

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2012**  
**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013**

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

**C** Name of organization: SUNBEAM FAMILY SERVICES INC  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 616 NW 21ST \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: OKLAHOMA CITY, OK 731031810

**D** Employer identification number: 73-0590119  
**E** Telephone number: (405) 528-7721  
**G** Gross receipts \$ 10,694,708

**F** Name and address of principal officer:  
 RAY BITSCHER JR  
 616 NW 71ST STREET  
 OKLAHOMA CITY, OK 731031810

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number: \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

**J** Website: WWW.SUNBEAMFAMILYSERVICES.ORG

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_  
**L** Year of formation: 1907 **M** State of legal domicile: OK

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE MISSION OF SUNBEAM FAMILY SERVICES, INC IS TO PROVIDE PEOPLE OF ALL AGES WITH HELP, HOPE AND THE OPPORTUNITY TO SUCCEED THIS IS ACHIEVED BY PROVIDING THE POOR AND WORKING POOR WITH QUALITY, AFFORDABLE SOCIAL SERVICES FREE OF CHARGE OR ON A SLIDING SCALE FEE BASIS WHICH RESULT IN IMPROVED INDIVIDUAL AND FAMILY FUNCTIONING DURING THE REPORTING YEAR, SUNBEAM SERVED 6,953 CLIENTS COMPARED TO 5,604 CLIENTS THE PREVIOUS YEAR AND PROVIDED 272,085 UNITS OF SERVICE COMPARED TO 282,845 UNITS OF SERVICE THE PREVIOUS YEAR WE SAW 1,349 MORE CLIENTS (24% INCREASE), BUT PROVIDED 4% FEWER UNITS OF SERVICE THAN IN FY12 THIS REDUCTION PRIMARILY OCCURRED IN OUR EARLY CHILDHOOD EDUCATION AND FOSTER CARE PROGRAMS FURTHER EXPLANATION OF THOSE TRENDS WILL BE REPORTED IN 4A AND 4C		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	25
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	177
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	269
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	12,885,508	10,522,565
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108,106	138,274
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,870	9,545
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,660	24,324
		13,029,144	10,694,708
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,510,085	4,399,828
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>70,920</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,220,460	2,211,085
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,730,545	6,610,913	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	6,298,599	4,083,795	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	8,731,293	12,382,328
	<b>21</b> Total liabilities (Part X, line 26)	842,462	409,702
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	7,888,831	11,972,626	

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2013-11-29  
 RAY BITSCHER JR CHIEF EXECUTIVE OFFICER  
 Type or print name and title

**Paid Preparer Use Only**

Preparer's name DAVID R BRADY	Preparer's signature	Date 2014-02-14	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name <b>LUTON &amp; CO PLLC</b>			Firm's EIN	
Firm's address <b>201 NW 63RD ST STE 100 OKLAHOMA CITY, OK 73116</b>			Phone no (405) 848-7313	

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission  
 THE MISSION OF SUNBEAM FAMILY SERVICES, INC IS TO PROVIDE PEOPLE OF ALL AGES WITH HELP, HOPE AND THE OPPORTUNITY TO SUCCEED THIS IS ACHIEVED BY PROVIDING THE POOR AND WORKING POOR WITH QUALITY, AFFORDABLE SOCIAL SERVICES FREE OF CHARGE OR ON A SLIDING SCALE FEE BASIS WHICH RESULT IN IMPROVED INDIVIDUAL AND FAMILY FUNCTIONING DURING THE REPORTING YEAR, SUNBEAM SERVED 6,953 CLIENTS COMPARED TO 5,604 CLIENTS THE PREVIOUS YEAR AND PROVIDED 272,085 UNITS OF SERVICE COMPARED TO 282,845 UNITS OF SERVICE THE PREVIOUS YEAR WE SAW 1,349 MORE CLIENTS (24% INCREASE), BUT PROVIDED 4% FEWER UNITS OF SERVICE THAN IN FY12 THIS REDUCTION PRIMARILY OCCURRED IN OUR EARLY CHILDHOOD EDUCATION AND FOSTER CARE PROGRAMS FURTHER EXPLANATION OF THOSE TRENDS WILL BE REPORTED IN 4A AND 4C

