

Return of Organization Exempt From Income Tax

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

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

A For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **SUNBEAM FAMILY SERVICES, INC.**
 Number and street (or P O box if mail is not delivered to street address) Room/suite:
P.O. BOX 61237
 City or town, state or country, and ZIP + 4:
OKLAHOMA CITY OK 73146-1237

D Employer identification no.: **73-0590119**

E Telephone number: **405-528-7721**

F Accounting method: Cash Accrual Other (specify)

G Website: **WWW.SUNBEAMFAMILYSERVICES.ORG**

J Organization type (check only one): 501(c) (3) < (insert no.) 4947(a)(1) or 527

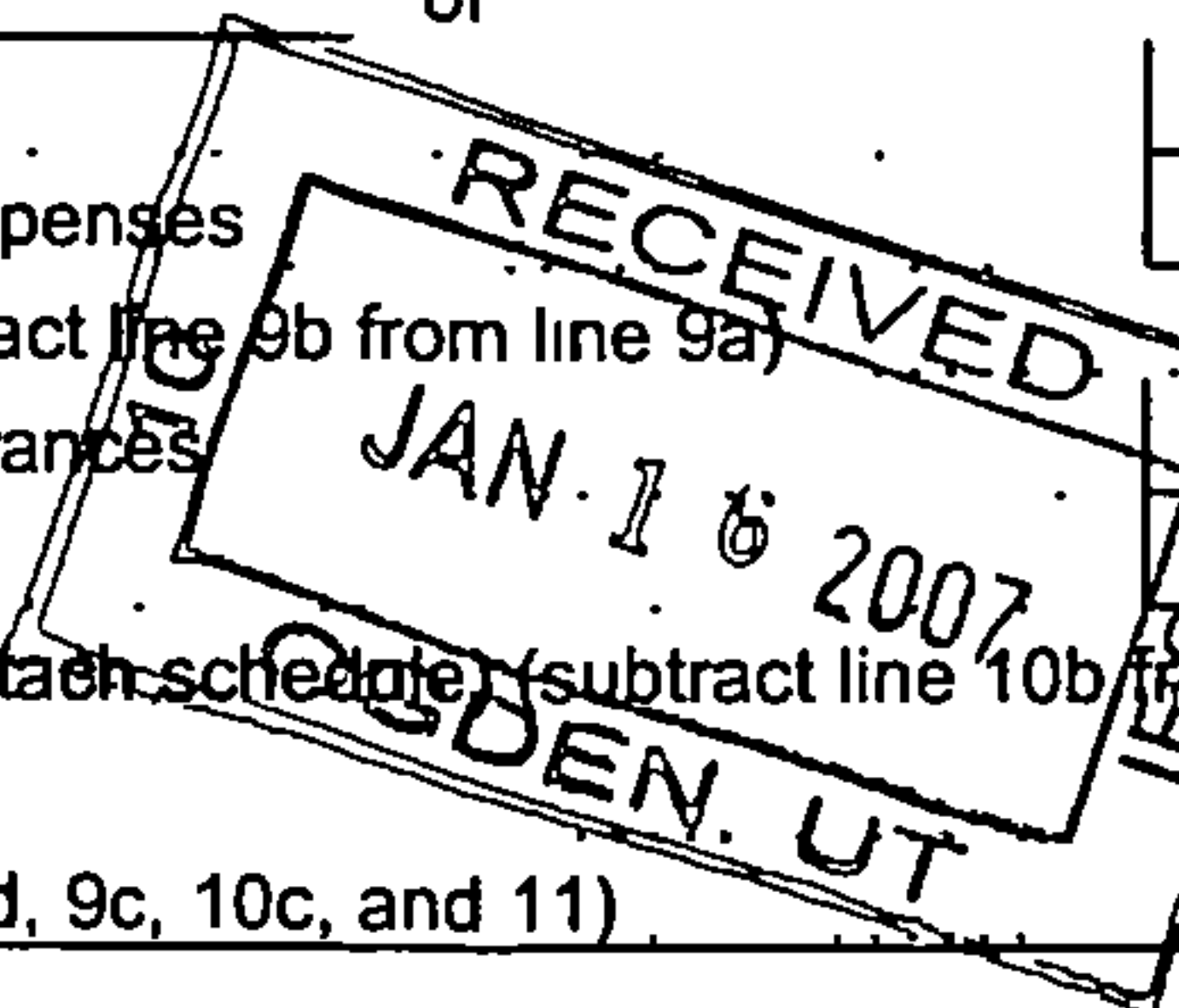
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **5,653,708**

