

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
2011
Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div align="center">SUNBEAM FAMILY SERVICES, INC.</div> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 61237 City or town, state or country, and ZIP + 4 OKLAHOMA CITY OK 73103-1810	D Employer identification number 73-0590119 E Telephone number 405-528-7721 G Gross receipts \$ 13,029,144
F Name and address of principal officer: RAY BITSCH JR. 616 NW 71ST STREET OKLAHOMA CITY OK 73103-1810		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.SUNBEAMFAMILYSERVICES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> 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 2011 (Part V, line 2a)	5	186	
	6 Total number of volunteers (estimate if necessary)	6	766	
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	6,880,479	12,885,508	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,310	108,106	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,184	3,870	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,098	31,660	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,101,071	13,029,144	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		4,731,505	4,510,085	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,154		0	0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,226,901	2,220,460	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,958,406	6,730,545	
19 Revenue less expenses. Subtract line 18 from line 12		142,665	6,298,599	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,111,210	8,731,293	
	22 Net assets or fund balances. Subtract line 21 from line 20	520,978	842,462	
		1,590,232	7,888,831	

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 RAY BITSCH JR. Type or print name and title	Date EXECUTIVE DIRECTOR	
	Preparer's signature DAVID R. BRADY Firm's name ▶ LUTON & CO., PLLC 201 NW 63RD ST STE 100 OKLAHOMA CITY, OK 73116		
Paid Preparer Use Only	Preparer's signature DAVID R. BRADY Firm's name ▶ LUTON & CO., PLLC 201 NW 63RD ST STE 100 OKLAHOMA CITY, OK 73116		Date FEB 01 2013 Check <input type="checkbox"/> if self-employed PTIN P01228402 Firm's EIN ▶ 73-1331618 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

☒**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 ☒ 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 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 \$ **3,846,320** including grants of \$) (Revenue \$ **40,062**)

SUNBEAM'S EARLY CHILDHOOD PROGRAMS 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, TONY REYES, EMERSON AND HOME-BASED PROGRAMS WERE FULLY ENROLLED; OVER 200 CHILDREN WERE ON THE OKC EDUCARE WAITING LIST. OUR EARLY CHILDHOOD EDUCATION PROGRAMS SERVED 1,216 CLIENTS (529 CHILDREN BIRTH TO AGE 5 AND THEIR 687 FAMILY MEMBERS).

INDEPENDENT EVALUATIONS OF CHILDREN AT OKC EDUCARE WHERE MOST OF EARLY CHILDHOOD SERVICES ARE PROVIDED WERE PERFORMED BY ANSELM LEARNING. THEIR ASSESSMENTS REFLECT STEADY GAINS IN SOCIAL-EMOTIONAL SKILLS, GROSS AND FINE

4b (Code:) (Expenses \$ **1,008,465** including grants of \$) (Revenue \$)

THE CAREGIVER FUNDAMENTALS PROGRAM PROVIDED 6,154 UNITS OF (108% OF GOAL) CAREGIVER EDUCATION, COUNSELING, RESPITE SERVICES, AND SCHOOL SUPPLIES TO 1,755 CLIENTS; AN INCREASE OF 475 CLIENTS WHEN COMPARED TO THE NUMBER SERVED IN FY11. 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.

4c (Code:) (Expenses \$ **545,282** including grants of \$) (Revenue \$)

OUR FOSTER CARE PROGRAM SET A GOAL OF PROVIDING 7,000 DAYS OF CARE TO 225 CHILDREN IN FY11. WE ACTUALLY PROVIDED 9,276 DAYS OF CARE (133% OF GOAL) TO 232 CHILDREN (103% OF GOAL). CHILDREN DISCHARGING FROM OUR FOSTER CARE PROGRAMS WERE PLACED AS FOLLOWS: 61 WERE PLACED WITH KINSHIP FAMILIES; 90 WERE PLACED IN LONG TERM TRADITIONAL FOSTER CARE; 4 WERE PLACED IN THERAPEUTIC FOSTER CARE; 2 WERE PLACED IN TRIBAL FOSTER CARE AND 6 CHILDREN RETURNED TO THEIR BIRTH FAMILIES.