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,842,251 including grants of \$ ) (Revenue \$ 19,785 )  
 SUNBEAM'S EARLY CHILDHOOD PROGRAMS ARE PROVIDED THROUGH PARTNERSHIPS WITH OKLAHOMA CITY PUBLIC SCHOOLS, LATINO COMMUNITY DEVELOPMENT AGENCY AND OKLAHOMA COUNTY COMMUNITY ACTION AGENCY WE STRIVE TO SERVE THE CHILDREN OF GREATEST DISADVANTAGE(THOSE THAT ARE STATISTICALLY THE LEAST LIKELY TO SUCCEED IN SCHOOL WITHOUT EARLY INTERVENTION) THIS PAST YEAR OUR EARLY CHILDHOOD EDUCATION PROGRAMS AT OKC EDUCARE, RONY REYES, EMERSON ALTERNATIVE SCHOOL AND HOME-BASED PROGRAMS WERE FULLY ENROLLED AND SERVED 1,075 CLIENTS (454 CHILDREN BIRTH TO AGE 5 AND THEIR 621 FAMILY MEMBERS) OVER 200 CHILDREN WERE ON THE OKC EDUCARE WAITING LIST OKC EDUCARE IS PART OF A NATIONAL RESEARCH PROJECT OF THE EDUCARE LEARNING NETWORK INDEPENDENT EVALUATIONS OF CHILDREN ENROLLED AT OKC EDUCARE WHERE MOST OF EARLY CHILDHOOD SERVICES ARE PROVIDED WERE PERFORMED BY ANSELM LEARNING, OUR LOCAL EVALUATION PARTNER THE GOAL OF OKC EDUCARE IS FOR CHILDREN TO EXIT READY TO SUCCEED IN KINDERGARTEN AS MEASURED BY THE BRACKEN READINESS INDEX WHILE THE NATIONAL EDUCARE LEARNING NETWORK CALLS FOR BRACKEN SCHOOL READINESS MEASURES TO BE ADMINISTERED AT THE END OF THE PRESCHOOL YEAR, OKC EDUCARE ELECTS TO ADMINISTER THE BRACKEN AT THE END OF THE THREE-YEAR OLD AND THE END OF THE PRE-KINDERGARTEN YEAR THOUGH MOST OKC EDUCARE CHILDREN ENTER THE PROGRAM FAR BEHIND THEIR PEERS, BRACKEN DATA SHOW THAT OKC EDUCARE STUDENTS MAKE STATISTICALLY SIGNIFICANT PROGRESS, HOWEVER, THESE STUDENTS STILL TYPICALLY BEGIN KINDERGARTEN WITH SCORES BELOW THE BRACKEN GOAL OF 100 CHILDREN AT OKC EDUCARE TEND TO ACHIEVE AN AVERAGE STANDARD SCORE OF 85 OR HIGHER ON THE BRACKEN SCHOOL READINESS COMPOSITE LENGTH OF STAY AT OKC EDUCARE IS STRONGLY CORRELATED WITH HIGHER BRACKEN SCHOOL READINESS SCORES, WITH 25% OF THE CHILDREN ATTENDING OKC EDUCARE FOR THREE FULL-YEARS SCORING AT OR ABOVE A STANDARD SCORE OF 95 ON THE BRACKEN SCHOOL READINESS COMPOSITE WITH FOUR YEARS OF OPERATION, FAMILY MOBILITY CONTINUES TO BE A VARIABLE THAT AFFECTS LENGTH OF TIME AT OKC EDUCARE RESEARCH AT THE NATIONAL-LEVEL CONFIRMS THIS AT ALL EDUCARE SITES OKC EDUCARE CONDUCTED AN EXPERIMENTAL INTERVENTION IN THE SPRING OF 2013 WITH ALL PRE-KINDERGARTEN STUDENTS TO INCREASE LETTER SOUND MASTERY PRIOR TO ENTERING KINDERGARTEN THIS INTERVENTION WAS CALLED THE UPP PROGRAM THE AVERAGE NUMBER OF LETTERS IDENTIFIED BY STUDENTS BY SOUND INCREASED OVER THE THREE-MONTH INTERVENTION PERIOD INTERESTINGLY, THERE WAS A STRONG CORRELATION BETWEEN PERFORMANCE IN THE EXPERIMENTAL PROGRAM AND SCORE INCREASES ON THE LETTER IDENTIFICATION SUBTEST OF THE BRACKEN SCHOOL READINESS INDEX THE CLASS IS A PROCESS EVALUATION INSTRUMENT USED TO DETERMINE HOW OKC EDUCARE CLASSES ARE FUNCTIONING IN RELATION TO EMOTIONAL AND BEHAVIORAL SUPPORT AS WELL AS LEARNING ENGAGEMENT CLASS SCORES VARIED WIDELY IN 2011-12 AND 2012-13 EMOTIONAL AND BEHAVIORAL SUPPORT SCORES WERE TYPICALLY HIGHER COMPARED TO ENGAGED SUPPORT FOR LEARNING SCORES THE INFANT/TODDLER ENVIRONMENT RATING SCALE (ITERS) AND EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS) WERE USED TO EVALUATE THE CLASSROOMS AND SERVE FOR YOUNG CHILDREN IN CHILD DEVELOPMENT/CLASSROOM SETTINGS AT OKC EDUCARE THE ITERS AVERAGE SCORE INCREASED FROM 5 3 IN 2011-12 TO 5 6 IN 2012-13 THE ECERS AVERAGE SCORE INCREASED FROM 4 9 IN 2011-12 TO 5 0 IN 2012-13 THESE INCREASES REPRESENT STATISTICALLY SIGNIFICANT GAINS OKC EDUCARE TEACHERS ALSO GATHER DATA AT PROGRESS CHECKPOINTS QUARTERLY, WITH DATA ANALYSIS CONDUCTED BY CREATIVE CURRICULUM ANALYSIS REVEALED 100% OF THE CHILDREN IN ALL AGE GROUPS DEMONSTRATED GROWTH IN THE IDENTIFIED AREAS FURTHERMORE, ALL OF THE ENROLLED CHILDREN AT OKC EDUCARE RECEIVE QUARTERLY MENTAL HEALTH ASSESSMENTS, EVALUATIONS, AND REFERRAL AS NEEDED FOR ADDITIONAL SERVICES

