DLN: 93493047017605

OMB No 1545-0047

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Check if Address Name cl Initial re Termina Amende Applicati Tax-exe	of applicable s change change eturn ated ed return tion 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 1100 NW 14TH ST City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73106 F Name and address of principal officer JIM PRIEST 1100 NW 14TH ST		D Employer 73-0590 E Telephone (405) 52		tion number
Address Name of Initial re Termina Amende Applicati	s change change eturn ated ed return tion pending	Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1100 NW 14TH ST City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73106 F Name and address of principal officer JIM PRIEST	e	E Telephone	119	
Name of Initial re Termina Amende Applicati	change etum ated ed return tion pending	Number and street (or P O box if mail is not delivered to street address) Room/suite 1100 NW 14TH ST City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73106 F Name and address of principal officer JIM PRIEST	e	E Telephone	1119	
Initial re Termina Amende Applicati	eturn ated ed return tion pending	City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73106 F Name and address of principal officer JIM PRIEST	e	·		
Termina Amende Applicati Tax-exe	ated ed return tion pending	City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73106 F Name and address of principal officer JIM PRIEST	e 	·		
Amende Applicati Tax-exe Websi	ed return tion pending	City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73106 F Name and address of principal officer JIM PRIEST		(405)52	number	
Applicati Tax-exe	tion pending	OKLAHOMA ČITY, OK 73106 F Name and address of principal officer JIM PRIEST			8-7721	
Tax-exe		JIM PRIEST				
Websi		JIM PRIEST		G Gross rece	ıpts \$ 7,975	5,047
Websi			H(a) Is this	a group re	turn for	
Websi			subord	linates?		┌ Yes 🗸 No
Websi		OKLAHOMA CITY, OK 73106	H(b) Are all	subordinat	tac	┌ Yes ┌ No
Websi			include		ces	1 1631 110
	kempi status	▼ 501(c)(3)	If "No,	" attach a l	lıst (see	ınstructıons)
Form of	site:► WW	W SUNBEAMFAMILYSERVICES ORG	H(c) Group	exemption	number l	.
Form of			1			
		✓ Corporation	L Year of form	nation 1907	M State	of legal domicile O
Part I		mary escribe the organization's mission or most significant activities				
3 4 5	INDIVII COMPA	ABLE SOCIAL SERVICES FREE OF CHARGE OR ON A SLIDING SCAL DUAL AND FAMILY FUNCTIONING DURING THE REPORTING YEAR, RED TO 6,953 CLIENTS THE PREVIOUS YEAR WE SAW 1,393 MORE	SUNBEAM S CLIENTS (2	ERVED 8,3 0% INCRE	46 CLIE	
. 2	2 Check th	nis box দ if the organization discontinued its operations or disposed of	more than 25	% of its ne	t assets	
2	Number	of voting members of the governing body (Part VI, line 1a)		1	з	2
1		of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	4	2
-		mber of individuals employed in calendar year 2013 (Part V, line 2a) .		•	5	17
		mber of volunteers (estimate if necessary)		·	6	62
- 1		related business revenue from Part VIII, column (C), line 12		· -	7a	02
		lated business taxable income from Form 990-T, line 34		<u> </u>	7b	<u> </u>
	D Net and	rated business taxable meonic nonitronii 550 1, inic 51 1. 1. 1.	Prior			urrent Year
8	Contri	butions and grants (Part VIII, line 1h)		10,522,56	+	arrent rear
		m service revenue (Part VIII, line 2g)				7 7 2 8 2 4 3
9	_				_	
ē ±∨	1 Invact			138,274	4	200,493
- 11		ment income (Part VIII, column (A), lines 3, 4, and 7d)		138,274 9,54!	5	7,728,243 200,493 -35,948
11	L Other	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		138,274	5	200,493
11 12	L Other Totalı	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		138,274 9,54!	4 5 4	200,493 -35,948 20,350
11	Other Totali 12).	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		138,274 9,545 24,324	4 5 4	200,493 -35,948 20,350 7,913,138
12	Other Total (12) Grants	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		138,274 9,545 24,324	4 5 4	200,493 -35,948
11 12 13 14 15	Other Total r 12) . Grants Benefi Salario	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1-3) ts paid to or for members (Part IX, column (A), line 4)		138,274 9,545 24,324 10,694,708	4 5 5 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	200,493 -35,948 20,350 7,913,138
11 12 13 14 15	Other Total r 12). Grants Benefi Salarie 5-10)	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		138,274 9,545 24,324	4 5 5 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	200,493 -35,948 20,350 7,913,138 0 0
11 12 13 14 15	Other Total r 12) . Grants Benefi Salarie 5-10) Profes	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4)		138,274 9,545 24,324 10,694,708	4 5 5 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	200,493 -35,948 20,350 7,913,138
11 12 13 14 15 16 16	Other Total r 12). Grants Benefi Salarie 5-10) Profes Total fu	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3)		138,274 9,545 24,324 10,694,708 4,399,828	4 5 5 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	200,493 -35,948 20,350 7,913,138 0 0 4,526,412
11 12 13 14 15 22 166 17	Other Total r 12) . Grants Benefi Salarie 5-10) Fabruary Other	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3)		138,274 9,54! 24,324 10,694,708 4,399,828	4 5 5 4 8 8 8 5 5 5 5 5 5 5 5 5 5 5 5 5	200,493 -35,948 20,350 7,913,138 0 4,526,412
13 14 15 16 17 18	Other Total r 12). Grants Benefi Salaric 5-10) A Profes Total fu Other Total fu	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines and similar amounts paid (Part IX, column (A), lines 1–3)		138,274 9,545 24,324 10,694,708 4,399,828 2,211,085 6,610,913	4 5 5 4 8 8 5 5 3 3	200,493 -35,948 20,350 7,913,138 0 4,526,412 0 2,232,911 6,759,323
11 12 13 14 15 25 16 17 18 19	Other Total r 12). Grants Benefi Salaric 5-10) A Profes Total fu Other Total fu	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3)	Beginning	138,274 9,545 24,324 10,694,708 4,399,828 2,211,085 6,610,913 4,083,795 of Current	4 5 5 4 4 8 8 5 5 3 3 5 5 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	200,493 -35,948 20,350 7,913,138 0 4,526,412
11 12 13 14 15 16 17 18 19	Other Total r 12) . Grants Benefi Salario 5-10) Frofes Total fu Other Reven	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines and similar amounts paid (Part IX, column (A), lines 1–3)	Beginning	138,274 9,54! 24,324 10,694,708 4,399,828 2,211,08! 6,610,913 4,083,79! of Current ar	4	200,493 -35,948 20,350 7,913,138 0 4,526,412 0 2,232,911 6,759,323 1,153,815
11 12 13 14 15 16 17 18 19	Other Total r 12) . Grants Benefi Salarie 5-10) Total r Other Total e Reven	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines and similar amounts paid (Part IX, column (A), lines 1–3)	Beginning Ye	138,274 9,545 24,324 10,694,708 4,399,828 2,211,085 6,610,913 4,083,795 of Current ar	4	200,493 -35,948 20,350 7,913,138 0 4,526,412 0 2,232,911 6,759,323 1,153,815 ind of Year 14,825,638
11 12 13 14 15 166 1 17 18 19 Seconds	Other Total r 12). Grants Benefi Salarie 5-10) Total fu Other Reven Total a Total a	revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines and similar amounts paid (Part IX, column (A), lines 1–3)	Beginning Ye	138,274 9,54! 24,324 10,694,708 4,399,828 2,211,08! 6,610,913 4,083,79! of Current ar	4	200,493 -35,948 20,350 7,913,138 0 4,526,412 0 2,232,911 6,759,323 1,153,815

