Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01/12 , and ending 06/30/13

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

C Name of organization
SUNBEAM FAMILY SERVICES, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
616 NW 21ST

City, town or post office, state, and ZIP code
OKLAHOMA CITY OK 73103-1810

D Employer identification number
73-0590119

E Telephone number
405-528-7721

G Gross receipts $ 10,694,708

F Name and address of principal officer:
RAY BITSCHE JR.
616 NW 71ST STREET
OKLAHOMA CITY OK 73103-1810

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

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.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	177
	6 Total number of volunteers (estimate if necessary)	6	269
	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

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	12,885,508	10,522,565
	9 Program service revenue (Part VIII, line 2g)	108,106	138,274
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,870	9,545
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,660	24,324
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,029,144	10,694,708
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,510,085	4,399,828
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,920		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,220,460	2,211,085
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,730,545	6,610,913
	19 Revenue less expenses. Subtract line 18 from line 12	6,298,599	4,083,795

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,731,293	12,382,328
	21 Total liabilities (Part X, line 26)	842,462	409,702
	22 Net assets or fund balances. Subtract line 21 from line 20	7,888,831	11,972,626

Part II Signature Block

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

CLIENT COPY

Sign Here

Signature of officer — Date: 11/24/13

RAY BITSCHE JR. — CHIEF EXECUTIVE OFFICER
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		FEB 05 2014		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

CLIENT COPY

Form **990** (2012)

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 3,842,251 including grants of $) (Revenue $ 19,785)

SUNBEAM'S EARLY CHILDHOOD PROGRAMS ARE PROVIDED THROUGH PARTNERSHIPS WITH OKLAHOMA CITY PUBLIC SCHOOLS, LATINO COMMUNITY DEVELOPMENT AGENCY AND OKLAHOMA COUNTY COMMUNITY ACTION AGENCY. WE STRIVE TO SERVE THE CHILDREN OF GREATEST DISADVANTAGE(THOSE THAT ARE STATISTICALLY THE LEAST LIKELY TO SUCCEED IN SCHOOL WITHOUT EARLY INTERVENTION). THIS PAST YEAR OUR EARLY CHILDHOOD EDUCATION PROGRAMS AT OKC EDUCARE, RONY REYES, EMERSON ALTERNATIIVE SCHOOL AND HOME-BASED PROGRAMS WERE FULLY ENROLLED AND SERVED 1,075 CLIENTS (454 CHILDREN BIRTH TO AGE 5 AND THEIR 621 FAMILY MEMBERS). OVER 200 CHILDREN WERE ON THE OKC EDUCARE WAITING LIST.

OKC EDUCARE IS PART OF A NATIONAL RESEARCH PROJECT OF THE EDUCARE LEARNING

4b (Code:) (Expenses $ 939,882 including grants of $) (Revenue $)

THE CAREGIVER FUNDAMENTALS PROGRAM PROVIDED 6,249 UNITS OF CAREGIVER EDUCATION, COUNSELING, RESPITE SERVICES, AND SCHOOL SUPPLIES TO 3,213 CLIENTS; DOUBLE THE NUMBER OF CLIENTS SERVED LAST YEAR. THROUGH THE CAREGIVER FUNDAMENTALS PROGRAM, CAREGIVERS RECEIVED INCREASED ACCESS TO EDUCATION AND COMMUNITY REFERRALS. GRANDPARENTS WERE ALSO ABLE TO INCREASE ACCESS TO COMMUNITY SERVICES, SUPPORT THROUGH RESPITE CARE, AND ITEMS SUCH AS SCHOOL SUPPLIES WHICH ASSISTS WITH FINANCIAL STABILITY. ALL THE SERVICES OF THE CAREGIVER FUNDAMENTALS PROGRAM HELPED MAKE THE JOURNEY OF CARING FOR A LOVED ONE MORE MANAGEABLE; AND, FOR THOSE RECEIVING CARE, IT PROVIDED THE OPPORTUNITY TO MAINTAIN A LIFE WITHIN THEIR OWN HOME SETTING. NINETY PERCENT OF CAREGIVERS RECEIVING RESPITE SUPPORT REPORTED THE

4c (Code:) (Expenses $ 478,984 including grants of $) (Revenue $)