**4b** (Code ) (Expenses \$ 939,882 including grants of \$ ) (Revenue \$ )  
 THE CAREGIVER FUNDAMENTALS PROGRAM PROVIDED 6,249 UNITS OF CAREGIVER EDUCATION, COUNSELING, RESPITE SERVICES, AND SCHOOL SUPPLIES TO 3,213 CLIENTS, DOUBLE THE NUMBER OF CLIENTS SERVED LAST YEAR THROUGH THE CAREGIVER FUNDAMENTALS PROGRAM, CAREGIVERS RECEIVED INCREASED ACCESS TO EDUCATION AND COMMUNITY REFERRALS GRANDPARENTS WERE ALSO ABLE TO INCREASE ACCESS TO COMMUNITY SERVICES, SUPPORT THROUGH RESPITE CARE, AND ITEMS SUCH AS SCHOOL SUPPLIES WHICH ASSISTS WITH FINANCIAL STABILITY ALL THE SERVICES OF THE CAREGIVER FUNDAMENTALS PROGRAM HELPED MAKE THE JOURNEY OF CARING FOR A LOVED ONE MORE MANAGEABLE, AND, FOR THOSE RECEIVING CARE, IT PROVIDED THE OPPORTUNITY TO MAINTAIN A LIFE WITHIN THEIR OWN HOME SETTING NINETY PERCENT OF CAREGIVERS RECEIVING RESPITE SUPPORT REPORTED THE ASSISTANCE ENABLED THEIR LOVED ONE TO CONTINUE TO LIVE AT HOME ABSENT THIS SUPPORT, SOME WOULD BE PLACED IN A NURSING HOME EARLIER ONE HUNDRED THIRTY-ONE SENIOR COMPANION VOLUNTEERS OVER THE AGE OF 55 PROVIDED 190,289 UNITS OF SUPPORTIVE SERVICES TO 432 CLIENTS (COMPARED TO 529 CLIENTS AND 201,215 UNITS OF SERVICE IN FY12) SO THAT FRAIL ELDERLY SENIORS ISOLATED AND LIVING ALONE COULD BE CARED FOR BY A CAREGIVER, PROVIDED WITH THE SUPPORT NEEDED TO MAINTAIN SELF-SUFFICIENCY AND REMAIN IN THEIR OWN HOME AS LONG AS SAFELY POSSIBLE TO AVOID NURSING HOME PLACEMENT WE ACHIEVED 75% OF OUR CLIENTS SERVED GOAL AND ACHIEVED 95% OF OUR UNITS OF SERVICE GOALS BASED ON ANNUAL SURVEY RESULTS, 92% OF CLIENTS ASSIGNED A SENIOR COMPANION REPORTED FEELING LESS ISOLATED AND LONELY, AND 87% WERE ABLE TO CONTINUE LIVING IN THEIR OWN HOME WERE NURSING HOME PLACEMENT REQUIRED, THE APPROXIMATE COST TO THE OKLAHOMA MEDICAID PROGRAM WOULD HAVE BEEN APPROXIMATELY 42,000/CLIENT ANNUALLY COMPARED WITH A SENIOR COMPANION VOLUNTEER PROVIDING 20 HOURS OF AT-HOME WEEKLY SUPPORT AT AN ANNUAL COST OF APPROXIMATELY 2,000/YEAR THE EMERGENCY SENIOR SHELTER PROVIDED SHORT-TERM, EMERGENCY SHELTER FOR OLDER ADULTS WHO ARE VICTIMS OF ABUSE, NEGLECT, SELF-NEGLECT OR EXPLOITATION WHEN BEDS WERE AVAILABLE, THE SHELTER ALSO SERVED AS TRANSITIONAL HOUSING BETWEEN HOSPITAL AND HOME FOR MEDICALLY-FRAGILE INDIVIDUALS WHO OTHERWISE WOULD BE PLACED IN A CONVENTIONAL HOMELESS SHELTER THE SHELTER PROVIDED SERVICES TO 119 RESIDENTS (99% OF GOAL) BY MORE FULLY INTEGRATING OUR COUNSELING SERVICES, WE WERE ABLE TO MORE EFFECTIVELY SERVE RESIDENTS WITH HIGHER ACUITY LEVELS, AND INCREASE OUR PLACEMENT SUCCESS RATE FROM 82% TO 84% OF PLACEMENTS

**4c** (Code ) (Expenses \$ 478,984 including grants of \$ ) (Revenue \$ )  
 OUR EMERGENCY FOSTER CARE, BRIDGE HOME CARE AND CASEY FAMILY PROGRAMS SET A GOAL OF PROVIDING 18,856 DAYS OF CARE TO 300 CHILDREN IN FY13 WE ACTUALLY PROVIDED 15,022 DAYS OF CARE (80% OF GOAL) TO 233 CHILDREN (78% OF GOAL) CHILDREN DISCHARGED FROM OUR FOSTER CARE PROGRAMS WERE PLACED AS FOLLOWS 66 WERE PLACED WITH KINSHIP FAMILIES, 93 WERE PLACED IN LONG TERM TRADITIONAL FOSTER CARE, 2 WERE PLACED IN THERAPEUTIC FOSTER CARE, 1 WAS PLACED IN TRIBAL FOSTER CARE AND 7 CHILDREN RETURNED TO THEIR BIRTH FAMILIES WE COMPLETED OUR EIGHTH FULL YEAR OF MANAGING THE OKLAHOMA CASEY FAMILY PROGRAM WHICH PRIMARILY SERVED 18 YOUTH TRANSITIONING INTO ADULTHOOD OR WERE ALREADY OF ADULT AGE SEVEN ATTENDED COLLEGE FULL TIME AND FOUR ATTENDED COLLEGE PART TIME TWO COMPLETED THEIR BACHELOR'S DEGREE AND ONE COMPLETED THEIR MASTER'S DEGREE ONE WAS IN HIGH SCHOOL AND EARNED A HIGH SCHOOL DIPLOMA TWO EARNED VOCATIONAL TRAINING CERTICATIONS THE REMAINING SIX YOUTH FAILED TO COMPLETE THEIR TRANSITIONAL PROGRAM(4 DIDN'T MEET MINIMUM GPA REQUIREMENTS, 1 MAXED OUT SCHOLARSHIPS WITHOUT GRADUATING AND 1 WAS DISMISSED FROM THE PROGRAM DUE TO NUMEROUS CRIMINAL CHARGES