OKLAHOMA CITY, OK 73116

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

✓ Yes ☐ No

Forn	n 990 (2013)					Page
Pai		ement of Program Serv k if Schedule O contains a resp			III	ন
OPP SOC	MISSION OF ORTUNITY TO IAL SERVICE	O SUCCEED THIS IS ACHIE ES FREE OF CHARGE OR ON A	ES, INC IS TO VED BY PRO V A SLIDING SO	/IDING THE POOR A CALE FEE BASIS WHI	OF ALL AGES WITH HELP, HOP ND WORKING POOR WITH QUA CH RESULT IN IMPROVED IND NTS COMPARED TO 6,953 CL:	ALITY, AFFORDABLE DIVIDUAL AND FAMIL
YEA	R WE SAW 1,	393 MORE CLIENTS (20% IN	ICREASE)			
2	the prior For	nızatıon undertake any sıgnıfıc m 990 or 990-EZ?				✓ Yes │ No
3	Did the organ	cribe these new services on S nization cease conducting, or r	make significa	•	, ,	┌ Yes ┌ No
4	Describe the expenses S		e accomplishr) organization	s are required to repor	ree largest program services, as t the amount of grants and alloca	
4a	AGENCY AND STATISTICALL' OKC EDUCARI BIRTH TO AGE CHILDHOOD L INCORPORATE SERVICES' ST. CHECKED BY CHILD OKC EDUCARE TEAREVEALED TH. CHILDREN AT CLASS IS A PR BEHAVIORAL SENCOURAGIN. LEARNING SCOUTS BUT STEADY I ATMOSPHERE ENVIRONMEN' DEVELOPMEN' IN 2013-2014	OKLAHOMA COUNTY COMMUNITY AC'Y THE LEAST LIKELY TO SUCCEED IN E, TONY REYES, EMERSON ALTERNAT E 5 AND THEIR 306 FAMILY MEMBERS JSES CREATIVE CURRICULUM/TEACH ES RESEARCH AND BEST PRACTICES AFF RECORD WEEKLY OBSERVATIONS EACH MASTER TEACHER AND THE EDUCARE IS PART OF A NATIONAL RESEACH MASTER TEACHER AND THE EDUCARE IS PART OF A NATIONAL RESEACHERS ALSO GATHER DATA AT PROGAT 100% OF THE CHILDREN IN ALL A OKC EDUCARE RECEIVE QUARTERLY ROCESS EVALUATION INSTRUMENT AN SUPPORT AS WELL AS LEARNING ENGAGONES IS NOW EVIDENT THIS IS BASENCEASE IN SCORES PROVIDES EVID THAT IS EMOTIONALLY AND BEHAVIO THAT IS EMOTIONALLY AND BEHAVIO TRATING SCALE (ITERS) AND EARLY I/CLASSROOM SETTINGS AT OKC EDU	TION AGENCY W SCHOOL WITHOU IIVE SCHOOL AND) OVER 200 CHII ING STRATEGIES IN ITS MODEL AN 6 ON EACH CHILD IUCATION DIRECT SEARCH PROJECT VICES ARE PROVI RESS CHECKPOIN GE GROUPS DEMO MENTAL HEALTH ID WAS USED TO AGEMENT WHILE ADY INCREASE IN ED ON A TREND T SENCE AS A UNIT, RALLY SUPPORTIN CHILDHOOD ENV JCARE THE ITER EASED FROM 4 8 1	H PARTNERSHIPS WITH OKE STRIVE TO SERVE THE CHE CHE CHE CHE CHE CHE CHE CHE CHE C) (Revenue \$ LAHOMA CITY PUBLIC SCHOOLS, LATING INLOREN OF GREATEST DISADVANTAGE HIS PAST YEAR OUR EARLY CHILDHOOD WERE FULLY ENROLLED, SERVING 728 EDUCARE WAITING LIST SUNBEAM FAM CREATIVE CURRICULUM/TEACHING ST SYANISH EDITIONS SUNBEAM FAMILY STON TO SUPPORT EACH OBSERVATION FICATIONS ARE MADE FOR INDIVIDUALING NETWORK INDEPENDENT EVALUATION ANSELM LEARNING, OUR LOCAL EVALUA A ANALYSIS CONDUCTED BY CREATIVE IE IDENTIFIED AREAS FURTHERMORE, NS, AND REFERRALS AS NEEDED FOR A UCARE CLASSES ARE FUNCTIONING IN FIBLY AFFECTS CLASS SCORES FROM YEARAVIORAL SUPPORT SCORES AS WELL AS STEADILY IMPROVING WITH REGARD TO STEADILY IMPROVING WITH RESE IMPROVING WITH RESE IMPROVING WITH THESE IMPROVING WITH THESE IMPROVING WITH THESE IMPROVING WITH WITH THESE IMPROVING WITH WITH THE WITH WAIT WAS AND WOUNT WAS AND WAS AND WAS AND WOUNT WAS AND WAS	(THOSE THAT ARE) EDUCATION PROGRAMS AT CLIENTS (422 CHILDREN ILLY SERVICES EARLY FRATEGIES GOLD ERVICES EARLY CHILDHOOD THESE OBSERVATIONS ARE ZED INSTRUCTION FOR EAC ONS OF CHILDREN ENROLLEI ATION PARTNER OKC CURRICULUM ANALYSIS ALL OF THE ENROLLED DDITIONAL SERVICES THE RELATION TO EMOTIONAL AN IR TO YEAR, IT IS S ENGAGED SUPPORT FOR Y 2013 TO 2014 THIS SLOW TO CREATING A LEARNING INFANT/TODDLER NG CHILDREN IN CHILD 112-13 AND UPWARD TO 6 0
4b	(Code) (Expenses \$	1,001,859	ıncludıng grants of \$) (Revenue \$)

THE CAREGIVER FUNDAMENTALS PROGRAM PROVIDED 1,891 UNITS OF CAREGIVER EDUCATION, COUNSELING, RESPITE SERVICES, AND SCHOOL SUPPLIES TO 5,859 CLIENTS 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-TWO PERCENT (92%) OF CAREGIVERS RECEIVING RESPITE SUPPORT REPORTED THE ASSISTANCE ENABLED THEIR LOVED ONE TO CONTINUE TO LIVE AT HOME ABSENT THIS SUPPORT, SOME WOULD BE PLACED IN A NURSING HOME EARLIER ONE HUNDRED EIGHTEEN (118) SENIOR COMPANION VOLUNTEERS OVER THE AGE OF 55 PROVIDED 85,647 UNITS OF SUPPORTIVE SERVICES TO 397 CLIENTS 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 THIER OWN HOME AS LONG AS SAFELY POSSIBLE TO AVOID NURSING HOME PLACEMENT WE ACHIEVED 85% OF OUR CLIENTS SERVED GOAL AND ACHIEVED 97% OF OUR UNITS OF SERVICE GOALS BASED ON ANNUAL SURVEY RESULTS, 94% OF CLIENTS ASSIGNED A SENIOR COMPANION REPORTED FEELING LESS ISOLATED AND LONELY, AND 91% 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 50,000/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 SEXPLOITATION WHEN BEDS WERE AVAILABLE, THE SHELTER ALSO SERVED AS TRANSITIONAL HOME ISSS SHELTER HOUSING BETWEEN HOSPITAL AND HOME FOR MEDICALLY-FRAGILE INDIVIDUALS WHO OTHERWISE WOULD BE PLACED IN A CONVENTIONAL HOMELESS SHELTER THE SHELTER PROVIDED SERVICES TO 105 RESIDENTS (96% OF GOAL) BY MORE FULLY INTEGRATING OUR CONSELING SERVICES, WE WERE ABLE TO MORE EFFECTIVELY SERVE RESIDENTS WITH HIGHER ACUITY LEVELS, AND INCREASE OUR PLACEMENT SUCCESS RATE FROM 84% TO 85% OF PLACEMENTS SUNBEAM SENIOR SERVICES ADDED A NEW PROGRAM ADVANTAGE CASE MANAGEMENT - OKLAHOMA'S MEDICAID WAIVER PROGRAM THE GOAL IS TO PROVIDE COMPREHENSIVE CASE MANAGEMENT FOR SENIORS WHO MEET INCOME ELIGIBILITY AND HAVE A CHRONIC HEALTH CONDITION, OR ARE DISABLED ANOTHER GOAL OF THE PROGRAM IS TO PROVIDE HOME AND COMMUNITY-BASED SERVICES, SUCH AS IN-HOME CARE, SKILLED NURSING, PERSONAL CARE, AND HOME-DELIVERED MEALS IN ORDER FOR THE INDIVIDUAL TO SAFELY AND COMFORTABLY LIVE IN THEIR OWN HOME THIS PROGRAM REDUCES NURSING HOME PLACEMENT AND REDUCES ANNUAL COSTS FROM 50,000 AVERAGE NURSING HOME EXPENSE TO AN AVERAGE OF 14,000 FROM JANUARY 2014 TO THE END OF THE FISCAL YEAR, JUNE 30, 2014, 15 CLIENTS WERE SERVED DURING THIS START-UP YEAR OF THE PROGRAM

