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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

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): P.O. BOX 61237 Room/suite

City or town, state or country, and ZIP + 4: OKLAHOMA CITY OK 73146-1237

D Employer identification number: 73-0590119

E Telephone number: 405-528-7721

G Gross receipts $ 7,101,071

F Name and address of principal officer:
RAY BITSCHE JR.
P.O. BOX 61237
Oklahoma City OK 73146-1237

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)

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

J Website: ▶ WWW.SUNBEAMFAMILYSERVICES.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1907 M State of legal domicile: OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	207
6 Total number of volunteers (estimate if necessary)	6	811
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,936,399	6,880,479
	9 Program service revenue (Part VIII, line 2g)	165,917	144,310
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,331	12,184
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,207	64,098
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,158,854	7,101,071
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,732,554	4,731,505
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 44,630		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,501,791	2,226,901
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,234,345	6,958,406
	19 Revenue less expenses. Subtract line 18 from line 12	-75,491	142,665
		Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,853,547	2,111,210
	21 Total liabilities (Part X, line 26)	405,980	520,978
	22 Net assets or fund balances. Subtract line 21 from line 20	1,447,567	1,590,232

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

▶ RAY BITSCHE JR. EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID R. BRADY	DB	JAN 26 2012		P01228402

Firm's name ▶ LUTON & CO., PLLC Firm's EIN ▶ 73-1331618

Firm's address ▶ 201 NW 63RD ST STE 100, OKLAHOMA CITY, OK 73116 Phone no. 405-848-7313

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

See Schedule O

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 3,962,149 including grants of $) (Revenue $ 67,138)

THIS PAST YEAR OUR EARLY CHILDHOOD EDUCATION PROGRAMS AT OKC EDUCARE, TONY REYES, EMERSON AND HOME-BASED PROGRAMS SERVED 897 CLIENTS (387 CHILDREN BIRTH TO AGE 5 AND THEIR 510 FAMILY MEMBERS).

INDEPENDENT EVALUATIONS OF CHILDREN AT OKC EDUCARE, WHERE MOST OF EARLY CHILDHOOD SERVICES ARE PROVIDED, REFLECT SIGNIFICANT GAINS IN SELF-HELP, GROSS AND FINE MOTOR SKILLS, COGNITION, AND SOCIAL EMOTIONAL SKILLS FOR 72% OF CHILDREN BIRTH TO AGE 3 AND FOR 77% OF CHILDREN AGES 3-5. OUR ITERS SCORE (AN ENVIRONMENTAL RATING IN BIRTH TO AGE 3 CLASSROOMS) INCREASED FROM 5.1 TO 6.2. THIS SAME RATING FOR 4 AND 5 YEAR OLD CLASSROOMS IS THE ECERS. OUR SCORES ON THIS SCALE INCREASED FROM 5.38 TO 5.97. BOTH ARE RATED ON A

4b (Code:) (Expenses $ 984,030 including grants of $) (Revenue $)

THE CAREGIVER FUNDAMENTALS PROGRAM SET A GOAL OF PROVIDING 6,300 UNITS OF CAREGIVER EDUCATION, COUNSELING, RESPITE SERVICES AND SCHOOL SUPPLIES TO 1300 CLIENTS AND ULTIMATELY PROVIDED 4,866 UNITS OF SERVICE TO 1,112 CLIENTS. THE THREE MOST REQUESTED SERVICES WERE ACCESS TO SERVICE, RESPITE CARE AND SCHOOL SUPPLIES REQUESTED BY LOW INCOME GRANDPARENTS RAISING THEIR GRANDCHILDREN. THESE SERVICES MADE THE FAMILY CARE GIVING JOURNEY MORE MANAGEABLE AND EXTENDED THE LENGTH OF TIME LOVED ONES WERE ABLE TO CONTINUE LIVING IN THEIR OWN HOME.