(Code ) (Expenses \$ 422,645 including grants of \$ ) (Revenue \$ 118,489 )  
 THE COUNSELING PROGRAM SET THE GOAL OF SEEING 3,200 CLIENTS AND PROVIDING 8,200 UNITS OF SERVICE THE PROGRAM ACTUALLY SERVED 1,750 CLIENTS (54 7% OF GOAL) AND PROVIDED 6,078 UNITS OF SERVICE (74% OF GOAL) THE UNITS OF SERVICE PROVIDED IS A DECREASE OF 19 6% WHEN COMPARED WITH THE 7,561 UNITS PROVIDED IN FY12 OUR CLINIC BASED SERVICES REACHED TARGETED GOALS CLIENTS SEEN IN CLINIC BASED COUNSELING FOR SIX OR MORE SESSIONS INCREASED THEIR GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORES BY 4 8 POINTS COMPARED WITH AN INCREASE OF 5 72 POINTS THE PREVIOUS YEAR WITH THE RELEASE OF THE NEW DIAGNOSTIC AND STATISTICAL MANUAL V, THE GAF SCORE WILL BE OBSOLETE IN THIS COMING YEAR OUR CLINICAL SERVICES STAFF ARE EVALUATING NEW STANDARDIZED, EVIDENCE-BASED MEASURES THAT WILL DEMONSTRATE OUR OUTCOMES AND IMPACT THE SCHOOL-BASED/COMMUNITY-BASED PROGRAM ENCOUNTERED UNANTICIPATED BARRIERS INTERNALLY AND EXTERNALLY WE EXPERIENCED STAFF TURNOVER, WHICH IMPACTED SCHOOL RELATIONSHIPS THIS WAS COMPOUNDED WHEN OKLAHOMA CITY PUBLIC SCHOOLS CHOSE TO TIGHTEN THEIR POLICIES AND SCREENING FOR AGENCIES PROVIDING COUNSELING SERVICES ON THEIR CAMPUSES THIS CREATED A STATE OF FLUX AS THEY DEVELOPED NEW RULES FOR WHO COULD BE IN THE SCHOOL BUILDINGS PROVIDING SERVICES WHILE THIS TRANSPIRED, WE WERE UNABLE TO PROVIDE SERVICES ON SCHOOL CAMPUSES WE WERE LATER GIVEN THE GREEN LIGHT TO RETURN TO SCHOOL CAMPUSES, BUT NOT SOON ENOUGH TO REACH OUR TARGETED GOALS WHEN WE HAVE BEEN ENGAGED WITH THE STUDENTS IN THE SCHOOLS, OUR RESULTS DEMONSTRATE IMPACT, HOWEVER, OUR NUMBERS SERVED WERE DISAPPOINTING EACH ACADEMIC YEAR, STUDENTS WILL EXHIBIT IMPROVED ABILITY TO LEARN AND FUNCTION AT GRADE LEVEL PRE-TEST SCORES ARE GATHERED IN THE FIRST SEMESTER OF WORK, AND CALCULATED AT THE END OF THE ACADEMIC YEAR FOR FINAL RESULTS THREE YEAR AVERAGES OF THOSE RESULTS ARE AS FOLLOWS 5% OF IMPROVEMENT IN GRADE LEVEL ACHIEVEMENT (FIRST YEAR WAS ONLY 1%, WITH SUBSEQUENT YEARS DEMONSTRATING 6-7%) 11% IMPROVEMENT IN ABILITY TO FOLLOW DIRECTIONS 8% DECREASE IN BULLYING BEHAVIORS (FIRST YEAR WAS ONLY 3% DECREASE, WITH SUBSEQUENT YEARS AT 11%) 11% INCREASE IN ABILITY TO GET ALONG WELL WITH PEERS 13% INCREASE IN ABILITY TO EXHIBIT POSITIVE SELF-CONTROL






**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 422,645 including grants of \$ ) (Revenue \$ 118,489 )

**4e Total program service expenses** 5,683,762

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 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? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	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> . . . . .	<b>23</b>		No
<b>24a</b>	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 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . . 	<b>33</b>	Yes	
<b>34</b>	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> . . . . . 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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> . . . . . 	<b>35b</b>	Yes	
<b>36</b>	<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> . . . . . 	<b>36</b>		No
<b>37</b>	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> 	<b>37</b>		No
<b>38</b>	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 . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included in line 1a, above, who are independent (25); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed [X] OK
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: [X] Own website, [X] Another's website, [X] Upon request, [ ] 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: [X] ORGANIZATION 616 NW 21ST ST OKLAHOMA CITY, OK (405) 528-7721





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> 813,589					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b> 4,833,623					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 4,875,353					
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .	10,522,565				
<b>Program Service Revenue</b>	<b>2a</b> CLIENT FEES	138,274	138,274			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .	138,274				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	9,545			9,545	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real 23,550				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss) 23,550				
	<b>d</b> Net rental income or (loss) . . . . .	23,550			23,550	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	774			774		
<b>11a</b> MISCELLANEOUS						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .	774					
<b>12 Total revenue.</b> See Instructions . . . . .	10,694,708	138,274		33,869		

**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 to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	331,309	274,518	53,624	3,167
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	3,272,802	2,704,062	536,873	31,867
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	113,807	97,203	16,078	526
<b>9</b>	Other employee benefits . . . . .	307,702	275,088	29,160	3,454
<b>10</b>	Payroll taxes . . . . .	374,208	329,624	41,650	2,934
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .				
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	89,164	51,832	25,056	12,276
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	215,428	179,107	33,158	3,163
<b>17</b>	Travel . . . . .	35,269	33,778	1,005	486
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	70,930	66,322	4,107	501
<b>20</b>	Interest . . . . .	499			499
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	32,377	19,908	12,176	293
<b>23</b>	Insurance . . . . .	78,210	61,156	15,833	1,221
<b>24</b>	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.)				
<b>a</b>	<b>PARTNER SERVICES</b>	880,927	880,927		
<b>b</b>	<b>PROFESSIONAL FEES</b>	391,913	313,562	70,253	8,098
<b>c</b>	<b>NUTRITION PROGRAM</b>	189,176	188,833	343	
<b>d</b>	<b>SPECIFIC ASSISTANCE</b>	111,791	104,430	5,949	1,412
<b>e</b>	<b>All other expenses</b>	115,401	103,412	10,966	1,023
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	6,610,913	5,683,762	856,231	70,920
<b>26</b>	<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 to any question in this Part X