439,055 including grants of \$) (Expenses \$) (Revenue \$

OUR EMERGENCY FOSTER CARE, BRIDGE HOME CARE AND CASEY FAMILY PROGRAMS SET A GOAL OF PROVIDING 13,148 DAYS OF CARE TO 300 CHILDREN IN FY14 WE ACTUALLY PROVIDED 10,240 DAYS OF CARE (78% OF GOAL) TO 216 CHILDREN (72% OF GOAL) CHILDREN DISCHARGED FROM OUR FOSTER CARE PROGRAMS WERE PLACED AS FOLLOWS 62 WERE PLACED WITH KINSHIP FAMILIES, 90 WERE PLACED IN LONG TERM TRADITIONAL FOSTER CARE, 1 WAS PLACED PROGRAMS WERE PLACED AS FOLLOWS 62 WERE PLACED WITH KINSHIP FAMILIES, 90 WERE PLACED IN LONG TERM TRADITIONAL FOSTER CARE, 1 WAS PLACED BY THERAPEUTIC FOSTER CARE, 1 WAS PLACED IN TRIBAL FOSTER CARE, 12 CHILDREN RETURNED TO THEIR BIRTH FAMILIES, AND 6 CHILDREN WERE ADOPTED BY THEIR SUNBEAM FOSTER FAMILIES ON JUNE 30,2014, SUNBEAM'S LONG TERM CONTRACT WITH DHS AND THOSE OF ALL BUT ONE OTHER LOCAL FOSTER CARE PROVIDER WERE TERMINATED DHS NOW CONTRACTS WITH ONLY FOUR PROVIDERS STATEWIDE TO PROVIDE FOSTER CARE SERVICES SUNBEAM HAS A CONTRACT WITH TWO OF THE FOUR WE COMPLETED OUR NINTH FULL YEAR OF MANAGING THE OKLAHOMA CASEY FAMILY PROGRAM WHICH SERVED NINE YOUTH TRANSITIONING INTO ADULTHOOD OR WERE ALREADY OF ADULT AGE CASEY FAMILY PROGRAM OF SEATTLE MADE THE DECISION TO CANCEL THIS PROGRAM EFFECTIVE APRIL 30, 2014 AND THE REMAINING YOUTH AND THE CASE MANAGEMENT SERVICES WERE TRANSFERRED TO FOSTER CARE TO SUCCESS OF THE NINE YOUTH, TWO COMPLETED THEIR BACHELOR'S DEGREES, ONE IS COMPLETING REQUIREMENTS FOR A PH D , ONE IS ATTENDING COLLEGE, TWO ARE ATTENDING A VOCATIONAL TRAINING PROGRAM, ONE COMPLETED HIGH SCHOOL AND EARNED A HIGH SCHOOL DIPLOMA AND TWO EARNED VOCATIONAL TRAINING CERTIFICATIONS CERTIFICATIONS

) (Expenses \$ 898,494 including grants of \$) (Revenue \$

THE SUNBEAM COUNSELING PROGRAM TOUCHED THE OKLAHOMA CITY COMMUNITY IN MANY VARIED WAYS DURING THE FY 2014, BY PROVIDING COUNSELING AND MENTAL HEALTH SERVICES, SUPPORT, TRAINING AND EDUCATION, AND SUPERVISION FOR FUTURE COUNSELORS. THE COUNSELING PROGRAM PROVIDED 6,905 UNITS OF SERVICE TO 892 CLIENTS DURING FY 2014. THE MAJORITY OF THOSE SERVICES WAS INDIVIDUAL, FAMILY, AND MARITAL THERAPY FOR CLIENTS. OF THE MAY 2013 TORNADO BEGINNING IN THE FY 2014 WE PROVIDED MANY HOURS OF "JOURNEY OF HOPE" GROUPS WHICH WERE HELD IN THE MOORE PUBLIC SCHOOL CLASSROOMS AND ALSO PROVIDED GROUP THERAPY IN THE OKLAHOMA CITY PUBLIC SCHOOL CLESAR CHAVEZ ELEMENTARY SCHOOL DURING FY 2014 SUNBEAM COUNSELING STAFF ALSO PROVIDED COUNSELING SERVICES IN COLLABORATION WITH MOORE YOUTH AND FAMILY BY ASSISTING WITH FIVE WEEKS OF CAMP NOAH DURING THE FY 2014 OUR STAFF TOUCHED SEVERAL HUNDRED CHILDREN'S LIVES WHICH HAD BEEN AFFECTED BY THE MAY 2013 TORNADO THESE NUMBERS WERE NOT INCLUDED IN THE 892 CLIENT COUNT OF THOSE 6,905 UNITS OF SERVICES, 374 UNITS OF SERVICES (INDIVIDUAL AND FAMILY THERAPY) WERE FOR 98 EAP CLIENTS, AVERAGING ALMOST FOUR SESSIONS PER CLIENT COUNSELING STAFF ALSO PROVIDED 104 UNITS OF SERVICE (EMPLOYEE EDUCATION AND TRAINING) TO THE ORGANIZATIONS WITH WHICH WE CONTRACT TO PROVIDE EAP SERVICES. SOME OF THE TRAINING/SEMINAR . TOPICS COVERED DURING THESE TRAINING SESSIONS CONFLICT RESOLUTION TECHNIQUES, ANGER MANAGEMENT, DRUG/ALCOHOL PREVENTION EDUCATION, AND MANAGING STRESS AND CHANGE. WE PROVIDED 328 UNITS OF SERVICE FOR OUR GRADUATE PROGRAM INTERNS THIS FY. THE INTERNS CAME FROM UCÓ AND OCU ALL THREE INTERNS COMPLETED THEIR INTERN PROGRAMS AND HOURS NEEDED FOR COMPLETION OF THEIR MASTER'S DEGREE ONE INTERN WAS HIRED AS A FULL TIME STAFF IN RECOGNITION OF HER PERFORMANCE DURING THE INTERNSHIP WITH SUNBEAM FAMILY SERVICES

Other program services (Describe in Schedule O) 4d

> 898,494 including grants of \$) (Revenue \$ 174,522)

5,702,471 4e Total program service expenses >

Part TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
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		No
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	Yes	

	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	 No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 18		165	N
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		
	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ì	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1	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		N
ı	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	74 Test, indicate the number of forms 6262 med during the year 1 1 1 1			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	שפ		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ection 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								
	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								
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	Yes						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
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		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	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								
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No					
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes						
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b							
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b							
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes						
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes						
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes						
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c	Yes Yes Yes						
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes						
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes						
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes						
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes						
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes						
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No					
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No					
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No					
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No					

(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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ORGANIZATION 1100 NW 14TH STREET OKLAHOMA CITY, OK 73103 (405) 528-7721