THE SENIOR COMPANION PROGRAM SET A GOAL OF SERVING 550 CLIENTS AND ACTUALLY SERVED 522, 95% OF OUR GOAL. THERE WERE 193,227 UNITS PROVIDED TO THESE

4c (Code:) (Expenses $ 619,502 including grants of $) (Revenue $)

OUR EMERGENCY FOSTER CARE PROGRAM EXISTS TO DEFLECT ABUSED AND NEGLECTED CHILDREN UNDER AGE 9 FROM CONGREGATE CARE EMERGENCY CHILDREN'S SHELTERS. OUR INITIAL GOAL WAS TO PROVIDE 5,472 DAYS OF CARE TO 300 CHILDREN IN FY11. WE REVISED THE GOAL IN RESPONSE TO ACTION TAKEN BY DHS TO REDUCE THE NUMBER OF SUCH CHILDREN PLACED IN STATE CUSTODY. WE ACTUALLY PROVIDED EMERGENCY CARE FOR 167 CHILDREN THAT SPENT 3,573 DAYS IN OUR EMERGENCY FOSTER HOMES. WE PROVIDED AN ADDITIONAL 3,919 DAYS OF LONG TERM BRIDGE HOME FOSTER CARE TO 17 CHILDREN UNDER AGE 9; FOUR OF OUR FOSTER CHILDREN WERE ADOPTED; THREE RETURNED TO THEIR BIRTH FAMILY; FIVE WERE PLACED WITH RELATIVES AND ONE WAS MOVED TO A DHS FOSTER HOME WHERE A SIBLING WAS PLACED. THE REST OF THE CHILDREN REMAIN IN OUR CARE. BY YEAR END, EACH OF THESE PROGRAMS PROVIDED

4d Other program services. (Describe in Schedule O.)

(Expenses $ 491,563 including grants of $) (Revenue $ 77,172)

4e **Total program service expenses** ▶ 6,057,244

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	207			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — 1a: 27			
b	Enter the number of voting members included in line 1a, above, who are independent — 1b: 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ORGANIZATION 616 NW 21ST ST.

OKLAHOMA CITY OK 73146 405-528-7721

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) DIANNA BERRY DIRECTOR	1.00	X						0	0	0
(2) BERNEST CAIN DIRECTOR	1.00	X						0	0	0
(3) JENNIFER CALLAHAN DIRECTOR	1.00	X						0	0	0
(4) GINNY BASS CARL TREASURER	2.00	X						0	0	0
(5) CHARLOTTE REAM COOPER DIRECTOR	1.00	X						0	0	0
(6) LUIS CASTILLO DIRECTOR	1.00	X						0	0	0
(7) SHERRY DALE DIRECTOR	1.00	X						0	0	0
(8) SHIRL EASTEP DIRECTOR	1.00	X						0	0	0
(9) JENNIFER GRIGSBY DIRECTOR	2.00	X						0	0	0
(10) LARRY HAWKINS DIRECTOR	1.00	X						0	0	0
(11) JOE I. HIGHT DIRECTOR	1.00	X						0	0	0
(12) PATRICK N. HILL DIRECTOR	1.00	X						0	0	0
(13) SHEA HOSKINSON REPRESENTATIVE	1.00	X						0	0	0
(14) KATIE BLAIK JAMES DIRECTOR	1.00	X						0	0	0
(15) PHILIP LANCE PRESIDENT	2.00	X						0	0	0
(16) DAVID LOFTIS DIRECTOR	1.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(17) EVELYN MCCOY DIRECTOR	1.00	X						0	0	0
(18) KAREN MOBLY DIRECTOR	1.00	X						0	0	0
(19) PRIYA RAMKUMAR DIRECTOR	1.00	X						0	0	0
(20) JOE RAY DIRECTOR	1.00	X						0	0	0
(21) ROBERT J. ROSS DIRECTOR	1.00	X						0	0	0
(22) JEFF SIMPSEN DIRECTOR	1.00	X						0	0	0
(23) PHYLLIS STONG DIRECTOR	1.00	X						0	0	0
(24) MARNIE TAYLOR VICE-PRESIDENT	2.00	X						0	0	0
(25) SANDY TRUDGEON SECRETARY	2.00	X						0	0	0
(26) BETTY WILLIAMS DIRECTOR	1.00	X						0	0	0
(27) CHRISTY ZELLEY DIRECTOR	1.00	X						0	0	0
(28) RAY BITSCHE JR. EXEC. DIR.	40.00			X				102,250	0	8,596
1b Sub-total ▶								102,250		8,596
c Total from continuation sheets to Part VII, Section A ▶								128,917		22,094
d Total (add lines 1b and 1c) ▶								231,167		30,690

