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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

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization SUNBEAM FAMILY SERVICES INC		D Employer identification number 73-0590119	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1100 NW 14TH ST		E Telephone number (405) 528-7721	
	City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73106		G Gross receipts \$ 7,975,047	
	F Name and address of principal officer JIM PRIEST 1100 NW 14TH ST OKLAHOMA CITY,OK 73106			
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No		
J Website: WWW.SUNBEAMFAMILYSERVICES.ORG		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)		
		H(c) Group exemption number 		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other 			L Year of formation 1907	M State of legal domicile OK

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities 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)
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3	Number of voting members of the governing body (Part VI, line 1a)
	4	Number of independent voting members of the governing body (Part VI, line 1b)
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)
	6	Total number of volunteers (estimate if necessary)
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
	7b	Net unrelated business taxable income from Form 990-T, line 34
	8	Contributions and grants (Part VIII, line 1h)
	9	Program service revenue (Part VIII, line 2g)
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)
	b	Total fundraising expenses (Part IX, column (D), line 25) 111,833
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19	Revenue less expenses Subtract line 18 from line 12
	Net Assets or Fund Balances	Beginning of Current Year
End of Year		
20		Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)
22		Net assets or fund balances Subtract line 21 from line 20

Part II

Signature Block

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

Sign Here	*****				2014-12-29
	Signature of officer				Date
Paid Preparer Use Only	Print/Type preparer's name DAVID R BRADY		Preparer's signature	Date 2015-02-16	Check ☐ if self-employed PTIN P01228402
	Firm's name LUTON & CO PLLC				Firm's EIN 73-1331618
	Firm's address 201 NW 63RD ST STE 100 OKLAHOMA CITY, OK 73116				Phone no (405) 848-7313
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No					

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes

☐ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

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

4a	(Code) (Expenses \$ 3,363,063 including grants of \$) (Revenue \$ 25,971)
	SUNBEAM'S EARLY CHILDHOOD PROGRAMS ARE PROVIDED THROUGH PARTNERSHIPS WITH OKLAHOMA CITY PUBLIC SCHOOLS, LATINO COMMUNITY DEVELOPMENT AGENCY AND OKLAHOMA COUNTY COMMUNITY ACTION AGENCY WE STRIVE TO SERVE THE CHILDREN OF GREATEST DISADVANTAGE (THOSE THAT ARE STATISTICALLY THE LEAST LIKELY TO SUCCEED IN SCHOOL WITHOUT EARLY INTERVENTION) THIS PAST YEAR OUR EARLY CHILDHOOD EDUCATION PROGRAMS AT OKC EDUCARE, TONY REYES, EMERSON ALTERNATIVE SCHOOL AND HOME-BASED PROGRAMS WERE FULLY ENROLLED, SERVING 728 CLIENTS (422 CHILDREN BIRTH TO AGE 5 AND THEIR 306 FAMILY MEMBERS) OVER 200 CHILDREN WERE ON THE OKC EDUCARE WAITING LIST SUNBEAM FAMILY SERVICES EARLY CHILDHOOD USES CREATIVE CURRICULUM/TEACHING STRATEGIES GOLD AS ITS CURRICULUM CREATIVE CURRICULUM/TEACHING STRATEGIES GOLD INCORPORATES RESEARCH 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 QUARTERLY, WITH DATA ANALYSIS CONDUCTED BY CREATIVE CURRICULUM ANALYSIS REVEALED THAT 100% OF THE CHILDREN IN ALL AGE GROUPS DEMONSTRATED GROWTH IN THE IDENTIFIED AREAS FURTHERMORE, ALL OF THE ENROLLED CHILDREN AT OKC EDUCARE RECEIVE QUARTERLY MENTAL HEALTH ASSESSMENTS, EVALUATIONS, AND 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 STEADILY IMPROVING WITH REGARD TO CREATING A LEARNING ATMOSPHERE THAT IS EMOTIONALLY AND BEHAVIORALLY SUPPORTIVE WHILE ENGAGING YOUNG CHILDREN IN ACTIVE LEARNING THE INFANT/TODDLER ENVIRONMENT RATING SCALE (ITERS) AND EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS) WERE USED TO EVALUATE YOUNG CHILDREN IN CHILD DEVELOPMENT/CLASSROOM SETTINGS AT OKC EDUCARE THE ITERS AVERAGE SCORE INCREASED FROM 5 3 IN 2011-12 TO 5 5 IN 2012-13 AND UPWARD TO 6 01 IN 2013-2014 THE ECERS AVERAGE SCORE INCREASED FROM 4 8 IN 2011-12 TO 4 9 IN 2012-13 AND TO 5 0 IN 2013-2014 THESE INCREASES MAY SOUND SMALL TO THE CASUAL READER, BUT ACTUALLY REPRESENT STATISTICALLY SIGNIFICANT GAINS
4b	(Code) (Expenses \$ 1,001,859 including 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 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 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
4c	(Code) (Expenses \$ 439,055 including grants of \$) (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 IN 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
	(Code) (Expenses \$ 898,494 including grants of \$) (Revenue \$ 174,522)
	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 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 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
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 898,494 including grants of \$) (Revenue \$ 174,522)
4e	Total program service expenses ▶ 5,702,471

