

Return of Organization Exempt From Income Tax

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

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

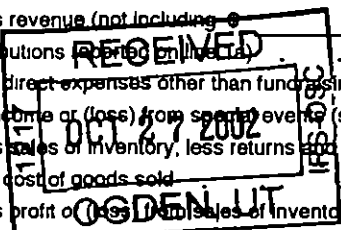
The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section including: A For the 2001 calendar year, or tax year beginning 07-01, 2001, and ending 06-30, 2002; B Check if applicable; C Name of organization SUNBEAM FAMILY SERVICES, INC; D Employer identification number 73-0590119; E Telephone number (405) 528-7721; F Accounting method; G Web site; J Organization type; K Check here; L Gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for contributions (1a-1c), program service revenue (2), membership dues (3), interest on savings (4), dividends (5), gross rents (6a-6c), sales of assets (8a-8c), special events (9a-9c), and inventory (10a-10c). Total revenue (12) is 2,611,158 and total expenses (17) is 2,517,492.

SCANNED NOV 4 2002



Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23	626,350	626,350	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	1,070,543	852,845	217,698
27	Pension plan contributions	27	54,764	43,811	10,953
28	Other employee benefits	28	152,031	120,721	31,310
29	Payroll taxes	29	81,897	65,243	16,654
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	11,678	10,804	874
34	Telephone	34	73,897	49,742	24,155
35	Postage and shipping	35	20,229	12,541	7,688
36	Occupancy	36	37,651	35,367	2,284
37	Equipment rental and maintenance	37	5,873	5,873	
38	Printing and publications	38	25,534	21,453	4,081
39	Travel	39	102,470	92,822	9,648
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	44,226		44,226
43	Other expenses not covered above (itemize) a INSURANCE	43a	22,382	22,382	
	b PROFESSIONAL FEES	43b	114,955	113,593	1,362
	c REPAIR AND MAINTENANCE	43c	31,052	18,666	12,386
	d MISCELLANEOUS	43d	28,191	19,217	8,974
	e BAD DEBT EXPENSE	43e	13,769	13,769	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15.	44	2,517,492	2,125,199	392,293

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? FOSTER/STRENGTHEN FAMILY LIFE	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a FOSTER/STRENGTHEN FAMILY LIFE AND TO DEVELOP THE CAPACITIES OF INDIVIDUAL ADULTS, CHILDREN, & FAMILY GROUPS TOWARD A SATISFYING SOCIALLY USEFUL LIFE (Grants and allocations \$ _____)	2,125,199
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,125,199

Part IV Balance Sheets (See Specific Instructions on page 24)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	45 Cash - non-interest-bearing	10,218	45	250,242	
	46 Savings and temporary cash investments	456,682	46	295,792	
	47 a Accounts receivable	47a 30,143			
	b Less allowance for doubtful accounts	47b 5,000	83,529	47c	25,143
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable	49,208	49	119,688	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	9,552	53	11,612	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55 a Investments - land, buildings, and equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c	
	56 Investments - other (attach schedule)		56		
	57 a Land, buildings, and equipment basis	57a 1,242,522			
	b Less accumulated depreciation (attach schedule)	57b 961,159	253,740	57c	281,363
	58 Other assets (describe _____)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		862,929	59	983,840	
L i a b i l i t i e s	60 Accounts payable and accrued expenses	140,518	60	167,763	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe _____)		65		
66 Total liabilities (add lines 60 through 65)		140,518	66	167,763	
N e t A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	529,724	67	676,576	
	68 Temporarily restricted	192,687	68	139,501	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	722,411	73	816,077	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	862,929	74	983,840	