OUR EMERGENCY FOSTER CARE, BRIDGE HOME CARE AND CASEY FAMILY PROGRAMS SET A GOAL OF PROVIDING 18,856 DAYS OF CARE TO 300 CHILDREN IN FY13. WE ACTUALLY PROVIDED 15,022 DAYS OF CARE (80% OF GOAL) TO 233 CHILDREN (78% OF GOAL). CHILDREN DISCHARGED FROM OUR FOSTER CARE PROGRAMS WERE PLACED AS FOLLOWS: 66 WERE PLACED WITH KINSHIP FAMILIES; 93 WERE PLACED IN LONG TERM TRADITIONAL FOSTER CARE; 2 WERE PLACED IN THERAPEUTIC FOSTER CARE; 1 WAS PLACED IN TRIBAL FOSTER CARE AND 7 CHILDREN RETURNED TO THEIR BIRTH FAMILIES.

WE COMPLETED OUR EIGHTH FULL YEAR OF MANAGING THE OKLAHOMA CASEY FAMILY PROGRAM WHICH PRIMARILY SERVED 18 YOIUTH TRANSITIONING INTO ADULTHOOD OR

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

(Expenses $ 422,645 including grants of $) (Revenue $ 118,489)

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

Part IV Checklist of Required Schedules

			Yes	No
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 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	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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	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 and XII	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 and XII 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, 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	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 hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization 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, highest 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 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	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, or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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	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 11b 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	4		
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	177		
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 as charitable contributions?	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	25		
	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	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANNA BERRY	1.00									
DIRECTOR	0.00	X						0	0	0
(2) JENNIFER CALLAHAN	1.00									
DIRECTOR	0.00	X						0	0	0
(3) GINNY BASS CARL	2.00									
PRESIDENT	0.00	X						0	0	0
(4) LARRY DAVIS	1.00									
DIRECTOR	0.00	X						0	0	0
(5) LUIS CASTILLO	1.00									
DIRECTOR	0.00	X						0	0	0
(6) SHIRL EASTEP	1.00									
DIRECTOR	0.00	X						0	0	0
(7) JENNIFER GRIGSBY	2.00									
DIRECTOR	0.00	X						0	0	0
(8) KELLY GRAY	1.00									
DIRECTOR	0.00	X						0	0	0
(9) PATRICK N. HILL	1.00									
DIRECTOR	0.00	X						0	0	0
(10) GAIL HUNERYAGER	1.00									
DIRECTOR	0.00	X						0	0	0
(11) KATIE BLAIK JAMES	1.00									
DIRECTOR	0.00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) PHILIP LANCE	1.00									
DIRECTOR	0.00	X						0	0	0
(13) DAVID LOFTIS	2.00									
VICE-PRESIDENT	0.00	X						0	0	0
(14) MARISOL JACKSON	1.00									
DIRECTOR	0.00	X						0	0	0
(15) JENNIE PENNER	1.00									
DIRECTOR	0.00	X						0	0	0
(16) PRIYA RAMKUMAR	1.00									
DIRECTOR	0.00	X						0	0	0
(17) JOE RAY	2.00									
TREASURER	0.00	X						0	0	0
(18) ROBERT J. ROSS	1.00									
DIRECTOR	0.00	X						0	0	0
(19) JEFF SIMPSEN	1.00									
DIRECTOR	0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								294,202		16,392
d Total (add lines 1b and 1c) ▶								294,202		16,392

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. 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) PHYLLIS STONG	1.00									
DIRECTOR	0.00	X						0	0	0
(13) MARNIE TAYLOR	1.00									
DIRECTOR	0.00	X						0	0	0
(14) SANDY TRUDGEON	2.00									
SECRETARY	0.00	X						0	0	0
(15) JOE HIGHT	1.00									
DIRECTOR	0.00	X						0	0	0
(16) BERNARD JONES	1.00									
DIRECTOR	0.00	X						0	0	0
(17) AIMEE AHPEATONE	1.00									
DIRECTOR	0.00	X						0	0	0
(18) GARY ALLISON	1.00									
DIRECTOR	0.00	X						0	0	0
(19) TONY WELCH	1.00									
DIRECTOR	0.00	X						0	0	0
1b Sub-total ▶										
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. 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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RAY BITSCHE JR.	40.00									
CEO	0.00			X				107,817	0	8,836
(13) JULIA REED	40.00									
COO	0.00			X				66,750	0	774
(14) REBECCA DENNY	40.00									
CFO	0.00			X				62,089	0	24
(15) KELLI DUPUY	40.00									
MARKETING/DEVELOPME	0.00			X				57,546	0	6,758
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶								294,202		16,392
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. 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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 813,589				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 4,833,623				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,875,353				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f ▶		10,522,565			
Program Service Revenue		Busn. Code				
	2a CLIENT FEES		138,274	138,274		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		138,274			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		9,545			9,545
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents	23,550				
	b Less: rental exps.					
	c Rental inc. or (loss)	23,550				
	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		774			774
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		774			
	12 **Total revenue.** See instructions. ▶		10,694,708	138,274	0	33,869