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates:
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number:
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support	1a 132,365
	b	Indirect public support	1b 1,804,830
	c	Government contributions (grants)	1c 3,546,531
	d	Total (add lines 1a through 1c) (cash \$ <u>5,470,945</u> noncash \$ <u>12,781</u>)	1d 5,483,726
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 107,703
	3	Membership dues and assessments	3
	4	Interest on savings and temporary cash investments	4
	5	Dividends and interest from securities	5 49,033
	6a	Gross rents	6a 13,246
	b	Less: rental expenses	6b
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c 13,246
	7	Other investment income (describe)	7
	8a	Gross amount from sales of assets other than inventory	
(A) Securities		(B) Other	
8a		8a	
8b		8b	
b	Less: cost or other basis and sales expenses	8b	
c	Gain or (loss) (attach schedule)	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 5,653,708	
Expenses	13	Program services (from line 44, column (B))	13 4,909,124
	14	Management and general (from line 44, column (C))	14 494,317
	15	Fundraising (from line 44, column (D))	15
	16	Payments to affiliates (attach schedule)	16
	17	Total expenses (add lines 16 and 44, column (A))	17 5,403,441
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 250,267
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 908,529
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20 22,022
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 1,180,818

Revenue SCANNED JAN 24 2007



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 the instructions)

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 \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	98,654	84,811	13,843	
26 Other salaries and wages	26	1,843,259	1,584,606	258,653	
27 Pension plan contributions	27	64,519	53,296	11,223	
28 Other employee benefits	28	255,130	210,726	44,404	
29 Payroll taxes	29	173,408	150,734	22,674	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	37,721	30,413	7,308	
34 Telephone	34	33,594	30,954	2,640	
35 Postage and shipping	35				
36 Occupancy	36	110,337	102,057	8,280	
37 Equipment rental and maintenance	37	10,522	9,365	1,157	
38 Printing and publications	38	20,736	17,910	2,826	
39 Travel	39	47,804	45,989	1,815	
40 Conferences, conventions, and meetings	40	96,923	94,953	1,970	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	62,824	42,877	19,947	
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 2	43a	2,548,010	2,450,433	97,577	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,403,441	4,909,124	494,317	0

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 the instructions.)

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.

What is the organization's primary exempt purpose?

▶ **SEE ATTACHED DETAIL.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

<p>a INDIVIDUAL, FAMILY AND GROUP COUNSELING FOR PEOPLE WITH DIFFICULT EMOTIONAL ISSUES AT ALL STAGES OF LIFE. SEE ATTACHED DETAIL.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>435,537</p>
<p>b SPECIALIZED EARLY CHILDHOOD CARE AND EDUCATION FOR CHILDREN BIRTH TO AGE 5. SEE ATTACHED DETAIL.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>1,870,412</p>
<p>c FOSTER CARE AND GUARDIANSHIP FOR ABUSED AND NEGLECTED CHILDREN. SEE ATTACHED DETAIL.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>1,633,371</p>
<p>d AT HOME SUPPORT, CARE AND EDUCATION FOR SENIOR CITIZENS AND THEIR FAMILIES. SEE ATTACHED DETAIL.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>969,804</p>
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>4,909,124</p>
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	<p>4,909,124</p>

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing	400,518	45	583,709
	46 Savings and temporary cash investments	326,180	46	607,344
	47a Accounts receivable	91,759		
	b Less: allowance for doubtful accounts	10,000	15,347	47c 81,759
	48a Pledges receivable			
	b Less: allowance for doubtful accounts			48c
	49 Grants receivable	135,757	49	203,335
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	28,760	53	43,649
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54
	55a Investments-land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)			55c
56 Investments-other (attach schedule)	SEE STMT 3		56 11,004	
57a Land, buildings, and equipment: basis	326,397			
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 4		376,627	57c 326,397	
58 Other assets (describe)			58	
59 Total assets (must equal line 74). Add lines 45 through 58.	1,283,189	59	1,857,197	
Liabilities	60 Accounts payable and accrued expenses	374,660	60	273,885
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe SEE STATEMENT 5)		65	402,494
66 Total liabilities. Add lines 60 through 65	374,660	66	676,379	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	760,920	67	1,103,595
	68 Temporarily restricted	147,609	68	77,223
	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)	908,529	73	1,180,818
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	1,283,189	74	1,857,197	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	5,653,708
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	5,653,708
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	5,653,708