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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, or 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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	more t	tion (han c in is l	ne l	oox, an d	heck unless officer stee)		Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W-	rtable Estima nsation amount o related compens tions (W- from to -MISC) organizat				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organizat relat organiza	ed			
1b Sub-Total			•				>								
c Total from continuation sheet	s to Part VII, S	ection A	١.				•								
d Total (add lines 1b and 1c) .				•			•		312,709			23,497			
2 Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) wl	ho receive	d more th	an					
											Yes	No			
3 Did the organization list any fo									t compen	sated employee					
on line 1a? <i>If "Yes," complete S</i>											3	No			
4 For any individual listed on line organization and related organ	•								•						
individual		• •	•	•	•		•		• • •		4	No			
5 Did any person listed on line 1 services rendered to the organ									anization		5	No			
Section B. Independent Co	ntractors														
Complete this table for your fix compensation from the organize	ve highest comp											-			
	(A)	-					, -			(B) cription of services	(0				
FLINTCO LLC 2302 S PROSPECT AVENUE OK	lame and business a LAHOMA CITY OK 7:								GEN CONTI		Compe	165,486			
ANSELM CENTER FOR CONSULTATION AND E REES & ASSOCIATES INC 9211 LAKE HEFNEI							3034		CONSULTATARCHITECT			125,000 124,517			
WEED & MODOCEMIED INC 9211 DAKE HEFINEI	K TRYYT JOU ORLAN	OPIN CIT	- OR 7	2120	2013				, averities	ONCE		127,311			

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 >3

rait v	444	Check if S
s	1a	Federated
ants	b	Members
Ğ.	С	Fundraisi
iffs ar /	d	Related o
imil	е	Governmen
ution er S	f	All other co
di bi	g	Noncash co 1a-1f \$
Cor	h	Total. Ad
Revenue	2a b	CLIENT FEE
56	С	
Zer Zer	d	
an (e	
¥्ता	f	All other
	<u>д</u> 3	Total. Ad Investme
		and other
	4 5	Income from Royalties
	6a b c	Gross rer Less rental expenses Rental inco or (loss)
	d 7a	Net renta
	ь	from sales of assets othe than inventing Less cost of
		other basis sales exper Gain or (los
	c d	Net gain
Φ	8a	Gross inc
a na		\$ of contrib
Rev		See Part
ther	b	Less dire
0	c 9a	Net incon
	ya 	Gross inc See Part
	b	Less dire
	С	Net incon
	10a	Gross sal
	b	Less cos
	С	Net incon
	11a	MISCELL
	b	
	c	
	d e	All other Total. Ad
	12	Total rev
		- Joean 164

/III	Statement o		onso or noto to any li	no in thic Bart VIII			_
	Check if Schear	uie O contains a resp	oonse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns	la 937,321				
ь	Membership du	es :	Lb				
c	Fundraising eve	ents	 1c				
d	Related organiz	zations	Ld 82,412				
	Government grants		Le 4,779,971				
e	_						
f	similar amounts no	ons, gifts, grants, and ot included above	1,928,539				
g	Noncash contribution	ons included in lines					İ
h	Total. Add lines	s 1 a - 1 f		7,728,243			
<u> </u>			· · · •	, ,			
2a	CLIENT FEES		Business Code	200 403	200 402		
b	- CLEWITEES			200,493	200,493		
c							
d							
e							
f	All other progra	am service revenue					
-							
g		s 2a – 2f		200,493			
3		ome (including dividar amounts)		9,961			9,961
4	Income from inves	stment of tax-exempt bo	nd proceeds				
5	Royalties	<u> </u>	🛌				
	_	(ı) Real	(II) Personal				
	Gross rents Less rental	16,988					
b	expenses	45.000					
C	Rental income or (loss)	16,988					
d	Net rental inco	me or (loss)		16,988			16,988
	Gross amount	(ı) Securities	(II) Other				
7a	from sales of assets other than inventory		16,000				
ь	Less cost or other basis and		61,909				
	sales expenses		· ·				
C	Gain or (loss)		-45,909	-45,909			-45,909
d 8a	Net gain or (los Gross income f	•		-43,909			-43,909
	events (not inc						
	of contributions See Part IV, lin	s reported on line 1c					
ь	less directer	penses	a b				
c		(loss) from fundraisir					
9a	Gross income f	rom gamıng actıvıtıe					
	See Part IV, lin	ne 19					
ь	less directer	penses	a b				
		(loss) from gaming a					
	Gross sales of	inventory, less					
	returns and allo						
Ь	less costofa	a oods sold b					
	_	oods sold					
	Miscellaneous		Business Code				
11a	MISCELLANEC	DUS		3,362			3,362
ь							
С							
d	All other reven	ue					
e	Total. Add lines	s 11a-11d		3,362			
12	Total revenue.	See Instructions .			200,493		-15,598

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) o	raanizations must com	plete all columns All other o	rganizations must complete colu	ımn (A)

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizati	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX	<u> </u>	<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	367,380	303,860	59,663	3,857
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	3,426,912	2,834,429	556,439	36,044
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,783	36,114	27,315	354
9	Other employee benefits	291,943	262,224	26,706	3,013
10	Payroll taxes	376,394	315,660	57,143	3,591
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	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	114,740	77,490	29,364	7,886
14	Information technology				
15	Royalties				
16	Occupancy	198,072	164,398	30,223	3,451
17	Travel	50,563	47,791	1,747	1,025
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	102,309	85,612	11,382	5,315
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,547	17,608	9,528	411
23	Insurance	85,352	69,813	14,730	809
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)				
а	PARTNER SERVICES	522,387	522,387		
b	SPECIFIC ASSISTANCE	403,030	396,728	4,691	1,611
c	PROFESSIONAL FEES	379,056	234,316	101,495	43,245
d	NUTRITION PROGRAM	170,583	170,583		
e	All other expenses	179,272	163,458	14,593	1,221
25	Total functional expenses. Add lines 1 through 24e	6,759,323	5,702,471	945,019	111,833
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)				
				F-	rm 990 (2013)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in	tnis Part .	×	(A)		(B)
	Ι.				Beginning of year		End of year
	1	Cash-non-interest-bearing			4,427,555		5,078,294
	2	Savings and temporary cash investments			104,322		104,869
	3	Pledges and grants receivable, net		•	6,387,822	-	4,308,118
	4	Accounts receivable, net			68,058	4	94,269
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees Complete P Schedule L	art II of			5	
its	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contributi mployees	ng employers		6	
4ssets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			148,287	9	98,028
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		6,337,684	·	9	30,020
	Ь	Less accumulated depreciation	10b	1,251,874	1,195,684	10c	5.085.810
	11	Investments—publicly traded securities			1,100,001	11	3,003,010
	12	Investments—other securities See Part IV, line 11		•	50,600		56,250
	13	Investments—program-related See Part IV, line 11			30,000	13	50,200
	14					14	
		Intangible assets				15	
	15	Other assets See Part IV, line 11			12,382,328		14,825,638
	16	Total assets. Add lines 1 through 15 (must equal line 34) .					
	17	Accounts payable and accrued expenses		•	395,277	17	1,699,197
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
8	21	Escrow or custodial account liability Complete Part IV of Sch				21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual		ees,			
Ĕ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es			23	
	24	Unsecured notes and loans payable to unrelated third parties		•		24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa			14,425	25	
	26	Total liabilities. Add lines 17 through 25		•	409,702	26	1,699,197
	20				409,702	20	1,099,191
φ		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ and co	mpiete			
Š	27	Unrestricted net assets		_	2,718,719	27	6,726,336
<u>හ</u>	28	Temporarily restricted net assets		-	9,253,907	28	6,400,105
<u>п</u>	29	Permanently restricted net assets		-		29	_,,,,,,,,,
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.					
ō .e	30	Capital stock or trust principal, or current funds				30	
Ŕ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
25.5	32	Retained earnings, endowment, accumulated income, or other				32	
Set 7	33	Total net assets or fund balances			11,972,626		13,126,441
ž	34	Total liabilities and net assets/fund balances		-	12.382.328		14.825.638
		. J.G. MADINING AND NOT ADDICTION DURINING			14.004.0201		17.UEU.U.K.