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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	331,309	274,518	53,624	3,167
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	3,272,802	2,704,062	536,873	31,867
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	113,807	97,203	16,078	526
9 Other employee benefits	307,702	275,088	29,160	3,454
10 Payroll taxes	374,208	329,624	41,650	2,934
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. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	89,164	51,832	25,056	12,276
14 Information technology				
15 Royalties				
16 Occupancy	215,428	179,107	33,158	3,163
17 Travel	35,269	33,778	1,005	486
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,930	66,322	4,107	501
20 Interest	499			499
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,377	19,908	12,176	293
23 Insurance	78,210	61,156	15,833	1,221
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	880,927	880,927		
b PROFESSIONAL FEES	391,913	313,562	70,253	8,098
c NUTRITION PROGRAM	189,176	188,833	343	
d SPECIFIC ASSISTANCE	111,791	104,430	5,949	1,412
e All other expenses	115,401	103,412	10,966	1,023
25 Total functional expenses. Add lines 1 through 24e	6,610,913	5,683,762	856,231	70,920
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		2,228,356	1	4,427,555
	2	Savings and temporary cash investments		103,338	2	104,322
	3	Pledges and grants receivable, net		5,220,048	3	6,387,822
	4	Accounts receivable, net		62,695	4	68,058
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		133,673	9	148,287
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,462,817			
	b	Less: accumulated depreciation	10b 1,267,133	936,258	10c	1,195,684
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		46,925	12	50,600
	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)		8,731,293	16	12,382,328
Liabilities	17	Accounts payable and accrued expenses		466,371	17	395,277
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		350,000	24	
	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		26,091	25	14,425
	26	**Total liabilities.** Add lines 17 through 25		842,462	26	409,702
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,239,328	27	2,718,719
	28	Temporarily restricted net assets		5,649,503	28	9,253,907
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		7,888,831	33	11,972,626
	34	Total liabilities and net assets/fund balances		8,731,293	34	12,382,328

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

Part XII Financial Statements and Reporting

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

			Yes	No
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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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

2012

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–Non-functionally integrated

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

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

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

		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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,920,984	6,936,399	6,880,479	12,885,508	10,297,565	42,920,935
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	5,920,984	6,936,399	6,880,479	12,885,508	10,297,565	42,920,935
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)						3,911,177
6 **Public support.** Subtract line 5 from line 4.						39,009,758

Section B. Total Support

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

12	Gross receipts from related activities, etc. (see instructions)	12	138,274

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** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90.41 %
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	94.16 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SUPPORT SCHEDULE - UNUSUAL GRANTS

$ 225,000

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	$ 90,859

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

2012

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	☒ 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

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	DEPARTMENT OF HEALTH AND HUMAN SERV. ADMIN. FOR CHILDREN AND FAMILIES 1301 YOUNG STREET, ROOM 937 DALLAS TX 75202	$ 1,427,386	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	OKC PUBLIC SCHOOLS 900 N KLINE OKLAHOMA CITY OK 73106	$ 444,447	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	OKLAHOMA DEPT OF HUMAN SERVICES 2507 N SHIELDS BLVD MOORE OK 73160	$ 652,064	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	CORP. FOR NATIONAL SERVICE 215 DEAN A MCGEE, STE 324 OKLAHOMA CITY OK 73102	$ 393,181	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	UNITED WAY OF CENTRAL OKLAHOMA P.O. BOX 837 OKLAHOMA CITY OK 73101	$ 813,589	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	INASMUCH FOUNDATION 210 PARK AVE, SUITE 3150 OKLAHOMA CITY OK 73102	$ 225,000	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). 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	COMMUNITY ACTION PROJECT OF TULSA CO 4606 S. GARNETT RD., STE 100 TULSA OK 74146	$ 786,064	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	COMMUNITY ACTION AGENCY OF OKLA CITY 319 S.W. 25TH ST OKLAHOMA CITY OK 73109	$ 815,717	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	DEVON ENERGY 333 W SHERIDAN AVE OKLAHOMA CITY OK 73102	$ 500,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	E.L. AND THELMA GAYLORD FOUNDATION 6305 WATERFORD BLVD STE 350 OKLAHOMA CITY OK 73118	$ 500,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	GEORGE KAISER FAMILY FOUNDATION 7030 SOUTH YALE AVENUE, STE 600 TULSA OK 74136	$ 500,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12	J.E. AND L.E. MABEE FOUNDATION 401 S BOSTON AVE, STE 3001 TULSA OK 74103	$ 1,000,000	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). 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
13	RAY AND PAT POTTS 1217 GLENBROOK DRIVE OKLAHOMA CITY OK 73148	$ 500,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GEORGE AND NANCY RECORDS P.O. BOX 54390 OKLAHOMA CITY OK 73154	$ 250,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