WE COMPLETED OUR SEVENTH FULL YEAR OF MANAGING THE CASEY FAMILY PROGRAM WHICH PRIMARILY SERVED 18 YOUTH TRANSITIONING INTO ADULthood. SEVEN ATTENDED COLLEGE FULL TIME AND FOUR ATTENDED COLLEGE PART TIME; ONE WAS IN

4d Other program services. (Describe in Schedule O.)(Expenses \$ **449,748** including grants of \$) (Revenue \$ **68,044**)**4e** Total program service expenses **5,849,815**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	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		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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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)		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		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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
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)

	Yes	No
21 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? If "Yes," complete Schedule I, Parts I and II		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		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b 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	X	
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		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		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	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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	186
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	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 ☒

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		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	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 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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 Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

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: ► **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 ContractorsCheck 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 (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			
(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 PRESIDENT	2.00	X						0	0	0
(5) LARRY DAVIS 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 DIRECTOR	1.00	X						0	0	0
(14) KATIE BLAIK JAMES 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 (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			
(15) PHILIP LANCE DIRECTOR	1.00	X						0	0	0
(16) DAVID LOFTIS VICE-PRESIDENT	2.00	X						0	0	0
(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 TREASURER	2.00	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 SECRETARY	2.00	X						0	0	0
(25) SANDY TRUDGEON DIRECTOR	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								245,991		28,609
d Total (add lines 1b and 1c)								245,991		28,609

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**

- 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
- 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
- 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

	Yes	No
3		X
4		X
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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of 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 (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			
(15) BETTY WILLIAMS DIRECTOR	1.00	X						0	0	0
(16) BERNARD JONES DIRECTOR	1.00	X						0	0	0
(17) RAY BITSCHKE JR. EXECUTIVE DIRECTOR	40.00			X				107,548	0	8,397
(18) TERRI WOODLAND COO	40.00			X				50,405	0	9,442
(19) SUE MORRISON CFO	40.00			X				46,694	0	6,885
(20) JUDY BEECH CFO	40.00			X				36,344	0	3,885
(21) JULIA REED COO	40.00			X				5,000	0	0
(22) REBECCA DENNY CFO	40.00			X				0	0	0
(23)										
(24)										
(25)										
1b Sub-total								245,991		28,609
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

- 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
- 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
- 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

	Yes	No
3		
4		
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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of 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 787,089				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,750,798				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,347,621				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		12,885,508			
Program Service Revenue	2a CLIENT FEES	Busn. Code	108,106	108,106		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		108,106			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,870		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)			23,550			23,550
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		8,110			8,110	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		8,110				
12 Total revenue. See instructions.		13,029,144	108,106	0	35,530	

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).

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

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	267,724	225,010	40,862	1,852
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	3,354,201	2,824,482	506,741	22,978
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	103,657	78,392	24,317	948
9 Other employee benefits	415,058	366,450	45,958	2,650
10 Payroll taxes	369,445	327,449	39,841	2,155
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	89,875	45,264	35,574	9,037
14 Information technology				
15 Royalties				
16 Occupancy	220,220	182,805	37,415	
17 Travel	41,592	40,200	1,288	104
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	68,761	62,230	6,127	404
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,084	17,668	16,416	
23 Insurance	75,364	58,317	16,592	455
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTNER SERVICES	858,002	857,963	39	
b PROFESSIONAL FEES	345,786	290,048	54,540	1,198
c NUTRITION PROGRAM	182,152	181,956	118	78
d SPECIFIC ASSISTANCE	153,076	151,956	746	374
e All other expenses	151,548	139,625	11,002	921
25 Total functional expenses. Add lines 1 through 24e	6,730,545	5,849,815	837,576	43,154
26 Joint costs. 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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	859,609	1	2,228,356
	2 Savings and temporary cash investments	342,345	2	103,338
	3 Pledges and grants receivable, net	358,300	3	5,220,048
	4 Accounts receivable, net	73,554	4	62,695
	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	118,373	9	133,673
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,171,015		
	b Less: accumulated depreciation	10b 1,234,757	10c	936,258
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	47,767	12	46,925
	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)	2,111,210	16	8,731,293	
Liabilities	17 Accounts payable and accrued expenses	483,337	17	466,371
	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	350,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,641	25	26,091
	26 Total liabilities. Add lines 17 through 25	520,978	26	842,462
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,496,896	27	2,239,328
	28 Temporarily restricted net assets	93,336	28	5,649,503
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,590,232	33	7,888,831	
34 Total liabilities and net assets/fund balances	2,111,210	34	8,731,293	