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(17) SUE MORRISON CFO	40.00			X				64,817	0	10,493
(18) TERRI WOODLAND COO	40.00			X				64,100	0	11,601
(19) JUDY BEECH CFO	40.00			X				0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										

1b Sub-total ▶	128,917		22,094
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶			

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e 3,265,366				
f All other contributions, gifts, grants, and similar amounts not included above	1f 3,615,113				
g Noncash contributions included in lines 1a-1f:	$				
h **Total.** Add lines 1a–1f	▶	6,880,479			
Program Service Revenue	Busn. Code				
2a CLIENT FEES		144,310	144,310		
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f	▶	144,310			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)	▶	12,184			12,184
4 Income from investment of tax-exempt bond proceeds	▶				
5 Royalties	▶				
	(i) Real / (ii) Personal				
6a Gross Rents	(i) 24,387				
b Less: rental exps.					
c Rental inc. or (loss)	(i) 24,387				
d Net rental income or (loss)	▶	24,387			24,387
7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
b Less: cost or other basis & sales exps.					
c Gain or (loss)					
d Net gain or (loss)	▶				
8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events	▶				
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	▶				
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue	Busn. Code				
11a MISCELLANEOUS		39,711			39,711
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d	▶	39,711			
12 **Total revenue.** See instructions.	▶	7,101,071	144,310	0	76,282

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	270,644	230,925	37,715	2,004
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,479,879	2,969,183	484,937	25,759
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	137,923	105,171	30,878	1,874
9 Other employee benefits	479,425	418,383	58,669	2,373
10 Payroll taxes	363,634	324,571	36,539	2,524
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	124,396	81,453	33,864	9,079
14 Information technology				
15 Royalties				
16 Occupancy	219,454	185,659	33,795	
17 Travel	41,821	40,373	1,448	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,768	53,758	2,010	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,297	22,369	13,928	
23 Insurance	71,533	54,625	16,908	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DIRECT SERVICES	1,258,954	1,254,922	4,032	
b PROFESSIONAL FEES	353,432	276,417	75,998	1,017
c EQUIPMENT MAINTENANCE	34,748	21,911	12,837	
d DUES AND SUBSCRIPTIONS	15,736	2,762	12,974	
e BAD DEBTS	14,762	14,762		
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	6,958,406	6,057,244	856,532	44,630
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		547,953	1	859,609
	2	Savings and temporary cash investments		340,268	2	342,345
	3	Pledges and grants receivable, net		369,370	3	358,300
	4	Accounts receivable, net		111,033	4	73,554
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		120,359	9	118,373
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,515,093			
	b	Less: accumulated depreciation	10b 1,203,831	323,523	10c	311,262
	11	Investments—publicly traded securities		41,041	11	47,767
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,853,547	16	2,111,210
Liabilities	17	Accounts payable and accrued expenses		369,797	17	483,337
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		36,183	25	37,641
	26	**Total liabilities.** Add lines 17 through 25		405,980	26	520,978
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,381,243	27	1,496,896
	28	Temporarily restricted net assets		66,324	28	93,336
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,447,567	33	1,590,232
	34	Total liabilities and net assets/fund balances		1,853,547	34	2,111,210