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 XIII, 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 XIII, 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 XIII.

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

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

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

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

		Amount
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 XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

a Board designated or quasi-endowment ▶ 100.00 %
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:

	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 XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		118,664		118,664
b Buildings		2,056,859	1,016,127	1,040,732
c Leasehold improvements				
d Equipment		259,294	223,006	36,288
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).) ▶				1,195,684

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(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	14,425
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,425

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

Part XI 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 XIII.)	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 XIII.)	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 XII 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 XIII.)	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 XIII.)	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 XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

THE FINANCIAL STATEMENTS INCLUDED A FOOTNOTE THAT STATED THAT MANAGEMENT DID NOT BELIEVE THAT ANY UNCERTAIN TAX POSTIONS CURRENTLY EXIST AND NO LOSS CONTINGENCY WAS RECOGNIZED IN THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

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

2012

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 6,953 CLIENTS COMPARED TO 5,604 CLIENTS THE PREVIOUS YEAR AND PROVIDED 272,085 UNITS OF SERVICE COMPARED TO 282,845 UNITS OF SERVICE THE PREVIOUS YEAR. WE SAW 1,349 MORE CLIENTS (24% INCREASE), BUT PROVIDED 4% FEWER UNITS OF SERVICE THAN IN FY12. THIS REDUCTION PRIMARILY OCCURRED IN OUR EARLY CHILDHOOD EDUCATION AND FOSTER CARE PROGRAMS. FURTHER EXPLANATION OF THOSE TRENDS WILL BE REPORTED IN 4A AND 4C.

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

NETWORK. INDEPENDENT EVALUATIONS OF CHILDREN ENROLLED AT OKC EDUCARE WHERE MOST OF EARLY CHILDHOOD SERVICES ARE PROVIDED WERE PERFORMED BY ANSELM LEARNING, OUR LOCAL EVALUATION PARTNER.

THE GOAL OF OKC EDUCARE IS FOR CHILDREN TO EXIT READY TO SUCCEED IN KINDERGARTEN AS MEASURED BY THE BRACKEN READINESS INDEX. WHILE THE NATIONAL EDUCARE LEARNING NETWORK CALLS FOR BRACKEN SCHOOL READINESS MEASURES TO BE ADMINISTERED AT THE END OF THE PRESCHOOL YEAR, OKC EDUCARE ELECTS TO ADMINISTER THE BRACKEN AT THE END OF THE THREE-YEAR OLD AND THE END OF THE PRE-KINDERGARTEN YEAR. THOUGH MOST OKC EDUCARE CHILDREN ENTER THE PROGRAM FAR BEHIND THEIR PEERS, BRACKEN DATA SHOW THAT OKC EDUCARE

Name of the organization: SUNBEAM FAMILY SERVICES, INC.

Employer identification number: 73-0590119

STUDENTS MAKE STATISTICALLY SIGNIFICANT PROGRESS; HOWEVER, THESE STUDENTS STILL TYPICALLY BEGIN KINDERGARTEN WITH SCORES BELOW THE BRACKEN GOAL OF 100.

CHILDREN AT OKC EDUCARE TEND TO ACHIEVE AN AVERAGE STANDARD SCORE OF 85 OR HIGHER ON THE BRACKEN SCHOOL READINESS COMPOSITE. LENGTH OF STAY AT OKC EDUCARE IS STRONGLY CORRELATED WITH HIGHER BRACKEN SCHOOL READINESS SCORES, WITH 25% OF THE CHILDREN ATTENDING OKC EDUCARE FOR THREE FULL-YEARS SCORING AT OR ABOVE A STANDARD SCORE OF 95 ON THE BRACKEN SCHOOL READINESS COMPOSITE. WITH FOUR YEARS OF OPERATION, FAMILY MOBILITY CONTINUES TO BE A VARIABLE THAT AFFECTS LENGTH OF TIME AT OKC EDUCARE. RESEARCH AT THE NATIONAL-LEVEL CONFIRMS THIS AT ALL EDUCARE SITES.