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,228,356	<b>1</b>	4,427,555	
	<b>2</b> Savings and temporary cash investments . . . . .	103,338	<b>2</b>	104,322	
	<b>3</b> Pledges and grants receivable, net . . . . .	5,220,048	<b>3</b>	6,387,822	
	<b>4</b> Accounts receivable, net . . . . .	62,695	<b>4</b>	68,058	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b> 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 . . . . .			<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	133,673	<b>9</b>		148,287
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	2,462,817			
	<b>b</b> Less accumulated depreciation . . . . .	1,267,133	<b>10b</b>		
	<b>10c</b>	936,258		<b>10c</b>	1,195,684
	<b>11</b> Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	46,925	<b>12</b>		50,600
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b> Intangible assets . . . . .			<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .			<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	8,731,293	<b>16</b>		12,382,328	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	466,371	<b>17</b>	395,277	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> 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 . . . . .			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	350,000	<b>24</b>		
	<b>25</b> 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 . . . . .	26,091	<b>25</b>		14,425
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	842,462	<b>26</b>		409,702
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	2,239,328	<b>27</b>	2,718,719	
	<b>28</b> Temporarily restricted net assets . . . . .	5,649,503	<b>28</b>	9,253,907	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
<b>33</b> Total net assets or fund balances . . . . .	7,888,831	<b>33</b>		11,972,626	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	8,731,293	<b>34</b>		12,382,328	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,694,708
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,610,913
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	4,083,795
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,888,831
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	11,972,626

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b> Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> 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?	Yes	
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 73-0590119  
**Name:** SUNBEAM FAMILY SERVICES INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANNA BERRY DIRECTOR	1 00	X						0	0	0
JENNIFER CALLAHAN DIRECTOR	1 00	X						0	0	0
GINNY BASS CARL PRESIDENT	2 00	X						0	0	0
LARRY DAVIS DIRECTOR	1 00	X						0	0	0
LUIS CASTILLO DIRECTOR	1 00	X						0	0	0
SHIRL EASTEP DIRECTOR	1 00	X						0	0	0
JENNIFER GRIGSBY DIRECTOR	2 00	X						0	0	0
KELLY GRAY DIRECTOR	1 00	X						0	0	0
PATRICK N HILL DIRECTOR	1 00	X						0	0	0
GAIL HUNERYAGER DIRECTOR	1 00	X						0	0	0
KATIE BLAIK JAMES DIRECTOR	1 00	X						0	0	0
PHILIP LANCE DIRECTOR	1 00	X						0	0	0
DAVID LOFTIS VICE-PRESIDE	2 00	X						0	0	0
MARISOL JACKSON DIRECTOR	1 00	X						0	0	0
JENNIE PENNER DIRECTOR	1 00	X						0	0	0
PRIYA RAMKUMAR DIRECTOR	1 00	X						0	0	0
JOE RAY TREASURER	2 00	X						0	0	0
ROBERT J ROSS DIRECTOR	1 00	X						0	0	0
JEFF SIMPSEN DIRECTOR	1 00	X						0	0	0
PHYLLIS STONG DIRECTOR	1 00	X						0	0	0
MARNIE TAYLOR DIRECTOR	1 00	X						0	0	0
SANDY TRUDGEON SECRETARY	2 00	X						0	0	0
JOE HIGHT DIRECTOR	1 00	X						0	0	0
BERNARD JONES DIRECTOR	1 00	X						0	0	0
AIMEE AHPEATONE DIRECTOR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY ALLISON DIRECTOR	1 00	X						0	0	0
TONY WELCH DIRECTOR	1 00	X						0	0	0
RAY BITSCH JR CEO	40 00			X				107,817	0	8,836
JULIA REED COO	40 00			X				66,750	0	774
REBECCA DENNY CFO	40 00			X				62,089	0	24
KELLI DUPUY MARKETING/DE	40 00			X				57,546	0	6,758

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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.

**Name of the organization**  
SUNBEAM FAMILY SERVICES INC

**Employer identification number**

73-0590119

**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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I b  Type II c  Type III - Functionally integrated d  Type III - 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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,920,984	6,936,399	6,880,479	12,885,508	10,297,565	42,920,935
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	5,920,984	6,936,399	6,880,479	12,885,508	10,297,565	42,920,935
<b>5</b> 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)						3,911,177
<b>6 Public support.</b> Subtract line 5 from line 4						39,009,758

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	5,920,984	6,936,399	6,880,479	12,885,508	10,297,565	42,920,935
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,593	26,576	36,571	27,420	33,095	135,255
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,948	44,200	39,711			90,859
<b>11 Total support</b> (Add lines 7 through 10)						43,147,049
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	138,274
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	90.410%
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	94.160%
<b>16a 33 1/3% support test—2012.</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 <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2011.</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 <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2012.</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 <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2011.</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 <input type="checkbox"/>		
<b>18 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 <input type="checkbox"/>		

**Part III Support 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to 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).

<b>Facts And Circumstances Test</b>
-------------------------------------

<b>Explanation</b>

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization SUNBEAM FAMILY SERVICES INC

Employer identification number

73-0590119

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Table with 2 columns: Held at the End of the Year, 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure..., 2d Number of conservation easements included in (c) acquired after 8/17/06...