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,101,071
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,958,406
3	Revenue less expenses. Subtract line 2 from line 1	3	142,665
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,447,567
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,590,232

Part XII **Financial Statements and Reporting**

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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–Other

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

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

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

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

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

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

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,597,099	6,167,843	5,920,984	6,936,399	6,880,479	31,502,804
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,597,099	6,167,843	5,920,984	6,936,399	6,880,479	31,502,804
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						31,502,804

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,597,099	6,167,843	5,920,984	6,936,399	6,880,479	31,502,804
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69,205	42,491	11,593	26,576	36,571	186,436
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	12,996	13,575	6,948	44,200	39,711	117,430
11 **Total support.** Add lines 7 through 10						31,806,670

12 Gross receipts from related activities, etc. (see instructions) ... 12 | 144,310

13 **First five years.** If the Organization's Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) ... 14 | 99.04 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 ... 15 | 99.05 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ... ▶ ☒

b **33 1/3% support test—2009.** 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 **stop here.** The organization qualifies as a publicly supported organization ... ▶ ☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ... ▶ ☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ... ▶ ☐

Part III **Support Schedule for Organizations Described in 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** 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).

Part II, Line 10 - Other Income Detail

OTHER INCOME $ 117,430

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

SUNBEAM FAMILY SERVICES, INC.

Employer identification number

73-0590119

Organization type (check one):

Filers of: | **Section:**

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . ▶ $ . . . .

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: SUNBEAM FAMILY SERVICES, INC.

Employer identification number: 73-0590119

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CASEY FAMILY PROGRAMS 1300 DEXTER AVENUE NORTH, FLOOR 3 SEATTLE WA 98109-3542	$ 433,718	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	DEPARTMENT OF HEALTH AND HUMAN SERV. ADMIN. FOR CHILDREN AND FAMILIES 1301 YOUNG STREET, ROOM 937 DALLAS TX 75202	$ 1,468,361	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	OK HEALTHCARE AUTHORITY MEDICAID 4545 N LINCOLN BLVD, STE 124 Oklahoma City OK 73105	$ 164,481	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	OKC PUBLIC SCHOOLS 900 N KLINE Oklahoma City OK 73106	$ 459,498	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	OKLAHOMA DEPT OF HUMAN SERVICES 2507 N SHIELDS BLVD MOORE OK 73160	$ 583,049	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	AREAWIDE AGING AGENCY 4101 PERIMETER CENTER DR., STE. 310 Oklahoma City OK 73112	$ 154,670	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: SUNBEAM FAMILY SERVICES, INC.

Employer identification number: 73-0590119

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CORP. FOR NATIONAL SERVICE 215 DEAN A MCGEE, STE 324 Oklahoma City OK 73102	$ 393,571	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	UNITED WAY OF CENTRAL OKLAHOMA P.O. BOX 837 Oklahoma City OK 73101	$ 763,562	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	COMMUNITY ACTION PROJECT OF TULSA CO 4606 S. GARNETT RD., STE 100 TULSA OK 74146	$ 780,015	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	CHILD AND ADULT CARE FOOD PROGRAM 3101 PARK CENTER DRIVE ALEXANDRIA VA 22302	$ 196,406	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	COMMUNITY ACTION AGENCY OF OKLA CITY 319 S.W. 25TH ST Oklahoma City OK 73109	$ 920,961	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,578,870	1,528,375			
b Contributions	799	1,869			
c Net investment earnings, gains, and losses	279,516	159,696			
d Grants or scholarships	83,585	96,917			
e Other expenditures for facilities and programs					
f Administrative expenses	16,303	14,153			
g End of year balance	1,759,297	1,578,870			

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

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ .... %
c Term endowment ▶ .... %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		118,664		118,664
b Buildings		1,108,244	983,479	124,765
c Leasehold improvements				
d Equipment		260,185	192,352	67,833
e Other		28,000	28,000	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				311,262

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (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) Amount
(1) Federal income taxes	
(2) DUE TO GRANTORS	37,641
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	37,641

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses for Endowment Funds

THE ENDOWMENT WILL BE USED TO PROVIDE A FUNDING STREAM FOR FUTURE PROGRAM SERVICES. THE FIGURES INCLUDE FUNDS HELD AT LOCAL COMMUNITY FOUNDATIONS AND FUNDS DESIGNATED FOR ENDOWMENT AND HELD AT THE FOUNDATION FOR SUNBEAM FAMILY SERVICES, A RELATED ENTITY.