OKC EDUCARE CONDUCTED AN EXPERIMENTAL INTERVENTION IN THE SPRING OF 2013 WITH ALL PRE-KINDERGARTEN STUDENTS TO INCREASE LETTER SOUND MASTERY PRIOR TO ENTERING KINDERGARTEN. THIS INTERVENTION WAS CALLED THE UPP PROGRAM. THE AVERAGE NUMBER OF LETTERS IDENTIFIED BY STUDENTS BY SOUND INCREASED OVER THE THREE-MONTH INTERVENTION PERIOD. INTERESTINGLY, THERE WAS A STRONG CORRELATION BETWEEN PERFORMANCE IN THE EXPERIMENTAL PROGRAM AND SCORE INCREASES ON THE LETTER IDENTIFICATION SUBTEST OF THE BRACKEN SCHOOL READINESS INDEX.

THE CLASS IS A PROCESS EVALUATION INSTRUMENT USED TO DETERMINE HOW OKC EDUCARE CLASSES ARE FUNCTIONING IN RELATION TO EMOTIONAL AND BEHAVIORAL SUPPORT AS WELL AS LEARNING ENGAGEMENT. CLASS SCORES VARIED WIDELY IN 2011-12 AND 2012-13. EMOTIONAL AND BEHAVIORAL SUPPORT SCORES WERE TYPICALLY HIGHER COMPARED TO ENGAGED SUPPORT FOR LEARNING SCORES.

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THE INFANT/TODDLER ENVIRONMENT RATING SCALE (ITERS) AND EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS) WERE USED TO EVALUATE THE CLASSROOMS AND SERVE FOR YOUNG CHILDREN IN CHILD DEVELOPMENT/CLASSROOM SETTINGS AT OKC EDUCARE. THE ITERS AVERAGE SCORE INCREASED FROM 5.3 IN 2011-12 TO 5.6 IN 2012-13. THE ECERS AVERAGE SCORE INCREASED FROM 4.9 IN 2011-12 TO 5.0 IN 2012-13. THESE INCREASES REPRESENT STATISTICALLY SIGNIFICANT GAINS.

OKC EDUCARE TEACHERS ALSO GATHER DATA AT PROGRESS CHECKPOINTS QUARTERLY, WITH DATA ANALYSIS CONDUCTED BY CREATIVE CURRICULUM. ANALYSIS REVEALED 100% OF THE CHILDREN IN ALL AGE GROUPS DEMONSTRATED GROWTH IN THE IDENTIFIED AREAS. FURTHERMORE, ALL OF THE ENROLLED CHILDREN AT OKC EDUCARE RECEIVE QUARTERLY MENTAL HEALTH ASSESSMENTS, EVALUATIONS, AND REFERRAL AS NEEDED FOR ADDITIONAL SERVICES.

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

ASSISTANCE ENABLED THEIR LOVED ONE TO CONTINUE TO LIVE AT HOME. ABSENT THIS SUPPORT, SOME WOULD BE PLACED IN A NURSING HOME EARLIER.

ONE HUNDRED THIRTY-ONE SENIOR COMPANION VOLUNTEERS OVER THE AGE OF 55 PROVIDED 190,289 UNITS OF SUPPORTIVE SERVICES TO 432 CLIENTS (COMPARED TO 529 CLIENTS AND 201,215 UNITS OF SERVICE IN FY12) SO THAT FRAIL ELDERLY SENIORS ISOLATED AND LIVING ALONE COULD BE CARED FOR BY A CAREGIVER, PROVIDED WITH THE SUPPORT NEEDED TO MAINTAIN SELF-SUFFICIENCY AND REMAIN IN THEIR OWN HOME AS LONG AS SAFELY POSSIBLE TO AVOID NURSING HOME PLACEMENT. WE ACHIEVED 75% OF OUR CLIENTS SERVED GOAL AND ACHIEVED 95% OF OUR UNITS OF SERVICE GOALS. BASED ON ANNUAL SURVEY RESULTS, 92% OF CLIENTS ASSIGNED A