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,9	913,138
2	Total expenses (must equal Part IX, column (A), line 25)	2		6 -	759,323
3	Revenue less expenses Subtract line 2 from line 1			0,7	39,323
_		3		1,1	53,815
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,9	72,626
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		13,1	26,441
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	ı		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				1
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	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?	<u>;</u>	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Software ID: Software Version:

EIN: 73-0590119

Name: SUNBEAM FAMILY SERVICES INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Cor	Direct otracto	ors, ers	Iru	ste	es, i	Сеу	Employees, Higi	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne b oth ctor/	ox, ι an o /trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		-,,	related organizations
DIANNA BERRY	1 00	х						0	0	0
GINNY BASS CARL	2 00	X						0	0	0
PAST PRESIDE LARRY DAVIS	2 00							0	0	0
TREASURER JENNIFER GRIGSBY	2 00	X						0	0	
PRESIDENT EL	2 00	х						0	0	0
KELLY GRAY DIRECTOR	1 00	х						0	0	0
GAIL HUNERYAGER	1 00	x						0	0	0
DIRECTOR KATIE BLAIK JAMES	1 00	×						0	0	0
DIRECTOR PHILIP LANCE	1 00	×						0	0	0
DIRECTOR DAVID LOFTIS	1 00									
VICE-PRESIDE PRIYA RAMKUMAR	1 00	Х						0	0	0
DIRECTOR		х						0	0	0
JOE RAY PRESIDENT	2 00	×						0	0	0
PHYLLIS STONG DIRECTOR	1 00	х						0	0	0
SANDY TRUDGEON SECRETARY	2 00	х						0	0	0
AIMEE AHPEATONE	1 00	х						0	0	0
GARY ALLISON	1 00	X						0	0	0
DIRECTOR TONY WELCH	1 00									
DIRECTOR BERNEST CAIN	1.00	X						0	0	0
DIRECTOR	1 00	х						0	0	0
DION CRIDER DIRECTOR	1 00	×						0	0	0
LIDIA DIAZ	1 00	х						0	0	0
DIRECTOR JENNIE PENNER	1 00	Х						0	0	0
STEVE GRIGSBY	1 00	X						0	0	0
DIRECTOR ESTELA HERNANDEZ	1 00									
DIRECTOR CANDY HERRALD	1 00	×						0	0	0
DIRECTOR		Х						0	0	0
WENDI SCHUUR DIRECTOR	1 00	х						0	0	0
JEFF NAPOLIELLO DIRECTOR	1 00	х						0	0	0
	_		1			1	-	I	ī	<u> </u>

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan oi n is b	ne bo	ox, u an of	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
SALLY NICHOLS STARLING	1 00	Х						0	0	0
DIRECTOR										
RAY BITSCHE JR	40 00			х				103,185	0	8,267
CEO										
REBECCA DENNY	40 00			х				76,574	0	4,343
<u>CFO</u>										
JULIA REED COO	40 00			х				68,683	0	3,446
KELLI DUPAY	40 00			Х				64,267	0	7,441
CMD										
DOUG GIBSON	40 00			х				0	0	0
<u>C00</u>										
COURTNEY HYDER	40 00			х				0	0	0
CMD										

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DLN: 93493047017605

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization SUNBEAM FAMILY SERVICES INC Employer identification number

73-0590119

	rt I			blic Charity Sta						nstructions		
The	rganı	zatıon ıs	not a privat	te foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one bo	ox)			
1	Г	A chur	ch, convent	on of churches, or as	ssociation of	churches de	escribed in s e	ection 170(b	o)(1)(A)(i).			
2	Γ	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)					
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio	n 170(b)(1)	(A)(iii).			
4	Γ			h organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the	
5	_			ty, and state erated for the benefi	t of a college	or universit	v owned or o	perated by a	aovernment	al unit desc	ribed in	
3	,	_	•	A)(iv). (Complete P	_	or universit	Ly Owned or o	perated by a	governmen	ai uiiit uest	nbeu iii	
6	_			local government or	•	al unit decc	rihed in secti	on 170(h)/1)(A)(y)			
7	<u> </u>			at normally receives	=					rom the gene	eral nublic	•
•	,	_		on 170(b)(1)(A)(vi).		•	support nom	u governine	incar anne or n	om the gent	crai pabile	
8	\vdash			described in section			nplete Part II)				
9	Γ	An orga	anızatıon th	at normally receives	(1) more th	an 331/3% o	fits support	from contrıb	utions, mem	bershıp fees	, and gros	ss
		receipt	s from activ	ities related to its ex	xempt function	ons—subject	t to certain e	xceptions, a	nd (2) no mo	re than 331/	′3% of	
				oss investment inco				•		tax) from bu	sinesses	
	_			janızatıon after June								
10		An orga	anization or	ganized and operated	d exclusively	to test for p	oublic safety	See section	1 509(a)(4).			
11	ı	one or the box	more public that descri	ganized and operated ly supported organiz bes the type of supp b Type II c	ations descr oorting organ	ibed in secti ization and c	on 509(a)(1) complete line	or section s s 11e throu	509(a)(2) S	ee section 5	09(a)(3).	Check
e	Γ	other tl section	han foundatı n 509(a)(2)	ox, I certify that the ion managers and otl	her than one	or more pub	licly support	ed organızat	ions describ	ed in section	n 509(a)(:	1) or
f			rganization this box	received a written de	etermination	from the IRS	S that it is a	Type I, Type	e II, or I ype	III supporti	ng organi	zation,
g		Since A followir	August 17, 2 ng persons?	2006, has the organi								,
				rectly or indirectly o	•		•	persons des	scribed in (ii)		Yes	No
		-		governing body of th	7 7	_	17			11g		
			•	er of a person descri	• •					11g	` 	
L				lled entity of a perso						11g(·III)	<u> </u>
h		Provide	e the following	ng information about	the Supporte	eu organizati	1011(5)					
•	i) Nam suppoi ganiza	rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you the organiz in col (i) o suppor	zation fyour	(vi) Is a organizati col (i) org	ion in anized	mone	nount of etary port
				instructions))	Yes	No	Yes	No	Yes	No		
Tota	1		I			l		l				

instructions

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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 6,936,399 6,880,479 12,885,508 10,297,565 7,728,243 44,728,194 include any "unusual grants ") 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 6,936,399 6,880,479 12,885,508 10,297,565 7,728,243 44,728,194 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 4,802,238 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 39,925,956 from line 4 Section B. Total Support Calendar year (or fiscal year **(e)** 2013 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (f) Total beginning in) 🟲 6,880,479 12,885,508 10,297,565 7,728,243 Amounts from line 4 6,936,399 44,728,194 Gross income from interest, dividends, payments received on securities loans, rents, royalties 26,576 36,571 27,420 33,095 26,949 150,611 and income from similar sources 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 44,200 39,711 83,911 capital assets (Explain in Part IV) 11 Total support (Add lines 7 44,962,716 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 200,493 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 88 800 % Public support percentage for 2012 Schedule A, Part II, line 14 15 90 410 % 16a 33 1/3% support test—2013. 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 - 2012. 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 - 2013. 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 - 2012. 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

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

Schedule A (Form 990 or 990-EZ) 2013 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") 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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **Supplemental Information.** 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).