Part X - Liability Under FIN 48 Footnote

Part XIV Supplemental Information (continued)

THE FINANCIAL STATEMENTS INCLUDED A FOOTNOTE THAT STATED THAT MANAGEMENT DID NOT BELIEVE THAT ANY UNCERTAIN TAX POSITIONS 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 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	OMB No. 1545-0047 2010 Open to Public Inspection

Name of the organization	Employer identification number
SUNBEAM FAMILY SERVICES, INC.	73-0590119

Form 990 - 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 5,666 CLIENTS COMPARED TO 5,924 CLIENTS THE PREVIOUS YEAR (A DECREASE OF 4.4%) AND PROVIDED 277,352 UNITS OF SERVICE COMPARED TO 283,683 UNITS OF SERVICE IN FY10; A DECREASE OF 2.2%. THOUGH WE SAW FEWER CLIENTS AND PROVIDED FEWER UNITS OF SERVICE THAN IN FY10, WE ACHIEVED 99.4% OF SERVICE UNITS GOAL FOR FY11 WHICH WAS TO PROVIDE 278,972 UNITS OF SERVICE.

Form 990, Part III, Line 4a - First Achievement

SCALE FROM 1 TO 7 WITH 7 BEING AT THE TOP END. THE EARLY COMMUNICATOR INDICATOR ASSESSMENT INDICATED 67% OF OUR CHILDREN ARE SCORING AT OR ABOVE THE NATIONAL AVERAGE. OUR PRE-K CHILDREN INCREASED THEIR SCHOOL READINESS SCORE BY 23% BASED ON THE RESULTS OF THE BRACKEN SCHOOL READINESS COMPOSITE. THESE RESULTS ARE HIGHLIGHTED AT EACH OF THE QUARTERLY EDUCARE BOARD MEETINGS.

Form 990, Part III, Line 4b - Second Achievement

522 CLIENTS, SLIGHTLY MORE THAN OUR GOAL OF 191,080 UNITS OF SERVICE. ONE HUNDRED PERCENT OF CLIENTS ASSIGNED A SENIOR COMPANION REPORTED FEELING LESS ISOLATED AND LONELY. EIGHTY-EIGHT PERCENT WERE ABLE TO CONTINUE LIVING IN THEIR OWN HOME.

Name of the organization: SUNBEAM FAMILY SERVICES, INC.

Employer identification number: 73-0590119

THE SENIOR SHELTER PROVIDED EMERGENCY SHELTER CARE FOR 119 RESIDENTS (99% OF GOAL). FORTY PERCENT OF THOSE SERVED WERE VETERANS. SIXTY-THREE PERCENT OF RESIDENTS WERE PLACED IN PERMANENT HOUSING; OUR GOAL WAS 85%. THE PLACEMENT RATE IS LOWER DUE TO AN INCREASE IN THE NUMBER OF RESIDENTS WITH MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES. FIFTEEN PERCENT WERE DISCHARGED TO TREATMENT FACILITIES TO BETTER PREPARE THEM TO BE MORE SUCCESSFUL IN MAINTAINING PERMANENT HOUSING.

Form 990, Part III, Line 4c - Third Achievement

7,492 DAYS OF COMBINED CARE TO 184 CHILDREN.