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 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? If "Yes," complete Schedule D, Part 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 	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 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 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	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	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? <i>If "Yes," complete Schedule R, Part VI</i> 	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	

Part V

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	18	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		173	
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OK
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ORGANIZATION 1100 NW 14TH STREET OKLAHOMA CITY,OK 73103 (405)528-7721

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	312,709		23,497

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization►1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLINTCO LLC 2302 S PROSPECT AVENUE OKLAHOMA CITY OK 731296466	GEN CONTRACTOR	165,486
ANSELM CENTER FOR CONSULTATION AND EVALUATION LLC 1005 POST OAK LANE EDMOND OK 73034	CONSULTATION	125,000
REES & ASSOCIATES INC 9211 LAKE HEFNER PKWY 300 OKLAHOMA CITY OK 731202073	ARCHITECTURAL	124,517

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

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	937,321			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	82,412			
	e	Government grants (contributions)	1e	4,779,971			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,928,539			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		7,728,243			
Program Service Revenue	2a	CLIENT FEES	Business Code	200,493	200,493		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		200,493			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,961		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)			16,988		16,988
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			-45,909		-45,909
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS		3,362			3,362	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,362				
12	Total revenue. See Instructions		7,913,138	200,493		-15,598	

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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):				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.				
13	Office expenses.	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):				
a	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).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,427,555	1	5,078,294
	2	Savings and temporary cash investments		104,322	2	104,869
	3	Pledges and grants receivable, net		6,387,822	3	4,308,118
	4	Accounts receivable, net		68,058	4	94,269
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		148,287	9	98,028
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a6,337,684			
	b	Less accumulated depreciation	10b1,251,874	1,195,684	10c	5,085,810
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		50,600	12	56,250
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		12,382,328	16	14,825,638
Liabilities	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	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		14,425	25	
	26	Total liabilities. Add lines 17 through 25		409,702	26	1,699,197
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,718,719	27	6,726,336
	28	Temporarily restricted net assets		9,253,907	28	6,400,105
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,972,626	33	13,126,441
	34	Total liabilities and net assets/fund balances		12,382,328	34	14,825,638

Part XI Reconciliation 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	7,913,138
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	3	1,153,815
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,972,626
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	13,126,441

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

Additional Data

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SALLY NICHOLS STARLING DIRECTOR	1 00	X						0	0	0
RAY BITSCH JR CEO	40 00			X				103,185	0	8,267
REBECCA DENNY CFO	40 00			X				76,574	0	4,343
JULIA REED COO	40 00			X				68,683	0	3,446
KELLI DUPAY CMD	40 00			X				64,267	0	7,441
DOUG GIBSON COO	40 00			X				0	0	0
COURTNEY HYDER CMD	40 00			X				0	0	0