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	5,403,441
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	5,403,441
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	5,403,441

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RAY BITSCH JR. OKLAHOMA CITY OK SEE ATTACHED	EXEC. DIR. 40+	98,654	6,906	0
	0	0	0	0

Part VI Other Information (continued)

		Yes	No
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?	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.)		
	SEE STMT 6 82b 410,598		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	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?		
	N/A		
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?		
	N/A		
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		X
88			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
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		X
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		83
	90b		
91a	The books are in care of ORGANIZATION 616 NW 21ST ST. Located at OKLAHOMA CITY, OK		
	Telephone no. 405-528-7721		
	ZIP + 4 73146		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
	91c		
c	If "Yes," enter the name of the foreign country		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CLIENT FEES					107,703
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					
96 Dividends and interest from securities			14	49,033	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	13,246	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		62,279	107,703
105 Total (add line 104, columns (B), (D), and (E))					169,982

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 the instructions.)

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 AND DAYCARE, USED TO
93A	SUPPLEMENT GOVERNMENT AND PUBLIC FUNDING OF THESE PROGRAMS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (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 Sign Here

Signature of officer: *Ray Bitsche Jr.* Date: 11/15/07

RAY BITSCH JR. EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: *David R. Bracy* Date: DEC 27 2006

Check if employed:

Preparer's SSN or PTIN (See Gen Instr W)

Firm's name (or yours if self-employed), address, and ZIP + 4: LUTON & CO., PLLC, 201 NW 63RD ST STE 100, OKLAHOMA CITY, OK 73116

EIN: Phone no: 405-848-7313

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

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) Comp	(d) Contnb to empl ben plans & deferred comp	(e) Expense account & other allowances
CAROL GOODE	FOSTER CARE DIRECTOR 40	55,375	3,876	0
SUE MORRISON	CFO 40	52,597	3,682	0
TERRY WOODLAND	COUNSELING DIRECTOR 40	52,420	3,670	0
Total number of other employees paid over \$50,000 ▶		0		

Part II-A 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
ACELERO LEARNING	CONSULTING	80,000
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2005

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	
SEE STATEMENT 7			
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,366,377	3,307,636	2,808,359	2,375,131	12,857,503	
16 Membership fees received					0	
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	165,474	175,503	239,281	204,585	784,843	
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	25,768	32,780	31,021	23,218	112,787	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
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.					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 8	38,634	45,991	53,068	10,293	147,986	
23 Total of lines 15 through 22	4,596,253	3,561,910	3,131,729	2,613,227	13,903,119	
24 Line 23 minus line 17	4,430,779	3,386,407	2,892,448	2,408,642	13,118,276	
25 Enter 1% of line 23	45,963	35,619	31,317	26,132		
26 Organizations described on lines 10 or 11:						
a Enter 2% of amount in column (e), line 24					26a 262,366	
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 2001 through 2004 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 13,118,276	
d Add: Amounts from column (e) for lines:	18 112,787	19	22 147,986	26b	26d 260,773	
e Public support (line 26c minus line 26d total)					26e 12,857,503	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.0121%	
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:	(2004)	(2003)	(2002)	(2001)	N/A	
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 11b, 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:	(2004)	(2003)	(2002)	(2001)	N/A	
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 from 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 2001 through 2004, 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.						

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount. Enter the amount from the following table-	41													
<table border="0"> <tr> <td style="padding-right: 40px;">If the amount on line 40 is-</td> <td>The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is-	The lobbying nontaxable amount is-													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines through c h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines through c h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

990 PART III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

The mission of Sunbeam Family Services, Inc. is to provide quality affordable social services to the poor and working poor which result in improved individual and family functioning.