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.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,681,887	1,759,297	1,578,870	1,528,375	
<b>b</b> Contributions . . . . .	928	1,966	799	1,869	
<b>c</b> Net investment earnings, gains, and losses	177,860	18,844	279,516	159,696	
<b>d</b> Grants or scholarships . . . . .	81,116	81,016	83,585	96,917	
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	22,336	17,204	16,303	14,153	
<b>g</b> End of year balance . . . . .	1,757,223	1,681,887	1,759,297	1,578,870	

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

- a** Board designated or quasi-endowment  100 000 %
  - b** Permanent endowment
  - c** Temporarily restricted endowment
- 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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b> Yes	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b> Yes	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b> Yes	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		118,664		118,664
<b>b</b> Buildings . . . . .		2,056,859	1,016,127	1,040,732
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		259,294	223,006	36,288
<b>e</b> Other . . . . .		28,000	28,000	
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,195,684

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

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

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

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

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO GRANTORS	14,425
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	14,425

**2.** Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUNDS WILL BE USED TO PROVIDE A FUNDING STREAM FOR FUTURE PROGRAM SERVICES THE AMOUNTS INCLUDE FUNDS HELD AT LOCAL COMMUNITY FOUNDATIONS AND FUNDS DESIGNATED FOR ENDOWMENT AND HELD AT THE FOUNDATION FOR SUNBEAM FAMILY SERVICES, A RELATED ENTITY
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE FINANCIAL STATEMENTS INCLUDED A FOOTNOTE THAT STATED THAT MANAGEMENT DID NOT BELIEVE THAT ANY UNCERTAIN TAX POSTIONS CURRENTLY EXIST AND NO LOSS CONTINGENCY WAS RECOGNIZED IN THE FINANCIAL STATEMENTS

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization  
SUNBEAM FAMILY SERVICES INC

**Employer identification number**

73-0590119

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF SUNBEAM FAMILY SERVICES, INC IS TO PROVIDE PEOPLE OF ALL AGES WITH HELP, HOPE AND THE OPPORTUNITY TO SUCCEED THIS IS ACHIEVED BY PROVIDING THE POOR AND WORKING POOR WITH QUALITY, AFFORDABLE SOCIAL SERVICES FREE OF CHARGE OR ON A SLIDING SCALE FEE BASIS WHICH RESULT IN IMPROVED INDIVIDUAL AND FAMILY FUNCTIONING DURING THE REPORTING YEAR, SUNBEAM SERVED 6,953 CLIENTS COMPARED TO 5,604 CLIENTS THE PREVIOUS YEAR AND PROVIDED 272,085 UNITS OF SERVICE COMPARED TO 282,845 UNITS OF SERVICE THE PREVIOUS YEAR WE SAW 1,349 MORE CLIENTS (24% INCREASE), BUT PROVIDED 4% FEWER UNITS OF SERVICE THAN IN FY12 THIS REDUCTION PRIMARILY OCCURRED IN OUR EARLY CHILDHOOD EDUCATION AND FOSTER CARE PROGRAMS FURTHER EXPLANATION OF THOSE TRENDS WILL BE REPORTED IN 4A AND 4C

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>NETWORK INDEPENDENT EVALUATIONS OF CHILDREN ENROLLED AT OKC EDUCARE WHERE MOST OF EARLY CHILDHOOD SERVICES ARE PROVIDED WERE PERFORMED BY ANSELM LEARNING, OUR LOCAL EVALUATION PARTNER THE GOAL OF OKC EDUCARE IS FOR CHILDREN TO EXIT READY TO SUCCEED IN KINDERGARTEN AS MEASURED BY THE BRACKEN READINESS INDEX WHILE THE NATIONAL EDUCARE LEARNING NETWORK CALLS FOR BRACKEN SCHOOL READINESS MEASURES TO BE ADMINISTERED AT THE END OF THE PRESCHOOL YEAR, OKC EDUCARE ELECTS TO ADMINISTER THE BRACKEN AT THE END OF THE THREE-YEAR OLD AND THE END OF THE PRE-KINDERGARTEN YEAR THOUGH MOST OKC EDUCARE CHILDREN ENTER THE PROGRAM FAR BEHIND THEIR PEERS, BRACKEN DATA SHOW THAT OKC EDUCARE STUDENTS MAKE STATISTICALLY SIGNIFICANT PROGRESS, HOWEVER, THESE STUDENTS STILL TYPICALLY BEGIN KINDERGARTEN WITH SCORES BELOW THE BRACKEN GOAL OF 100 CHILDREN AT OKC EDUCARE TEND TO ACHIEVE AN AVERAGE STANDARD SCORE OF 85 OR HIGHER ON THE BRACKEN SCHOOL READINESS COMPOSITE LENGTH OF STAY AT OKC EDUCARE IS STRONGLY CORRELATED WITH HIGHER BRACKEN SCHOOL READINESS SCORES, WITH 25% OF THE CHILDREN ATTENDING OKC EDUCARE FOR THREE FULL-YEARS SCORING AT OR ABOVE A STANDARD SCORE OF 95 ON THE BRACKEN SCHOOL READINESS COMPOSITE WITH FOUR YEARS OF OPERATION, FAMILY MOBILITY CONTINUES TO BE A VARIABLE THAT AFFECTS LENGTH OF TIME AT OKC EDUCARE RESEARCH AT THE NATIONAL-LEVEL CONFIRMS THIS AT ALL EDUCARE SITES OKC EDUCARE CONDUCTED AN EXPERIMENTAL INTERVENTION IN THE SPRING OF 2013 WITH ALL PRE-KINDERGARTEN STUDENTS TO INCREASE LETTER SOUND MASTERY PRIOR TO ENTERING KINDERGARTEN THIS INTERVENTION WAS CALLED THE UPP PROGRAM THE AVERAGE NUMBER OF LETTERS IDENTIFIED BY STUDENTS BY SOUND INCREASED OVER THE THREE-MONTH INTERVENTION PERIOD INTERESTINGLY, THERE WAS A STRONG CORRELATION BETWEEN PERFORMANCE IN THE EXPERIMENTAL PROGRAM AND SCORE INCREASES ON THE LETTER IDENTIFICATION SUBTEST OF THE BRACKEN SCHOOL READINESS INDEX THE CLASS IS A PROCESS EVALUATION INSTRUMENT USED TO DETERMINE HOW OKC EDUCARE CLASSES ARE FUNCTIONING IN RELATION TO EMOTIONAL AND BEHAVIORAL SUPPORT AS WELL AS LEARNING ENGAGEMENT CLASS SCORES VARIED WIDELY IN 2011-12 AND 2012-13 EMOTIONAL AND BEHAVIORAL SUPPORT SCORES WERE TYPICALLY HIGHER COMPARED TO ENGAGED SUPPORT FOR LEARNING SCORES THE INFANT/TODDLER ENVIRONMENT RATING SCALE (ITERS) AND EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS) WERE USED TO EVALUATE THE CLASSROOMS AND SERVE FOR YOUNG CHILDREN IN CHILD DEVELOPMENT/CLASSROOM SETTINGS AT OKC EDUCARE THE ITERS AVERAGE SCORE INCREASED FROM 5.3 IN 2011-12 TO 5.6 IN 2012-13 THE ECERS AVERAGE SCORE INCREASED FROM 4.9 IN 2011-12 TO 5.0 IN 2012-13 THESE INCREASES REPRESENT STATISTICALLY SIGNIFICANT GAINS OKC EDUCARE TEACHERS ALSO GATHER DATA AT PROGRESS CHECKPOINTS QUARTERLY, WITH DATA ANALYSIS CONDUCTED BY CREATIVE CURRICULUM ANALYSIS REVEALED 100% OF THE CHILDREN IN ALL AGE GROUPS DEMONSTRATED GROWTH IN THE IDENTIFIED AREAS FURTHERMORE, ALL OF THE ENROLLED CHILDREN AT OKC EDUCARE RECEIVE QUARTERLY MENTAL HEALTH ASSESSMENTS, EVALUATIONS, AND REFERRAL AS NEEDED FOR ADDITIONAL SERVICES</p>