Part XI Reconciliation of Net AssetsCheck 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	13,029,144
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,730,545
3	Revenue less expenses. Subtract line 2 from line 1	3	6,298,599
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,590,232
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	7,888,831

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐**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?**b** Were the organization's financial statements audited by an independent accountant?**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?

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?**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	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2011)

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

2011

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?

- (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?

	Yes	No
11g(i)		
11g(ii)		
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?		(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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,167,843	5,920,984	6,936,399	6,880,479	12,885,508	38,791,213
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	6,167,843	5,920,984	6,936,399	6,880,479	12,885,508	38,791,213
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)						2,031,855
6 Public support. Subtract line 5 from line 4						36,759,358

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,167,843	5,920,984	6,936,399	6,880,479	12,885,508	38,791,213
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,491	11,593	26,576	36,571	27,420	144,651
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.)	13,575	6,948	44,200	39,711		104,434
11 Total support. Add lines 7 through 10						39,040,298
12 Gross receipts from related activities, etc. (see instructions)					12	108,106
13 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	94.16 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.04 %
16a 33 1/3% support test—2011. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2010. 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 ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. 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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. 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 ► <input type="checkbox"/>		
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 ► <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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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 \$ **104,434**

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

SUNBEAM FAMILY SERVICES, INC.

73-0590119

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

☒ 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, total 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 total 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 Part I, 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
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CASEY FAMILY PROGRAMS 1300 DEXTER AVENUE NORTH, FLOOR 3 SEATTLE WA 98109-3542	\$ 302,663	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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	\$ 1,440,323	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	OKC PUBLIC SCHOOLS 900 N KLINE OKLAHOMA CITY OK 73106	\$ 443,690	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	OKLAHOMA DEPT OF HUMAN SERVICES 2507 N SHIELDS BLVD MOORE OK 73160	\$ 607,898	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CORP. FOR NATIONAL SERVICE 215 DEAN A MCGEE, STE 324 OKLAHOMA CITY OK 73102	\$ 393,181	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNITED WAY OF CENTRAL OKLAHOMA P.O. BOX 837 OKLAHOMA CITY OK 73101	\$ 787,089	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SUNBEAM FAMILY SERVICES, INC.	Employer identification number 73-0590119
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	INASMUCH FOUNDATION 210 PARK AVE, SUITE 3150 OKLAHOMA CITY OK 73102	\$ 832,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	COMMUNITY ACTION PROJECT OF TULSA CO 4606 S. GARNETT RD., STE 100 TULSA OK 74146	\$ 786,387	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	COMMUNITY ACTION AGENCY OF OKLA CITY 319 S.W. 25TH ST OKLAHOMA CITY OK 73109	\$ 754,446	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CHESAPEAKE ENERGY CORPORATION 6100 N. WESTERN AVE. OKLAHOMA CITY OK 73118	\$ 525,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

Employer identification number

SUNBEAM FAMILY SERVICES, INC.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 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
1a Beginning of year balance	1,759,297	1,578,870	1,528,375		
b Contributions	1,966	799	1,869		
c Net investment earnings, gains, and losses	18,844	279,516	159,696		
d Grants or scholarships	81,016	83,585	96,917		
e Other expenditures for facilities and programs					
f Administrative expenses	17,204	16,303	14,153		
g End of year balance	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 ▶ 100.00 %

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:

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)	X	
3a(ii)	X	
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 property	(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		1,765,057	1,035,820	729,237
c Leasehold improvements				
d Equipment		259,294	170,937	88,357
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).)				936,258

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) Book value	
(1) Federal income taxes		
(2) DUE TO GRANTORS	26,091	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,091	

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 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.