	Facts And Circumstances Test
Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 83,911

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493047017605

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Interna	l Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .		I	nspecti	on	
	me of the organi			Employer identification number				
SUI	NBEAM FAMILY SERV	ICES INC		73-0	0590119			
Pa		izations Maintaining Donor Adv zation answered "Yes" to Form 990				omplete	ıf the	
			(a) Donor advised funds		(b) Funds and oth	eraccoun	ts	
1	Total number a	t end of year						
2	Aggregate con	tributions to (during year)						
3	Aggregate grar	nts from (during year)						
4	Aggregate valu	ue at end of year						
5	_	zation inform all donors and donor adviso organization's property, subject to the or	-	or advı		_ Yes	┌ No	
6	used only for c conferring imp	zation inform all grantees, donors, and do haritable purposes and not for the benefermissible private benefit?	it of the donor or donor advisor, or for ar	ny othe	r purpose	Yes	□ No	
1		rvation Easements. Complete If		o rom	<u> </u>	iile 7.		
•	Preservation	on of land for public use (e g , recreation of natural habitat						
2		s 2a through 2d ıf the organızatıon held a he last day of the tax year	qualified conservation contribution in t	he form	n of a conservatior	1		
					Held at the En	d of the Y	'ear	
а		of conservation easements		2a				
Ь	_	restricted by conservation easements		2b				
C		servation easements on a certified histo	` ′	2c				
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d				
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ne organızatıon dur	ing		
	the tax year 🛌							
4	Number of stat	tes where property subject to conservati	on easement is located ►					
5		nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, hand	dling of		_ Yes	┌ No	
6	Staff and volun	iteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents d	luring the year			
7		enses incurred in monitoring, inspecting	, and enforcing conservation easements	s durıng	g the year			
8		oservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17		_ Yes	┌ No	
9	balance sheet,	escribe how the organization reports cor and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial					
Par	t IIII Organ	izations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	her Similar As	sets.		
1a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education,	or rese	arch in furtheranc		:	
b	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to thes	ts held for public exhibition, education,				:	
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1			► \$			
	(ii) Assets inc	luded in Form 990, Part X			► \$			
2	If the organiza	tion received or held works of art, historints required to be reported under SFAS		or finan				
а	Revenues inclu	uded in Form 990, Part VIII, line 1			► \$			

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	torical T	<u>reasui</u>	res, or Ot	her Similar <i>I</i>	Assets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck any of	the follo	wing that a	re a significant u	se of its	
а	Public exhibition		d	Loan	or exch	ange progra	ims		
b	Scholarly research		e	┌ Othe	r				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w they furth	er the o	rganızatıon':	s exempt purpos	e ın	
5	During the year, did the organization solicit							_	_
	assets to be sold to raise funds rather than							☐ Yes	No
Par	Part IV, line 9, or reported an ar					answered	Yes" to Form	. 990, ———	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for contrib	utions o	r other asse	ets not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the	follov	wing table		_			
								Amount	
С	Beginning balance					<u> </u>	1c		
d	Additions during the year					<u> :</u>	Ld		
e	Distributions during the year					_	le		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expl	anation has	been pr	rovided in P	art XIII		Γ
Pa	rt V Endowment Funds. Complete								
		(a)Current year	(b)	Prior year			(d)Three years bac		vears back
1a	Beginning of year balance	1,757,223		1,681,887	ļ	1,759,297	1,578,87		1,528,375
b	Contributions	1,501		928		1,966	79	,9	1,869
С	Net investment earnings, gains, and losses	235,340		177,860		18,844	279,51	.6	159,696
d	Grants or scholarships	84,848		81,116		81,016	83,58	35	96,917
е	Other expenditures for facilities and programs								
f	Administrative expenses	22,562		22,336		17,204	16,30	13	14,153
g	End of year balance	1,886,654		1,757,223		1,681,887	1,759,29	<u>'7</u>	1,578,870
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	ne 1g, colum	nn (a)) h	eld as			
а	Board designated or quasi-endowment 🕨	100 000 %							
b	Permanent endowment ►								
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that are hel	d and a	dmınıstered	for the		
	organization by						Γ-	Yes	No
	(i) unrelated organizations						<u> </u>	Ba(i) Yes Ba(ii) Yes	
ь	(ii) related organizations						· · · <u> 3</u>	3b Yes	+
4	Describe in Part XIII the intended uses of the	·							
Par	Land, Buildings, and Equipme 11a. See Form 990, Part X, line	ent. Complete if t			n answ	ered 'Yes'	to Form 990,	Part IV, I	ine
	Description of property	10.		(a) Cost o		(b)Cost or ot basis (other			ook value
1a	Land					57,3	293		57,293
Ь	Buildings					6,015,		,722	5,004,924
	Leasehold improvements					<u> </u>			<u> </u>
	Equipment					236,	745 213	,152	23,593
e	Other					28,	000 28	,000	
	I. Add lines 1a through 1e (Column (d) must e		(, colu	ımn (B), lıne	10(c).)				5,085,810
							Scheduk	e D (Form 9	

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organization of the organization of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Part		Revenue per Audited Financial State Wered 'Yes' to Form 990, Part IV, line 12		ts With Revenue _l	per Re	turn Complete if
1	Total revenue, gains, and other	er support per audited financial statements			1	
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	2a			
b	Donated services and use of	facilities	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d .				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
a	Investment expenses not inc	luded 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 an	d 4c. (This must equal Form 990, Part I, line :	L2) .		5	
Part		xpenses per Audited Financial States swered 'Yes' to Form 990, Part IV, line		nts With Expense	s per	Return. Complete
1	Total expenses and losses pe	r audited financial statements			1	
2	Amounts included on line 1 bi	ut not on Form 990, Part IX, line 25				
а	Donated services and use of t	acılıtıes	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				4c	
5	·	nd 4c. (This must equal Form 990, Part I, line	18)		5	
Part	Supplemental In	formation				
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a a , lines 2d and 4b, and Part XII, lines 2d and 4				e any additional
	Return Reference	Explanation				
SCHE LINE	DULE D, PAGE 2, PART V, 4	THE ENDOWMENT FUNDS WILL BE USED PROGRAM SERVICES THE AMOUNTS IN FOUNDATIONS AND FUNDS DESIGNATE FOR SUNBEAM FAMILY SERVICES, A REL	CLUDI D FOR	FUNDS HELD AT LO ENDOWMENT AND H	CALC	OMMUNITY
SCHE	DULE D, PAGE 3, PART X	THE FINANCIAL STATEMENTS INCLUDE DID NOT BELIEVE THAT ANY UNCERTAI CONTINGENCY WAS RECOGNIZED IN TH	NTAX	POSITIONS CURRE	NTLY E	

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493047017605

OMB No 1545-0047

2013

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization SUNBEAM FAMILY SERVICES INC

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

73-0590119

Return Reference	Explanation	
FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF SUNBEAM FAMILY SERVICES, INC IS TO PROVIDE PEOPLE OF ALL AGES WITH HELP, HOPE AND THE OPPORTUNITY TO SUCCEED THIS IS ACHIEVED BY PROVIDING THE POOR AND WORKING POOR WITH QUALITY, AFFORDABLE SOCIAL SERVICES FREE OF CHARGE OR ON A SLIDING SCALE FEE BASIS WHICH RESULT IN IMPROVED INDIVIDUAL AND FAMILY FUNCTIONING DURING THE REPORTING YEAR, SUNBEAM SERVED 8,346 CLIENTS COMPARED TO 6,953 CLIENTS THE PREVIOUS YEAR WE SAW 1,393 MORE CLIENTS (20% INCREASE)	

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 2	YES, OUR COUNSELING PROGRAM WAS CALLED UPON TO ASSIST MOORE YOUTH AND FAMILY SERVICES TO AUGMENT THEIR SERVICES TO CHILDREN AND FAMILIES TRAUMATIZED BY THE TORNADOES IN 2013 THE OKLAHOMA CITY COMMUNITY FOUNDATION ALSO CALLED UPON THE SUNBEAM COUNSELING PROGRAM TO PROVIDE CASE MANAGEMENT TO INDIVIDUALS AND FAMILIES SEEKING HELP WITH EXPENSES INCURRED AS A RESULT OF THE TORNADOES SUNBEAM WAS ALSO AWARDED A CONTRACT TO PROVIDE CASE MANAGEMENT TO CLIENTS IN THE ADVANTAGE MEDICAID WAIVER PROGRAM