All of Sunbeam's services are available on a sliding scale basis or free of charge and are administered through one of the following programs and services:

INDIVIDUAL, FAMILY AND GROUP COUNSELING FOR PEOPLE WITH DIFFICULT EMOTIONAL ISSUES AT ALL STAGES OF LIFE;

SPECIALIZED EARLY CHILDHOOD CARE AND EDUCATION FOR CHILDREN BIRTH TO AGE 5;

FOSTER CARE AND GUARDIANSHIP FOR ABUSED AND NEGLECTED CHILDREN; AND

AT HOME SUPPORT, CARE AND EDUCATION FOR SENIOR CITIZENS AND THEIR FAMILIES.

a. The Counseling Program served 3,688 clients. Adult clients participating in more than six sessions achieved a 9.3 improvement in their Global Assessment of Functioning score. Children seen on school campuses achieved a 12.5% improvement in academic functioning.

b. Specialized Early Childhood Care and Education Services were provided to 160 children birth to five and their families either at the Sunbeam Child Development Center or at Sunbeam Early Head Start. Using the Brigance Diagnostic Inventory of Early Development children demonstrated growth in speech/language, self-help, cognition, fine and gross motor skills and social/emotional development.

c. Foster care and guardianship was provided to 478 abused and neglected children of whom 360 were in an Emergency Foster Home, 66 were in a Therapeutic Foster Home and 52 were in a Comprehensive Transitional Services Home or being supported while transitioning to adulthood.

On a 100 point scale TFC foster families rated the support they receive a 94 and foster children rated it an 87.

In Emergency Foster Care 360 children received into our care. Eight returned home, 132 were placed with relatives, 216 were placed in traditional foster care and 4 were placed in Therapeutic foster Care.

In Comprehensive Transitional Services 95% of clients and foster parents were satisfied with services. During the 2005-06 school year 8 of 52 children

Federal Statements

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
PRIOR PERIOD ADJUSTMENTS	\$ <u>22,022</u>
TOTAL	\$ <u><u>22,022</u></u>

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
PROFESSIONAL FEES	281,263	223,793	57,470	
OFFICE EXPENSES	53,221	44,264	8,957	
DUES AND SUBSCRIPTIONS	30,443	18,447	11,996	
INSURANCE	75,296	67,532	7,764	
MISCELLANEOUS	30,888	21,598	9,290	
DIRECT SERVICES	2,064,118	2,064,118		
IN-KIND	12,781	10,681	2,100	
TOTAL	<u>\$ 2,548,010</u>	<u>\$ 2,450,433</u>	<u>\$ 97,577</u>	<u>\$ 0</u>

Federal Statements

Statement 3 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
COMMUNITY FOUNDATION FUNDS	\$	\$ 11,004	
TOTAL	\$ 0	\$ 11,004	

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
LAND	\$ 118,664	\$	\$ 118,664	\$
OFFICE EQUIPMENT	293,307		290,408	
BUILDINGS AND IMPROVEMENTS	1,060,872		1,057,821	
VEHICLES			28,000	
ACCUMULATED DEPRECIATION	-1,096,216		-1,168,496	
TOTAL	\$ 376,627	\$ 0	\$ 326,397	\$ 0

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
DUE TO GRANTORS	\$	\$ 402,494
TOTAL	\$ 0	\$ 402,494

Federal Statements

Statement 6 - Form 990, Part VI, Line 82b - Donated Services

<u>Description</u>	<u>Amount</u>
IN-KIND SUPPORT FOR THE EARLY HEAD START PROGRAM	\$ 410,598
TOTAL	<u>\$ 410,598</u>

Federal Statements

Statement 7 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp

Description

SEE PART I

Federal Statements**Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
OTHER INCOME	\$ <u>38,634</u>	\$ <u>45,991</u>	\$ <u>53,068</u>	\$ <u>10,293</u>
TOTAL	\$ <u><u>38,634</u></u>	\$ <u><u>45,991</u></u>	\$ <u><u>53,068</u></u>	\$ <u><u>10,293</u></u>

**SUNBEAM FAMILY SERVICES, INC.
BOARD OF DIRECTORS ROSTER 2005-06**

President:	Cathy Blevins
Vice-President:	Cher A. Bumps
Secretary:	Todd Sanders
Treasurer:	Patrick Hill