WE ALSO COMPLETED OUR SIXTH FULL YEAR OF MANAGEMENT OF THE CASEY FAMILY PROGRAM, PROVIDING 34 CLIENTS WITH COMPREHENSIVE TRANSITIONAL SERVICES. OF THOSE SERVED, TWENTY-ONE WERE ATTENDING COLLEGE CLASSES; SIX WERE IN VOCATIONAL TRAINING PROGRAMS AND FOUR WERE IN HIGH SCHOOL. ONE GRADUATED WITH A MASTER'S DEGREE, ONE WITH A BACHELOR'S DEGREE, FOUR GRADUATED FROM VOCATIONAL TRAINING PROGRAMS AND ONE GRADUATED FROM HIGH SCHOOL. ALL WERE OVER 18 YEARS OF AGE.

Form 990, Part III, Line 4d - All Other Achievements

THE COUNSELING PROGRAM SET THE GOAL OF SEEING 2,883 CLIENTS AND PROVIDING 9,180 UNITS OF SERVICE. THE PROGRAM ACTUALLY SERVED 2,807 CLIENTS (97.4% OF GOAL) AND PROVIDED 6,807 UNITS OF SERVICE (74% OF GOAL). ADULTS SEEN IN CLINIC BASED COUNSELING FOR SIX OR MORE SESSIONS INCREASED THEIR GLOBAL ASSESSMENT OF FUNCTIONING SCORES BY AN AVERAGE OF 6 POINTS.

Name of the organization: SUNBEAM FAMILY SERVICES, INC.

Employer identification number: 73-0590119

WE REVAMPED OUR SCHOOL-BASED COUNSELING PROGRAM ADDING STAFF, RELYING HEAVILY ON MEDICAID AS A PAYER. THE GOALS FOR STUDENTS SEEN AND UNITS OF SERVICES PROVIDED WERE ACHIEVED, BUT WE FAILED TO GENERATE ENOUGH MEDICAID REVENUE TO SUSTAIN THE STRATEGY. SUBSEQUENTLY, THE NUMBER OF SCHOOLS SERVED AND STAFF ASSIGNED WERE REDUCED.

THOUGH WE LOST MORE MONEY THAN ANTICIPATED, THE OUTCOMES ACHIEVED BY THE STUDENTS SERVED WERE AMONG THE BEST ACHIEVED IN THE PAST ELEVEN YEARS. ON SOME OF THE SCALES, THE RESULTS ARE MORE THAN DOUBLE THAN WHAT HAD BEEN ACHIEVED IN PRIOR YEARS. THE RESULTS ARE AS FOLLOWS: ACHIEVEMENT AT GRADE LEVEL 16% IMPROVEMENT; FOLLOWS DIRECTIONS 27% IMPROVEMENT; AGGRESSIVE AND BULLYING BEHAVIOR 21% DECREASE; PEER RELATIONSHIPS 16% IMPROVEMENT; CAPACITY FOR POSITIVE SELF-CONTROL 27% IMPROVEMENT. THE OUTCOME DATA IS DERIVED FROM PRE AND POST SERVICE ASSESSMENTS CONDUCTED BY TEACHERS.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

ROBERT J. ROSS	PHYLLIS STONG
DIRECTOR	DIRECTOR
FAMILY RELATIONSHIP	

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A DRAFT COPY OF THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE CONFLICT OF INTEREST POLICY IS PRESENTED TO THE BOARD ANNUALLY FOR REVIEW, AND POTENTIAL CONFLICTS ARE ALSO REVIEWED AS THEY ARISE.

Name of the organization: SUNBEAM FAMILY SERVICES, INC.