PAGE 2, AND BEST PRACTICES IN ITS MODEL AND INCLUDES ENGLISH AND SPANISH EDITIONS SUNBEAM FAMILY SERVICES EARLY CHILDHOOD SERVICES' STAFF RECORD WEEKLY OBSERVATIONS ON EACH CHILD AND UPLOAD DOCUMENTATION TO	Return Reference	Explanation
•	FORM 990, PAGE 2, PART III, LINE 4A	AND BEST PRACTICES IN ITS MODEL AND INCLUDES ENGLISH AND SPANISH EDITIONS SUNBEAM FAMILY SERVICES EARLY CHILDHOOD SERVICES' STAFF RECORD WEEKLY OBSERVATIONS ON EACH CHILD AND UPLOAD DOCUMENTATION TO SUPPORT EACH OBSERVATION THESE OBSERVATIONS ARE CHECKED BY EACH MASTER TEACHER AND THE EDUCATION DIRECTOR REGULARLY AND MODIFICATIONS ARE MADE FOR INDIVIDUALIZED INSTRUCTION FOR EACH CHILD OKC EDUCARE IS PART OF A NATIONAL RESEARCH PROJECT OF THE EDUCARE LEARNING NETWORK INDEPENDENT EVALUATIONS OF CHILDREN ENROLLED AT OKC EDUCARE WHERE EARLY CHILDHOOD SERVICES ARE PROVIDED WERE PERFORMED BY ANSELM LEARNING, OUR LOCAL EVALUATION PARTNER OKC EDUCARE TEACHERS ALSO GATHER DATA AT PROGRESS CHECKPOINTS QUARTIERLY, WITH DATA ANALYSIS CONDUCTED BY CREATIVE CURRICULUM ANALYSIS REVEALED THAT 100% OF THE CHILDREN IN ALL AGE GROUPS DEMONSTRATED GROWTH IN THE IDENTIFIED AREAS FURTHERWORE, ALL OF THE BIROLLED CHILDREN AT OKC EDUCARE RECEIVE QUARTERLY MENTAL HEALTH ASSESSMENTS, EVALUATIONS, AND REFERRALS AS NEEDED FOR ADDITIONAL SERVICES THE CLASS IS A PROCESS EVALUATION INSTRUMENT AND WAS USED TO DETERMINE HOW OKC EDUCARE CLASSES ARE FUNCTIONING IN RELATION TO EMOTIONAL AND BEHAVIORAL SUPPORT AS WELL AS LEARNING ENGAGEMENT WHILE STAFF TURNOVER INEVITABLY AFFECTS CLASS SCORES FROM YEAR TO YEAR, IT IS ENCOURAGING TO REPORT THAT A SLOW BUT STEADY INCREASE IN BOTH EMOTIONAL AND BEHAVIORAL SUPPORT SCORES AS WELL AS ENGAGED SUPPORT FOR LEARNING SCORES IS NOW EVIDENT THIS IS BASED ON A TREND THAT INCLUDES 2011 TO 2012, 2012 TO 2013, AND MOST RECENTLY 2013 TO 2014 THIS SLOW BUT STEADY INCREASE IN SCORES PROVIDES EVIDENCE AS A UNIT, OVERALL OKC EDUCARE IS STEADLY IMPROVING WITH REGARD TO CREATING A LEARNING ATMOSPHERE THAT IS EMOTIONALLY AND BEHAVIORALLY SUPPORTIVE WHILE ENGAGING YOUNG CHILDREN IN ACTIVE LEARNING THE INFANTITODDLE RIVIRONMENT RATING SCALE (ITERS) AND EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ICERS) WERE USED TO EVALUATE YOUNG CHILDREN IN CHILD DEVELOPMENT/CLASSROOM SETTINGS AT OKC EDUCARE THE ITERS AVERAGE SCORE INCREASED

PAGE 2, SENIOR COMPANION VOLUNTEERS OVER THE AGE OF 55 PROVIDED 85,647 UNITS OF SUPPORTIVE SERVICES TO 397 PART III, CLIENTS SO THAT FRAIL ELDERLY SENIORS ISOLATED AND LIVING ALONE COULD BE CARED FOR BY A CAREGIVER, PROVIDED WITH THE SUPPORT NEEDED TO IMAINTAIN SELF-SUFFICIENCY AND REMAIN IN THIER OWN HOME AS LONG AS SAFELY POSSIBLE TO AVOID NURSING HOME PLACEMENT WE ACHIEVED 85% OF OUR CLIENTS SERVED GOAL AND ACHIEVED 97% OF OUR UNITS OF SERVICE GOALS BASED ON ANNUAL SURVEY RESULTS, 94% OF CLIENTS ASSIGNED A SENIOR COMPANION REPORTED FEELING LESS ISOLATED AND LONELY, AND 91% WERE ABLE TO CONTINUE LIVING IN THER OWN HOME WERE NURSING HOME PLACEMENT REQUIRED, THE APPROXIMATE COST TO THE OKLAHOMA MEDICAID PROGRAM WOULD HAVE BEEN APPROXIMATELY 50,000/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 105 RESIDENTS (96% OF GOAL) BY MORE FULLY INTEGRATING OUR CONSELING SERVICES, WE WERE ABLE TO MORE EFFECTIVELY SERVE RESIDENTS WITH HIGHER ACUITY LEVELS, AND INCREASE OUR PLACEMENT SUCCESS RATE FROM 84% TO 85% OF PLACEMENTS SUNBEAM SENIOR SERVICES ADDED A NEW PROGRAM ADVANTAGE CASE MANAGEMENT - OKLAHOMA'S MEDICAID WANVER PROGRAM THE GOAL IS TO PROVIDE COMPREHENSIVE CASE MANAGEMENT FOR SENIORS WHO MEET INCOME ELIGIBILITY AND HAVE A CHRONIC HEALTH CONDITION, OR ARE DISABLED ANOTHER GOAL OF THE PROGRAM IS TO PROVIDE HOME AND COMMUNITY-BASED SERVICES, SUCH AS IN-HOME CARE, SKILLED NURSING, PERSONAL CARE, AND HOME-DELIVERED MEALS IN ORDER FOR THE INDIVIDUAL TO SAFELY AND COMFORTABLY LIVE IN THEIR OWN HOME THIS PROGRAM REDUCES NURSING HOME FLACEMENT AND	Return Reference	Explanation
WERE SERVED DURING THIS START-UP YEAR OF THE PROGRAM	FORM 990, PAGE 2, PART III, LINE 4B	SENIOR COMPANION VOLUNTEERS OVER THE AGE OF 55 PROVIDED 85,647 UNITS OF SUPPORTIVE SERVICES TO 397 CLIENTS 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 THIER OWN HOME AS LONG AS SAFELY POSSIBLE TO AVOID NURSING HOME PLACEMENT WE ACHIEVED 85% OF OUR CLIENTS SERVED GOAL AND ACHIEVED 97% OF OUR UNITS OF SERVICE GOALS BASED ON ANNUAL SURVEY RESULTS, 94% OF CLIENTS ASSIGNED A SENIOR COMPANION REPORTED FEELING LESS ISOLATED AND LONELY, AND 91% 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 50,000/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 105 RESIDENTS (96% OF GOAL) BY MORE FULLY INTEGRATING OUR CONSELING SERVICES, WE WERE ABLE TO MORE EFFECTIVELY SERVE RESIDENTS WITH HIGHER ACUITY LEVELS, AND INCREASE OUR PLACEMENT SUCCESS RATE FROM 84% TO 85% OF PLACEMENTS SUNBEAM SENIOR SERVICES ADDED A NEW PROGRAM ADVANTAGE CASE MANAGEMENT - OKLAHOMA'S MEDICALD WARVER PROGRAM THE GOAL IS TO PROVIDE COMPREHENSIVE CASE MANAGEMENT FOR SENIORS WHO MEET INCOME ELIGIBILITY AND HAVE A CHRONIC HEALTH CONDITION, OR ARE DISABLED ANOTHER GOAL OF THE PROGRAM IS TO PROVIDE COMPREHENSIVE CASE MANAGEMENT FOR SENIORS WHO MEET INCOME ELIGIBILITY AND COMMUNITY-BASED SERVICES, SUCH AS IN-HOME CARE, SKILLED NURSING, PERSONAL CARE, AND HOME-DELIVERED MEALS IN ORDER FOR THE INDIVIDUAL TO SAFELY AND COMFORTABLY LIVE IN THEIR OWN HOME.