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>ASSISTANCE ENABLED THEIR LOVED ONE TO CONTINUE TO LIVE AT HOME. ABSENT THIS SUPPORT, SOME WOULD BE PLACED IN A NURSING HOME EARLIER. ONE HUNDRED THIRTY-ONE SENIOR COMPANION VOLUNTEERS OVER THE AGE OF 55 PROVIDED 190,289 UNITS OF SUPPORTIVE SERVICES TO 432 CLIENTS (COMPARED TO 529 CLIENTS AND 201,215 UNITS OF SERVICE IN FY12) SO THAT FRAIL ELDERLY SENIORS ISOLATED AND LIVING ALONE COULD BE CARED FOR BY A CAREGIVER, PROVIDED WITH THE SUPPORT NEEDED TO MAINTAIN SELF-SUFFICIENCY AND REMAIN IN THEIR OWN HOME AS LONG AS SAFELY POSSIBLE TO AVOID NURSING HOME PLACEMENT. WE ACHIEVED 75% OF OUR CLIENTS SERVED GOAL AND ACHIEVED 95% OF OUR UNITS OF SERVICE GOALS. BASED ON ANNUAL SURVEY RESULTS, 92% OF CLIENTS ASSIGNED A SENIOR COMPANION REPORTED FEELING LESS ISOLATED AND LONELY, AND 87% WERE ABLE TO CONTINUE LIVING IN THEIR OWN HOME. WERE NURSING HOME PLACEMENT REQUIRED, THE APPROXIMATE COST TO THE OKLAHOMA MEDICAID PROGRAM WOULD HAVE BEEN APPROXIMATELY 42,000/CLIENT ANNUALLY COMPARED WITH A SENIOR COMPANION VOLUNTEER PROVIDING 20 HOURS OF AT-HOME WEEKLY SUPPORT AT AN ANNUAL COST OF APPROXIMATELY 2,000/YEAR. THE EMERGENCY SENIOR SHELTER PROVIDED SHORT-TERM, EMERGENCY SHELTER FOR OLDER ADULTS WHO ARE VICTIMS OF ABUSE, NEGLECT, SELF-NEGLECT OR EXPLOITATION. WHEN BEDS WERE AVAILABLE, THE SHELTER ALSO SERVED AS TRANSITIONAL HOUSING BETWEEN HOSPITAL AND HOME FOR MEDICALLY-FRAGILE INDIVIDUALS WHO OTHERWISE WOULD BE PLACED IN A CONVENTIONAL HOMELESS SHELTER. THE SHELTER PROVIDED SERVICES TO 119 RESIDENTS (99% OF GOAL). BY MORE FULLY INTEGRATING OUR COUNSELING SERVICES, WE WERE ABLE TO MORE EFFECTIVELY SERVE RESIDENTS WITH HIGHER ACUITY LEVELS, AND INCREASE OUR PLACEMENT SUCCESS RATE FROM 82% TO 84% OF PLACEMENTS.</p>

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	WERE ALREADY OF ADULT AGE SEVEN ATTENDED COLLEGE FULL TIME AND FOUR ATTENDED COLLEGE PART TIME TWO COMPLETED THEIR BACHELOR'S DEGREE AND ONE COMPLETED THEIR MASTER'S DEGREE ONE WAS IN HIGH SCHOOL AND EARNED A HIGH SCHOOL DIPLOMA TWO EARNED VOCATIONAL TRAINING CERTICATIONS THE REMAINING SIX YOUTH FAILED TO COMPLETE THEIR TRANSITIONAL PROGRAM(4 DIDN'T MEET MINIMUM GPA REQUIREMENTS, 1 MAXED OUT SCHOLARSHIPS WITHOUT GRADUATING AND 1 WAS DISMISSED FROM THE PROGRAM DUE TO NUMEROUS CRIMINAL CHARGES