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization SUNBEAM FAMILY SERVICES INC	Employer identification number 73-0590119
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☒	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,936,399	6,880,479	12,885,508	10,297,565	7,728,243	44,728,194
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,936,399	6,880,479	12,885,508	10,297,565	7,728,243	44,728,194
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,802,238
6 Public support. Subtract line 5 from line 4						39,925,956

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	6,936,399	6,880,479	12,885,508	10,297,565	7,728,243	44,728,194
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,576	36,571	27,420	33,095	26,949	150,611
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	44,200	39,711				83,911
11	Total support (Add lines 7 through 10)						44,962,716
12	Gross receipts from related activities, etc (see instructions)					12	200,493
13	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 this box and stop here ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	1488 800 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	1590 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 ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—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 ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization SUNBEAM FAMILY SERVICES INC	Employer identification number 73-0590119
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

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

1

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

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

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,757,223	1,681,887	1,759,297	1,578,870	1,528,375
b Contributions	1,501	928	1,966	799	1,869
c Net investment earnings, gains, and losses	235,340	177,860	18,844	279,516	159,696
d Grants or scholarships	84,848	81,116	81,016	83,585	96,917
e Other expenditures for facilities and programs					
f Administrative expenses	22,562	22,336	17,204	16,303	14,153
g End of year balance	1,886,654	1,757,223	1,681,887	1,759,297	1,578,870

- 2

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

Board designated or quasi-endowment

100 000 %

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 57,293 | | 57,293 |
| b Buildings | | 6,015,646 | 1,010,722 | 5,004,924 |
| c Leasehold improvements | | | | |
| d Equipment | | 236,745 | 213,152 | 23,593 |
| e Other | | 28,000 | 28,000 | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 5,085,810 |
- Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

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

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013**Open to Public
Inspection**Name of the organization
SUNBEAM FAMILY SERVICES INC**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.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	STRATEGIES GOLD AS ITS CURRICULUM CREATIVE CURRICULUM/TEACHING STRATEGIES GOLD INCORPORATES RESEARCH 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 QUARTERLY, WITH DATA ANALYSIS CONDUCTED BY CREATIVE CURRICULUM ANALYSIS REVEALED THAT 100% OF THE CHILDREN IN ALL AGE GROUPS DEMONSTRATED GROWTH IN THE IDENTIFIED AREAS FURTHERMORE, ALL OF THE ENROLLED CHILDREN AT OKC EDUCARE RECEIVE QUARTERLY MENTAL HEALTH ASSESSMENTS, EVALUATIONS, AND 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 STEADILY IMPROVING WITH REGARD TO CREATING A LEARNING ATMOSPHERE THAT IS EMOTIONALLY AND BEHAVIORALLY SUPPORTIVE WHILE ENGAGING YOUNG CHILDREN IN ACTIVE LEARNING THE INFANT/TODDLER ENVIRONMENT RATING SCALE (ITERS) AND EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS) WERE USED TO EVALUATE YOUNG CHILDREN IN CHILD DEVELOPMENT/CLASSROOM SETTINGS AT OKC EDUCARE THE ITERS AVERAGE SCORE INCREASED FROM 5.3 IN 2011-12 TO 5.5 IN 2012-13 AND UPWARD TO 6.01 IN 2013-2014 THE ECERS AVERAGE SCORE INCREASED FROM 4.8 IN 2011-12 TO 4.9 IN 2012-13 AND TO 5.0 IN 2013-2014 THESE INCREASES MAY SOUND SMALL TO THE CASUAL READER, BUT ACTUALLY REPRESENT STATISTICALLY SIGNIFICANT GAINS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	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 THEIR 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 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

Return Reference	Explanation
FORM 990, 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 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 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUNBEAM FAMILY SERVICES INC

Employer identification number
73-0590119

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

Yes

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FOUNDATION FOR SUNBEAM	C	82,412	AMOUNT GIVEN

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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