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SENIOR COMPANION REPORTED FEELING LESS ISOLATED AND LONELY, AND 87% WERE ABLE TO CONTINUE LIVING IN THEIR OWN HOME. WERE NURSING HOME PLACEMENT REQUIRED, THE APPROXIMATE COST TO THE OKLAHOMA MEDICAID PROGRAM WOULD HAVE BEEN APPROXIMATELY $42,000/CLIENT ANNUALLY COMPARED WITH A SENIOR COMPANION VOLUNTEER PROVIDING 20 HOURS OF AT-HOME WEEKLY SUPPORT AT AN ANNUAL COST OF APPROXIMATELY $2,000/YEAR.

THE EMERGENCY SENIOR SHELTER PROVIDED SHORT-TERM, EMERGENCY SHELTER FOR OLDER ADULTS WHO ARE VICTIMS OF ABUSE, NEGLECT, SELF-NEGLECT OR EXPLOITATION. WHEN BEDS WERE AVAILABLE, THE SHELTER ALSO SERVED AS TRANSITIONAL HOUSING BETWEEN HOSPITAL AND HOME FOR MEDICALLY-FRAGILE INDIVIDUALS WHO OTHERWISE WOULD BE PLACED IN A CONVENTIONAL HOMELESS SHELTER. THE SHELTER PROVIDED SERVICES TO 119 RESIDENTS (99% OF GOAL). BY MORE FULLY INTEGRATING OUR COUNSELING SERVICES, WE WERE ABLE TO MORE EFFECTIVELY SERVE RESIDENTS WITH HIGHER ACUITY LEVELS, AND INCREASE OUR PLACEMENT SUCCESS RATE FROM 82% TO 84% OF PLACEMENTS.

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

WERE ALREADY OF ADULT AGE. SEVEN ATTENDED COLLEGE FULL TIME AND FOUR ATTENDED COLLEGE PART TIME. TWO COMPLETED THEIR BACHELOR'S DEGREE AND ONE COMPLETED THEIR MASTER'S DEGREE. ONE WAS IN HIGH SCHOOL AND EARNED A HIGH SCHOOL DIPLOMA. TWO EARNED VOCATIONAL TRAINING CERTICATIONS. THE REMAINING SIX YOUTH FAILED TO COMPLETE THEIR TRANSITIONAL PROGRAM(4 DIDN'T MEET MINIMUM GPA REQUIREMENTS; 1 MAXED OUT SCHOLARSHIPS WITHOUT GRADUATING AND 1 WAS DISMISSED FROM THE PROGRAM DUE TO NUMEROUS CRIMINAL CHARGES.

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

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THE COUNSELING PROGRAM SET THE GOAL OF SEEING 3,200 CLIENTS AND PROVIDING 8,200 UNITS OF SERVICE. THE PROGRAM ACTUALLY SERVED 1,750 CLIENTS (54.7% OF GOAL) AND PROVIDED 6,078 UNITS OF SERVICE (74% OF GOAL). THE UNITS OF SERVICE PROVIDED IS A DECREASE OF 19.6% WHEN COMPARED WITH THE 7,561 UNITS PROVIDED IN FY12.

OUR CLINIC BASED SERVICES REACHED TARGETED GOALS. CLIENTS SEEN IN CLINIC BASED COUNSELING FOR SIX OR MORE SESSIONS INCREASED THEIR GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORES BY 4.8 POINTS COMPARED WITH AN INCREASE OF 5.72 POINTS THE PREVIOUS YEAR. WITH THE RELEASE OF THE NEW DIAGNOSTIC AND STATISTICAL MANUAL V, THE GAF SCORE WILL BE OBSOLETE IN THIS COMING YEAR. OUR CLINICAL SERVICES STAFF ARE EVALUATING NEW STANDARDIZED, EVIDENCE-BASED MEASURES THAT WILL DEMONSTRATE OUR OUTCOMES AND IMPACT.