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<p>THE COUNSELING PROGRAM SET THE GOAL OF SEEING 3,200 CLIENTS AND PROVIDING 8,200 UNITS OF SERVICE. THE PROGRAM ACTUALLY SERVED 1,750 CLIENTS (54.7% OF GOAL) AND PROVIDED 6,078 UNITS OF SERVICE (74% OF GOAL). THE UNITS OF SERVICE PROVIDED IS A DECREASE OF 19.6% WHEN COMPARED WITH THE 7,561 UNITS PROVIDED IN FY 12. OUR CLINIC BASED SERVICES REACHED TARGETED GOALS. CLIENTS SEEN IN CLINIC BASED COUNSELING FOR SIX OR MORE SESSIONS INCREASED THEIR GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORES BY 4.8 POINTS COMPARED WITH AN INCREASE OF 5.72 POINTS THE PREVIOUS YEAR. WITH THE RELEASE OF THE NEW DIAGNOSTIC AND STATISTICAL MANUAL V, THE GAF SCORE WILL BE OBSOLETE IN THIS COMING YEAR. OUR CLINICAL SERVICES STAFF ARE EVALUATING NEW STANDARDIZED, EVIDENCE-BASED MEASURES THAT WILL DEMONSTRATE OUR OUTCOMES AND IMPACT. THE SCHOOL-BASED/COMMUNITY-BASED PROGRAM ENCOUNTERED UNANTICIPATED BARRIERS INTERNALLY AND EXTERNALLY. WE EXPERIENCED STAFF TURNOVER, WHICH IMPACTED SCHOOL RELATIONSHIPS. THIS WAS COMPOUNDED WHEN OKLAHOMA CITY PUBLIC SCHOOLS CHOSE TO TIGHTEN THEIR POLICIES AND SCREENING FOR AGENCIES PROVIDING COUNSELING SERVICES ON THEIR CAMPUSES. THIS CREATED A STATE OF FLUX AS THEY DEVELOPED NEW RULES FOR WHO COULD BE IN THE SCHOOL BUILDINGS PROVIDING SERVICES. WHILE THIS TRANSPIRED, WE WERE UNABLE TO PROVIDE SERVICES ON SCHOOL CAMPUSES. WE WERE LATER GIVEN THE GREEN LIGHT TO RETURN TO SCHOOL CAMPUSES, BUT NOT SOON ENOUGH TO REACH OUR TARGETED GOALS. WHEN WE HAVE BEEN ENGAGED WITH THE STUDENTS IN THE SCHOOLS, OUR RESULTS DEMONSTRATE IMPACT, HOWEVER, OUR NUMBERS SERVED WERE DISAPPOINTING. EACH ACADEMIC YEAR, STUDENTS WILL EXHIBIT IMPROVED ABILITY TO LEARN AND FUNCTION AT GRADE LEVEL. PRE-TEST SCORES ARE GATHERED IN THE FIRST SEMESTER OF WORK, AND CALCULATED AT THE END OF THE ACADEMIC YEAR FOR FINAL RESULTS. THREE YEAR AVERAGES OF THOSE RESULTS ARE AS FOLLOWS: 5% OF IMPROVEMENT IN GRADE LEVEL ACHIEVEMENT (FIRST YEAR WAS ONLY 1%, WITH SUBSEQUENT YEARS DEMONSTRATING 6-7%), 11% IMPROVEMENT IN ABILITY TO FOLLOW DIRECTIONS, 8% DECREASE IN BULLYING BEHAVIORS (FIRST YEAR WAS ONLY 3% DECREASE, WITH SUBSEQUENT YEARS AT 11%), 11% INCREASE IN ABILITY TO GET ALONG WELL WITH PEERS, 13% INCREASE IN ABILITY TO EXHIBIT POSITIVE SELF-CONTROL.</p>

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	ROBERT J ROSS PHYLLIS STONG DIRECTOR DIRECTOR FAMILY RELATIONSHIP

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT COPY OF THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY IS PRESENTED TO THE BOARD ANNUALLY FOR REVIEW, AND POTENTIAL CONFLICTS ARE ALSO REVIEWED AS THEY ARISE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS REVIEWED AND ADJUSTED ANNUALLY BY THE BOARD OF DIRECTORS BASED ON THEIR KNOWLEDGE OF THE ENTITY AND THEIR EXPERIENCE WITH AND KNOWLEDGE OF OTHER SIMILAR NOT-FOR-PROFIT ENTITIES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION FOR OTHER OFFICERS IN THE ORGANIZATION IS APPROVED BY THE BOARD IN THE ANNUAL BUDGET PROCESS

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS AVAILABLE TO INTERESTED PARTIES UPON REQUEST

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUNBEAM FAMILY SERVICES INC

**Employer identification number**

73-0590119

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SFS LLC PO BOX 61237 OKLAHOMA CITY, OK 73146 27-1415212	SAME	OK			NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FOUNDATION FOR SUNBEAM FAMILY SERVICES PO BOX 61237  OKLAHOMA CITY, OK 731461237 80-0531767	SUPPORTING	OK	501C3	11A	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> FOUNDATION FOR SUNBEAM	C	78,800	AMOUNT GIVEN



**Software ID:**  
**Software Version:**  
**EIN:** 73-0590119  
**Name:** SUNBEAM FAMILY SERVICES INC

**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation	
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