEWOOD STREET<br>SURPRISE, AZ 85378<br>26-4705602 | RESTAURANT              | AZ                                                        | SUN CITY AREA INTERFAITH SERVICES INC | C                                                      | 162,687                         | 61,875                                    | 100 000 %                      | Yes                                                    |    |
|                                                                                                      |                         |                                                           |                                       |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                      |                         |                                                           |                                       |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                      |                         |                                                           |                                       |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                      |                         |                                                           |                                       |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                      |                         |                                                           |                                       |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                      |                         |                                                           |                                       |                                                        |                                 |                                           |                                |                                                        |    |

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) ICC BISTRO AND CATERING INC     | D                             | 116,905                | COST                                         |
| (2) ICC BISTRO AND CATERING INC     | N                             | 198,304                | COST                                         |
| (3) ICC BISTRO AND CATERING INC     | O                             | 322,956                | COST                                         |
| (4) ICC BISTRO AND CATERING INC     | P                             | 431,448                | COST                                         |
| (5) ICC BISTRO AND CATERING INC     | Q                             | 279,888                | COST                                         |
| (6) ICC BISTRO AND CATERING INC     | S                             | 280,906                | COST                                         |

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

Software ID:

Software Version:

EIN: 86-0404687

Name: SUN CITY AREA INTERFAITH SERVICES INC

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining<br>amount involved |
|-----------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| ICC BISTRO AND CATERING INC       | D                               | 116,905                | COST                                            |
| ICC BISTRO AND CATERING INC       | N                               | 198,304                | COST                                            |
| ICC BISTRO AND CATERING INC       | O                               | 322,956                | COST                                            |
| ICC BISTRO AND CATERING INC       | P                               | 431,448                | COST                                            |
| ICC BISTRO AND CATERING INC       | Q                               | 279,888                | COST                                            |
| ICC BISTRO AND CATERING INC       | S                               | 280,906                | COST                                            |