Form 990 is available for public inspection and, for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization FOUNDATION FOR SUNBEAM FAMILY SERVICES, INC and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		
90a	List the states with which a copy of this return is filed ▶ OKLAHOMA		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	39
91	The books are in care of ▶ SUNBEAM FAMILY SERVICES Telephone no ▶ 405-528-7721 Located at ▶ 616 NW 21ST, OKLAHOMA CITY, OK ZIP + 4 ▶ 73103		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a CLIENT FEES					204,585
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	12,537	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	10,681	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	(2,069)	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISC			1	10,293	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				31,442	204,585
105 Total (add line 104, columns (B), (D), and (E))					236,027

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	FEES PAID BY CLIENTS FOR COUNSELING & DAYCARE SERVICES THAT ARE USED FOR THE PAYMENT OF AGENCY EXPENSES NOT COVERED BY CONTRIBUTIONS OR GOVERNMENT GRANTS


Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please  Date 10-21-02

Board President

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Supplementary Information – (See separate instructions.)

SUNBEAM FAMILY SERVICES, INC

Employer identification number

73-0590119

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RAY BITSCHÉ OKLAHOMA CITY, OK	EXEC DIR 40	84,683	4,022	
BILLY RAY OKLAHOMA CITY, OK	DIR CLIN SVC 40	50,904	2,036	
Total number of other employees paid over \$50,000	2			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,352,602	1,877,242	2,021,551	2,615,699	8,867,094
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	114,221	102,537	95,931	113,613	426,302
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	37,794	107,812	30,173	114,520	290,299
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	20,650	(1,347)			19,303
23 Total of lines 15 through 22	2,525,267	2,086,244	2,147,655	2,843,832	9,602,998
24 Line 23 minus line 17	2,411,046	1,983,707	2,051,724	2,730,219	9,176,696
25 Enter 1% of line 23	25,253	20,862	21,477	28,438	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 183,534
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 9,176,696
d Add Amounts from column (e) for lines 18 290,299 19 _____ 22 19,303 26b _____					26d 309,602
e Public support (line 26c minus line 26d total)					26e 8,867,094
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.63%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year (2000) _____ (1999) _____ (1998) _____ (1997) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2000) _____ (1999) _____ (1998) _____ (1997) _____ c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add Line 27a total and line 27b total					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

(A) NAME & ADDRESS	(B) TITLE & AVG HRS/WEEK	(C) COMPENSATION	(C) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	(E) EXPENSE ACCOUNT ALLOWANCE
LYN ADAMS OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
CATHY BLEVINS OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
RACHEL BOGGESS OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
CHER A BUMPS OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
CHARLOTTE COOPER OKLAHOMA CITY, OK	TREASURER 2	0 00	0 00	0 00
KEVIN CORBETT OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
DOUGLAS EASON OKLAHOMA CITY, OK	SECRETARY 2	0 00	0 00	0 00
PATRICIA GALLAGHER OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
WARREN GARDNER OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
LARRY HAWKNIS OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
BOBBY KNAPP OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
MICHAEL MAGER OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
EVELYN MCCOY OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
STEWART MEYERS, JR OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
BRANNON L MOONEY OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
J OSCAR RAMIREZ OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
CYNTHIA REED OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
SUSAN ROBERTSON OKLAHOMA CITY, OK	VICE PRESIDENT 2	0 00	0 00	0 00
KIMBERLY ROOT OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
ROBERT J ROSS OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
JEFF SIMPSEN OKLAHOMA CITY, OK	PRESIDENT 2	0 00	0 00	0 00
CARA SMITH OKLAHOMA CITY OK	MEMBER 1	0 00	0 00	0 00
MARY TEVINGTON OKLAHOMA CITY OK	MEMBER 1	0 00	0 00	0 00
CHRISTY ZELLY OKLAHOMA CITY, OK	MEMBER 1	0 00	0 00	0 00
RAY E BITSCHER JR OKLAHOMA CITY OK	EXEC DIRECTOR 40	84,683 00	4,022 00	0 00
BILLY RAY OKLAHOMA CITY OK	COUNSELING DIR 40	50,904 00	2,036 00	0 00
TOTALS INCLUDED ON FORM 990, PART V		135,587 00	6 058 00	0 00