PART X - 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

2011

Open to Public
Inspection

Name of the organization

SUNBEAM FAMILY SERVICES, INC.

Employer identification number

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 5,604 CLIENTS COMPARED TO 5,666 CLIENTS THE PREVIOUS YEAR AND PROVIDED 282,845 UNITS OF SERVICE COMPARED TO 277,352 UNITS OF SERVICE IN FY11. THOUGH WE SAW ESSENTIALLY THE SAME NUMBER OF CLIENTS, WE PROVIDED MORE UNITS OF SERVICE THAN IN FY11 AND EXCEEDED OUR FY 12 "TOTAL UNITS OF SERVICE" GOAL BY 4%, WHICH WAS TO PROVIDE 271,742 UNITS OF SERVICE.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

MOTOR SKILLS, LANGUAGE, LITERACY, AND COGNITION FOR 100% OF CHILDREN BIRTH TO AGE 3 AND 100% OF CHILDREN 3-5 YEARS OLD. THE CHILDREN THAT EXPERIENCE THE GREATEST GAINS ARE THOSE IN OUR PROGRAM THREE OR MORE YEARS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

ONE HUNDRED ELEVEN SENIOR COMPANION VOLUNTEERS PROVIDED 200,136 UNITS OF SUPPORTIVE SERVICES TO 538 CLIENTS (COMPARED TO 396 CLIENTS AND 193,227 UNITS OF SERVICE IN FY11) 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 98% OF OUR CLIENTS

Name of the organization

SUNBEAM FAMILY SERVICES, INC.

Employer identification number

73-0590119

SERVED GOAL AND ACHIEVED 104% OF OUR UNITS OF SERVICE GOALS. BASED ON ANNUAL SURVEY RESULTS, ONE-HUNDRED PERCENT OF CLIENTS ASSIGNED A SENIOR COMPANION REPORTED FEELING LESS ISOLATED AND LONELY, AND 94% WERE ABLE TO CONTINUE LIVING IN THEIR OWN HOME.

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 113 RESIDENTS (83% OF GOAL). WHILE THE GOAL OF SERVICE WAS NOT ATTAINED, THE ACUITY LEVEL OF CLIENT CARE HAS INCREASED, LEADING TO LONGER LENGTHS OF STAY. APPROXIMATELY 30% OF THOSE SERVED WERE VETERANS. OF ALL CLIENTS SERVED THROUGH THE SHELTER, 82% OBTAINED PERMANENT HOUSING OR WERE DISCHARGED TO A PROGRAM FOR ADDRESSING TREATMENT NEEDS (MEDICAL, MENTAL HEALTH OR SUBSTANCE ABUSE).

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

HIGH SCHOOL; AND ONE WAS DISCERNING WHETHER TO ATTEND VOCATIONAL TRAINING OR ENROLL IN COLLEGE COURSES. THE REMAINING FIVE YOUTH COMPLETED THEIR TRANSITIONAL PROGRAM AND WERE DISCHARGED FROM OUR PROGRAM.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

THE COUNSELING PROGRAM SET THE GOAL OF SEEING 3,200 CLIENTS AND PROVIDING 8,200 UNITS OF SERVICE. THE PROGRAM ACTUALLY SERVED 1,639 CLIENTS (51.2% OF GOAL) AND PROVIDED 7,561 UNITS OF SERVICE (92.2% OF GOAL). THE UNITS OF SERVICE PROVIDED IS AN INCREASE OF 10% WHEN COMPARED WITH THE 6,870 UNITS

Name of the organization

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PROVIDED IN FY11. THE INCREASE IN UNITS OF SERVICE HELPED, PERHAPS ONLY SLIGHTLY, BUT NONETHELESS HELPED REDUCE THE COUNSELING OPERATING DEFICIT FROM \$64,157 IN FY11 TO \$5,872 IN FY12. REALLOCATION OF M&G AND REDUCTION IN STAFF ALSO PLAYED A SIGNIFICANT PART IN REDUCING THE AFOREMENTIONED DEFICIT.