Employer identification number: 73-0590119

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR 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.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE COMPENSATION FOR OTHER OFFICERS IN THE ORGANIZATION IS APPROVED BY THE BOARD IN THE ANNUAL BUDGET PROCESS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO INTERESTED PARTIES UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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 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. P.O. BOX 61237 27-1415212 OKLAHOMA CITY OK 73146	SAME	OK			N/A
(2)						
(3)						
(4)						
(5)						

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 P.O. BOX 61237 73-1421466 OKLAHOMA CITY OK 73146-1237	SUPPORTING	OK	501C3	11a	N/A		X
(2)								
(3)								
(4)								
(5)								

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) Dispro-portionate alloc.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

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
(1)							
(2)							
(3)							
(4)							

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

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

			Yes	No
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	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	FOUNDATION FOR SUNBEAM	c	81,590	AMOUNT GIVEN
(2)				
(3)				
(4)				
(5)				
(6)				

DAA

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

DAA

Part VII **Supplemental Information**
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

OKLAHOMA RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Form 512E - 2010

Section 501(c) of the Internal Revenue Code

AMENDED RETURN! Check box if this is an amended 512E: ☐

PART 1: For the year January 1 - December 31 2010, or other taxable year beginning JULY 1, 2010 ending JUNE 30, 2011.

Name of Organization	SUNBEAM FAMILY SERVICES, INC.
Address (number and street)	P.O. BOX 61237
City, State and Zip	OKLAHOMA CITY, OK 73146-1237
Federal Identification Number	73-0590119
Date Qualified for Tax Exempt Status	
OFFICE USE ONLY	

Enter the name and address used on your return for prior year (if same, write "same"). If none filed, give reason.
SAME

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-4)

	Total Federal	Allocable Oklahoma
A. Total unrelated trade or business income - applicable Federal Form(s) 990	-	-
B. Total unrelated trade or business deductions - applicable Fed. Form(s) 990		
C. Unrelated business taxable income - Enter here and on line 1 below	-	-

INCOME SUBJECT TO TAX

1. Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	- 00
2. Other net income - enclose schedule	2	00
3. Oklahoma taxable income (total of lines 1and 2)	3	- 00

TAX COMPUTATION

4. Tax at 6% of line 3 (If Trust - See Rate Schedule on page 2)	4	- 00
5. Amount paid on 2010 estimate	5	00
6. Oklahoma withholding (enclose Form 1099, Form 500A, Form 500B or other withholding statement).	6	- 00
7. Add lines 5 and 6 and enter amount	7	- 00
8. Overpayment (if line 7 is larger than line 4 enter amount overpaid)	8	- 00
9. Amount of line 8 to be credited to 2011 estimated tax	9	- 00

Line 10 provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization, from the instructions to this form, in the oval below. If you give to more than one organization, please put a "99" in the box and attach a schedule showing how you would like your donation split.

10. Donations from your refund ☐	10	00
11. Add lines 9 and 10 and enter amount	11	- 00
12. Amount to be refunded to you (line 8 minus line 11) **Refund**	12	- 00

Want a Faster Refund? Elect to have your refund directly deposited into your checking or savings account. Only one refund can be deposited per account per tax season. For Direct Deposit information, see page 4 of instructions.

Is this refund going to or through an account that is located outside of the United States? ☐ Yes ☐ No

Deposit my refund in my: ☐ checking account ☐ savings account

Routing Number:

Account Number:

13. Tax due (if line 4 is larger than line 7 enter tax due) **Tax Due**	13	- 00
14. For delinquent payment, add penalty of 5% ______ plus interest at 1 1/4% per month	14	00
15. Underpayment of estimated tax interest (enclose Form OW-8-P)	15	00
16. Total tax, penalty and interest due - Add lines 13, 14 & 15; pay in full with return.. **Balance Due**	16	- 00

PART 3: SIGNATURE AND VERIFICATION

Under penalty of perjury, I declare that the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee	CLIENT COPY
Print Name	
Title	
Date	
Phone Number with Area Code	

Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. ✓

Signature of Individual or Firm Preparing this Return	
Print Name	LUTON & CO., PLLC
Address	201 NW 63RD ST, STE 100, OKLAHOMA CITY, OK 73116
Date	JAN 26 2012
Phone Number with Area Code	405-848-7313