NAME & ADDRESS	HOME PHONE	WORK PHONE	TERM
Cathy Blevins 5609 N. Barnes Oklahoma City, OK 73112 cathy.blevins@bankofamerica.com	843-8419	230-4033	06/03-05/06
Rachel Boggess Integrus Health - Third Age Life Center 5300 N. Independence Oklahoma City, OK 73112 boggrf@integrus-health.com	348-5147	949-4140	06/03-05/06
Cher A. Bumps Cher A. Bumps & Assoc., Inc. 2601 NW Expressway, Suite 1000W Oklahoma City, OK 73112 cherbumps@cabainc.com		858-7305	06/05-05/08
Virginia Bass Carl 828 NW 41 st Street Oklahoma City, OK 73118 bassg@omrf.ouhsc.edu	810-1127	271-7423	06/04-05/07
Beverly D. Coon 821 S. Westminster Arcadia, OK 73007 bevdcoon@aol.com	396-3339	640-6306 (cell)	06/03-05/06
Charlotte Ream Cooper 2925 Chestnut Ridge Ct. Oklahoma City, OK 73120 chanr@concentric.net	302-0999	775-0125	06/05-05/08
Maya Dunn 1625 NW 32 nd St. Oklahoma City, OK 73118 mayad@northcare.com		476-4256 (cell)	EHS Policy Council Representative 2006
Douglas G. Eason Lawrence & Eason P.A. 4900 Richmond Square, Suite 200 Oklahoma City, OK 73118 dgeason@telepath.com	528-2699	841-6000	06/03-05/06
Larry Hawkins Mail Code MW 1204/OG&E P.O. Box 321 Oklahoma City, OK 73101 hawkinla@oge.com	424-8089	553-3322	06/03-05/06
Joyce Henderson 1214 NE 67 th Street Oklahoma City, OK 73111 jahenderson@okcps.org	478-1049	587-0408	06/05-05/08
Patrick N. Hill Hill Associates, Ltd. 6403 NW Grand Blvd., Suite 103 Oklahoma City, OK 73116 Patrick-hill@coxinet.net		840-4750 641-5621 (cell)	06/04-05/07

NAME & ADDRESS	HOME PHONE	WORK PHONE	TERM
Philip Lance INTEGRIS Health 3300 NW Expressway Oklahoma City, OK 73112 philip.lance@integris-health.com		949-4984	06/05-05/06
Evelyn McCoy 7200 Pheasant Cove Oklahoma City, OK 73162 donmccoy@swbell.net	721-7332		06/03-05/06
Kenyon Morgan Prime Time Environments 9636 N. May, #272 Oklahoma City, OK 73120 kmm@pteok.com		749-4545	06/05-05/06
Robert J. Ross Inasmuch Foundation P.O. Box 2325 Oklahoma City, OK 73101-2325 bob.ross@inasmauchfoundation.org		604-5292 550-0784 (cell phone)	06/04-05/07
Todd Sanders UMB Bank 2079 Penn Square Oklahoma City, OK 73118 todd.sanders@umb.com		239-5863	06/04-05/07
Jeff Simpsen 6000 NW 2 nd St., Suite 300 Oklahoma City, OK 73127 jsimpsen@msn.com		789-8989	06/04-05/07
Phyllis Stong 2205 NW 56 th St. Oklahoma City, OK 73112 phyllis.stong@cox.net	848-6013		Friends of Sunbeam Representative 2006
Mamie Taylor P.O. Box 18227 Oklahoma City, OK 73127 mbtokc@hotmail.com	525-6106		11/04-05/07
Sandy Trudgeon 12319 Maple Ridge Rd. Oklahoma City, OK 73120 jstrudge@cox.net	751-2250		06/05-05/08
Greg Wheeler Bank of Oklahoma 9520 N. May Ave., 2 nd Floor Oklahoma City, OK 73120 gwheeler@bokf.com		936-3929	06/05-05/08
Betty Williams 620 Augusta Avenue Edmond, OK 73034	341-9583		06/03-05/06
Curtis J. Wilson, Jr. Home & Company P.C. 124 S. Broadway, Suite 206 Ada, Oklahoma 74820 curtis@homepc.com		580-332-5875	06/04-05/07
Christy Zelle Leadership OKC 210 Park Ave., Ste. 270 Oklahoma City, OK 73102 czelle@lokc.org	751-4350	236-1640	06/05-05/08

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization SUNBEAM FAMILY SERVICES	Employer identification number 73-1421466
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 61237	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. OKLAHOMA CITY, OK 73146	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of (CLIENT'S OFFICE) 616 NW 21ST, OKC 73103

Telephone No. 405-528-7724 FAX No. _____

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until _____, 20 __, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 __ or

tax year beginning _____, 20 __, and ending _____, 20 __.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.