CLIENTS SEEN IN CLINIC BASED COUNSELING FOR SIX OR MORE SESSIONS INCREASED THEIR GAF SCORES BY 5.72 POINTS COMPARED WITH AN INCREASE OF 6 POINTS THE PREVIOUS YEAR.

THE SCHOOL-BASED COUNSELING PROGRAM SERVED 74 STUDENTS COMPARED TO 246 IN FY11. THIS DECREASE IS PRIMARILY ATTRIBUTABLE TO THE REDUCTION STAFF PLACED ON SCHOOL CAMPUSES. THOUGH WE SERVED FEWER STUDENTS, THE AVERAGE NUMBER OF SESSIONS PER STUDENT INCREASED FROM 6.72 SESSIONS IN FY11 TO 15.4 SESSIONS DURING FY12.

PRE AND POST EVALUATIONS WERE PERFORMED BY TEACHERS MAKING THE REFERRALS FOR COUNSELING FOR EACH OF THE STUDENTS SEEN BY SUNBEAM COUNSELORS. THE RESULTS ARE AS FOLLOWS: ACHIEVEMENT AT GRADE LEVEL-4% IMPROVEMENT; FOLLOWS DIRECTIONS-8% IMPROVEMENT; AGGRESSIVE AND BULLYING BEHAVIOR-14% DECREASE; PEER RELATIONSHIPS-12% IMPROVEMENT; CAPACITY FOR POSITIVE SELF-CONTROL-18% IMPROVEMENT.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

ROBERT J. ROSS

PHYLLIS STONG

DIRECTOR

DIRECTOR

FAMILY RELATIONSHIP

Name of the organization

SUNBEAM FAMILY SERVICES, INC.

Employer identification number

73-0590119

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.

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)**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SUNBEAM FAMILY SERVICES, INC.

Employer identification number
73-0590119

OMB No. 1545-0047
2011

**Open to Public
Inspection**

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 OKLAHOMA CITY OK 73146 27-1415212	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 OKLAHOMA CITY OK 73146-1237 73-1421466	SUPPORTING	OK	501C3	11A	N/A		X
(2)							
(3)							
(4)							
(5)							

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

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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information**

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



Form 512E - 2011

OKLAHOMA RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Section 501(c) of the Internal Revenue Code

PART 1	For the year January 1 - December 31, 2011, or other taxable year beginning: <input type="text" value="JULY"/> , <input type="text" value="2011"/> ending: <input type="text" value="JUNE"/> , <input type="text" value="2012"/>	AMENDED RETURN! Check box if this is an amended 512E: <input type="checkbox"/>
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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 Employer 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 1 and 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 2011 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 2012 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 box 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)	12	-	00

Direct Deposit Note:

All refunds must be by direct deposit.
See Direct Deposit Information on
page 4 for details.

Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Deposit my refund in my:	
<input type="checkbox"/> checking account	Routing Number: <input type="text"/>
<input type="checkbox"/> savings account	Account Number: <input type="text"/>

13. Tax due (if line 4 is larger than line 7 enter 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..	16	-	00

PART 3: SIGNATURE AND VERIFICATION

Under penalty of perjury, I declare 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	
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 Preparer		Date: FEB 01 2013
Preparer's Address: LUTON & CO., PLLC 201 NW 63rd Street, STE 100 Oklahoma City, OK 73116		
Phone Number (405) 848-7313	Preparer's ID Number 73-1331618	