Return Reference	Explanation
PAGE 2, PART III, LINE 4C	CONTRACTS WITH ONLY FOUR PROVIDERS STATEWIDE TO PROVIDE FOSTER CARE SERVICES SUNBEAM HAS A CONTRACT WITH TWO OF THE FOUR WE COMPLETED OUR NINTH FULL YEAR OF MANAGING THE OKLAHOMA CASEY FAMILY PROGRAM WHICH SERVED NINE YOUTH TRANSITIONING INTO ADULTHOOD OR WERE ALREADY OF ADULT AGE CASEY FAMILY PROGRAM OF SEATTLE MADE THE DECISION TO CANCEL THIS PROGRAM EFFECTIVE APRIL 30, 2014 AND THE REMAINING YOUTH AND THE CASE MANAGEMENT SERVICES WERE TRANSFERRED TO FOSTER CARE TO SUCCESS OF THE NINE YOUTH, TWO COMPLETED THEIR BACHELOR'S DEGREES, ONE IS COMPLETING REQUIREMENTS FOR A PH D, ONE IS ATTENDING COLLEGE, TWO ARE ATTENDING A VOCATIONAL TRAINING PROGRAM, ONE COMPLETED HIGH SCHOOL AND EARNED A HIGH SCHOOL DIPLOMA AND TWO EARNED VOCATIONAL TRAINING CERTIFICATIONS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	THE SUNBEAM COUNSELING PROGRAM TOUCHED THE OKLAHOMA CITY COMMUNITY IN MANY VARIED WAYS DURING THE FY 2014, BY PROVIDING COUNSELING AND MENTAL HEALTH SERVICES, SUPPORT, TRAINING AND EDUCATION, AND SUPERVISION FOR FUTURE COUNSELORS. THE COUNSELING PROGRAM PROVIDED 6,905 UNITS OF SERVICE TO 892 CLIENTS DURING FY 2014. THE MAJORITY OF THOSE SERVICES WAS INDIVIDUAL, FAMILY, AND MARITAL THERAPY FOR CLIENTS SUNBEAM COUNSELING STAFF COLLABORATED WITH MOORE YOUTH AND FAMILY. AND PROVIDED NUMEROUS INDIVIDUAL AND GROUP SERVICES TO THE VICTIMS OF THE MAY 2013 TORNADO BEGINNING IN THE FY 2014. WE PROVIDED MANY HOURS OF "JOURNEY OF HOPE" GROUPS WHICH WERE HELD IN THE MOORE PUBLIC SCHOOL CLASSROOMS AND ALSO PROVIDED GROUP THERAPY IN THE OKLAHOMA CITY PUBLIC SCHOOL CESAR CHAVEZ ELEMENTARY SCHOOL DURING FY 2014. SUNBEAM COUNSELING STAFF ALSO PROVIDED COUNSELING SERVICES IN COLLABORATION WITH MOORE YOUTH AND FAMILY BY ASSISTING WITH FIVE WEEKS OF CAMP NOAH DURING THE FY 2014. OUR STAFF TOUCHED SEVERAL HUNDRED CHILDREN'S LIVES WHICH HAD BEEN AFFECTED BY THE MAY 2013 TORNADO. THESE NUMBERS WERE NOT INCLUDED IN THE 892 CLIENT COUNT OF THOSE 6,905 UNITS OF SERVICES, 374 UNITS OF SERVICES (INDIVIDUAL AND FAMILY THERAPY) WERE FOR 98 EAP CLIENTS, AVERAGING ALMOST FOUR SESSIONS PER CLIENT. COUNSELING STAFF ALSO PROVIDED 104 UNITS OF SERVICE (EMPLOYEE EDUCATION AND TRAINING) TO THE ORGANIZATIONS WITH WHICH WE CONTRACT TO PROVIDE EAP SERVICE (SOME OF THE TRAINING/SEMINAR TOPICS COVERED DURING THESE TRAINING SESSIONS CONFLICT RESOLUTION TECHNIQUES, ANGER MANAGEMENT, DRUG/ALCOHOL PREVENTION EDUCATION, AND MANAGING STRESS AND CHANGE WE PROVIDED 328 UNITS OF SERVICE FOR OUR GRADUATE PROGRAM INTERNS THIS FY THE INTERNS CAME FROM UCO AND OCU ALL THREE INTERNS COMPLETED THEIR INTERN PROGRAMS AND HOURS NEEDED FOR COMPLETION OF THEIR MASTER'S DEGREE ONE INTERN WAS HIRED AS A FULL TIME STAFF IN RECOGNITION OF HER PERFORMANCE DURING THE INTERNSHIP WITH SUNBEAM FAMILY SERVICES.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	JENNIFER GRIGSBY STEVE GRIGSBY DIRECTOR DIRECTOR FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT COPY OF THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN

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

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

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

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

DLN: 93493047017605

2013

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

Department of the Treasury

Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization SUNBEAM FAMILY SERVICES INC 73-0590119 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) (d) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity SAME (1) SFS LLC ΟK NA PO BOX 61237 OKLAHOMA CITY, OK 73146 27-1415212 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f) (c) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) FOUNDATION FOR SUNBEAM SUPPORTING ок 501C3 11A No FAMILY SERVICES PO BOX 61237 N/A OKLAHOMA CITY, OK 731461237 80-0531767

(a)		(b)	(c)	(d)	(e)	(f)	(g)	(t	1)	(i)	l (i	i) l	(k)
(a) Name, address, and EIN of related organization			Legal domicile (state or foreign country)	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512- 514)	Share of	Share of	Dispro	prtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or	Percentage ownership
					311,			Yes	No		Yes	No	
IV Identification of Related Org- line 34 because it had one or mo							ar.	were	d "Yes	" on Form			IV,
Name, address, and EIN of related organization	me, address, and EIN of Primary activity			Direct controlli entity		y Share of t	otal Share	of end- year ssets		ercentage ownership	(i) Section 512 (b)(13) controlled entity?		
									_		Yes		No

Pa	rt V	Transactions With Related Organizations Complete if the organization a	answered "Yes" on Forn	n 990, Part IV, line	e 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 D	urıng th	he tax year, did the orgranization engage in any of the following transactions with one or mo	ore related organizations l	sted in Parts II-IV?							
а	Recei	pt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b Gift, grant, or capital contribution to related organization(s)											
c Gift, grant, or capital contribution from related organization(s)											
d	Loans	or loan guarantees to or for related organization(s)				1d		No			
e	Loans	s or loan guarantees by related organization(s)				1e		No			
f	Divide	ends from related organization(s)				1f		No			
g Sale of assets to related organization(s)											
h	h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)											
j	Lease	of facilities, equipment, or other assets to related organization(s)				1j		No			
k	k Lease of facilities, equipment, or other assets from related organization(s)										
l Performance of services or membership or fundraising solicitations for related organization(s)											
m	Perfori	mance of services or membership or fundraising solicitations by related organization(s)				1m		No			
n	Sharın	g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
0	Sharır	ng of paid employees with related organization(s)				10	Yes				
р	Reimb	bursement paid to related organization(s) for expenses				1р		No			
q	Reimb	bursement paid by related organization(s) for expenses				1q		No			
r	Other	transfer of cash or property to related organization(s)				1r		No			
s	Other	transfer of cash or property from related organization(s)				1s		No			
_2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must com	plete this line, including c	overed relationships	and transaction thresholds						
(a) (b) (c) (d) Name of related organization Transaction type (a-s)											
(1) F	UNDATI	ION FOR SUNBEAM	С	82,412	AMOUNT GIVEN						

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)

Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column Column C	revenue) that was not a related organization. See instructions	regarding excl	usion for c	ertaın ınvest	ment	t partnerships	;							
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations? n		total	end-of-year	(h) Disproprtionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
		1		314)	Yes	No			Yes	No		Yes	No	
					\vdash					\vdash		Ţ]	1

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013