THE SCHOOL-BASED/COMMUNITY-BASED PROGRAM ENCOUNTERED UNANTICIPATED BARRIERS INTERNALLY AND EXTERNALLY. WE EXPERIENCED STAFF TURNOVER, WHICH IMPACTED SCHOOL RELATIONSHIPS. THIS WAS COMPOUNDED WHEN OKLAHOMA CITY PUBLIC SCHOOLS CHOSE TO TIGHTEN THEIR POLICIES AND SCREENING FOR AGENCIES PROVIDING COUNSELING SERVICES ON THEIR CAMPUSES. THIS CREATED A STATE OF FLUX AS THEY DEVELOPED NEW RULES FOR WHO COULD BE IN THE SCHOOL BUILDINGS PROVIDING SERVICES. WHILE THIS TRANSPIRED, WE WERE UNABLE TO PROVIDE SERVICES ON SCHOOL CAMPUSES. WE WERE LATER GIVEN THE GREEN LIGHT TO RETURN TO SCHOOL CAMPUSES, BUT NOT SOON ENOUGH TO REACH OUR TARGETED GOALS. WHEN WE HAVE BEEN ENGAGED WITH THE STUDENTS IN THE SCHOOLS, OUR RESULTS DEMONSTRATE IMPACT, HOWEVER, OUR NUMBERS SERVED WERE DISAPPOINTING.

EACH ACADEMIC YEAR, STUDENTS WILL EXHIBIT IMPROVED ABILITY TO LEARN AND

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FUNCTION AT GRADE LEVEL. PRE-TEST SCORES ARE GATHERED IN THE FIRST SEMESTER OF WORK, AND CALCULATED AT THE END OF THE ACADEMIC YEAR FOR FINAL RESULTS. THREE YEAR AVERAGES OF THOSE RESULTS ARE AS FOLLOWS:

5% OF IMPROVEMENT IN GRADE LEVEL ACHIEVEMENT (FIRST YEAR WAS ONLY 1%, WITH SUBSEQUENT YEARS DEMONSTRATING 6-7%)

11% IMPROVEMENT IN ABILITY TO FOLLOW DIRECTIONS

8% DECREASE IN BULLYING BEHAVIORS (FIRST YEAR WAS ONLY 3% DECREASE, WITH SUBSEQUENT YEARS AT 11%)

11% INCREASE IN ABILITY TO GET ALONG WELL WITH PEERS

13% INCREASE IN ABILITY TO EXHIBIT POSITIVE SELF-CONTROL.

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

ROBERT J. ROSS — DIRECTOR

PHYLLIS STONG — 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.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS REVIEWED AND ADJUSTED ANNUALLY BY THE BOARD OF DIRECTORS BASED ON THEIR KNOWLEDGE OF THE ENTITY

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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

2012

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SFS, LLC. 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	(g) No
(1) FOUNDATION FOR SUNBEAM P.O. BOX 61237 80-0531767 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) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? 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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1)										
(2)										
(3)										
(4)										

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

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

		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		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)	X	
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o	Sharing of paid employees with related organization(s)	X	
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		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–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	FOUNDATION FOR SUNBEAM	C	78,800	AMOUNT GIVEN
(2)				
(3)				
(4)				
(5)				
(6)				

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).

OKLAHOMA RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Section 501(c) of the Internal Revenue Code

Form 512E - 2012

AMENDED RETURN! If this is an Amended Return place an 'X' here ☐

PART 1

For the year January 1 - December 31, 2012, or other taxable year beginning: JULY, 2012 ending: JUNE, 2013

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	Date Qualified for Tax Exempt Status
73-0590119	

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 2012 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 2013 estimated tax	9	-	00

Line 10 instructions provide you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from the instructions to this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

10. Donations from your refund ☐ $2 ☐ $5 ☐ $ _____	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

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? ☐ Yes ☐ No

Deposit my refund in my:

☐ checking account — Routing Number:

☐ savings account — Account Number:

13. Tax Due (if line 4 is larger than line 7 enter tax due) **Tax Due**	13	-	00
14. Donation: Public School Classroom Support Fund..... ☐$2 ☐$5 ☐$_____ (For information regarding this fund, see page 4, #17)	14	-	00
15. For delinquent payment, add penalty of 5% _____ plus interest at 1 1/4% per month	15	-	00
16. Underpayment of estimated tax interest (enclose Form OW-8-P)	16	-	00
17. Total tax, donation, penalty and interest due - Add lines 13-16; pay in full with return. **Balance Due**	17	-	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 CLIENT COPY	Date	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. ☒	Signature of Preparer / Date: FEB 05 2014
Print Name			Preparer's Address: LUTON & CO., PLLC, 201 NW 63rd ST., STE 100 OKC, OK 73116
Title	Phone Number with Area Code		Phone Number: (405)848-7313 / Preparer's FEIN: 73-1331618