Form 990

Return of Organization Exempt From Income Tax

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

2012

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

В	Check	if applicable: C N	Name of organization	THE RESERVE THE PARTY OF THE PA			, and	ending				
Г				SUNSHINE SO	CIAL SERV	/ICES, IN	С		D Employe	r identifica	tion numbe	r
F			- 00	JNSERVE					1-058237			
-	Initial r	and the second	Number and street (or P.O.	box if mail is not deli	ivered to street	address)	Room/suite		Telephone			
-	1	201	2 WILTON DRIVE					(9	954) 764-5	5150		
-	Termin		City, town or post office, sta	ate, and ZIP code				1	A	7100		
-	•		TON MANORS			FL	33304	0	Gross rec	eipts \$		751,53
	Applica		ame and address of princ					Lucy to ma	V		tan2	
		I PRE	EWITT J COLEMAN	411 NEW RIVE	R DRIVE #	2903, FO	RT LAUDE	F H(b) Are a	Il affiliates in	annior amilia	tes?	Yes X No
1	Tax-exe	mpt status:	501(c)(3) 501(c)	() ◄ (in:	sert no.)	4947(a)(1)			o," attach a lis			Yes No
J	Websi		UNSERVE.ORG	, , , , , , , , , , , , , , , , , , , ,	out no.)	1 4347(a)(1)	or 527	ASSESSED			ructions)	
K		organization: X						H(c) Group	exemption r	number >		
	Part I			st Association	Other I	•	L Ye	ar of formatio	n: 2002	M State	of legal do	micile: FL
	1	Summa	iry					TOTAL				FL
	'	Briefly descri	be the organization'	s mission or mos	st significan	t activities	TO	PROVIDE	CRITICAL	LIFFAS	SSISTANO	CE AND
		FROFESSIO	NAL MENTAL HEAD	LTH SERVICES	MITH AN E	MOUNCIO	CONTROOP					JE AND
a		WARGINALIZ	ZED YOUTH,AND S	ENIOR ADULTS	IN THE GF	REATER S	SOUTH FLO	ORIDA ME	TROPOL	ITAN ARI	FΑ	
5							1000	Action				
Activities & Governance	2	Check this bo	ox ▶ if the orga	anization discont	inued its op	erations o	or disposed	of more th	nan 25% c	f its net	ecoto	
ත් න	3									3	333013.	12
ŧ	4	Trainbor of In	achemicant Anting Wi	empers of the ac	Werning how	dy (Dad)/	lim a dla			4		13 13
ŧ	5	rotal Humber	of individuals ellipic	ived in calendar	Vear 2012 /	Dart V lin	0 201			5		13
•	6 7a	TOTAL HUITIDGE	or volunteers (estin	idle if necessary	March On Partie 151 to	1	HARMAN SEPTEMBER SEP			6		100
	b /a	Total alliciate	a pasitiess leveline	HOM Part VIII C	Ollimn (C)	line 12				7a		100
	-	ivet unrelated	business taxable in	come from Form	990-T, line	34			[7b		
	8				ALL DESCRIPTION OF THE PARTY OF				ior Year		Current	Year
Revenue	9	Program servi	and grants (Part VII	I, line 1n).					534,	823		630,149
9 0	10	Investment in	ice revenue (Part VI	II, line 2g)					39,	452		50,142
œ	11	Other revenue	come (Part VIII, column	(A) lines 5, 4	4, and 7d).					96		212
	12	Total revenue—	e (Part VIII, column (-add lines 8 through 1	11 (must squal De	sc, 9c, 10c,	and 11e) .			31,	385		55,178
	13	Grants and sir	milar amounts paid (Part IV column	(A) lines d	in (A), line	12)		605,	756		735,681
	14	Benefits paid t	to or for members (F	Part IX column	(A), lines 1-	-3)						
90	15	Salaries, other	compensation, emplo	vee henefits (Pari	A), line 4).							
nse	16a	Professional fu	undraising fees (Par	t IX column (A)	lino 110)	(A), lines 5) - 10)		456,0	082		527,375
Expenses	b	Total fundraisir	ng expenses (Part I)	X column (D) lir	25)		1 1 1					
ш	17	Other expense	es (Part IX, column (A) lines 11a-11	d 11f_24e)							
	18	lotal expenses	s. Add lines 13–17 (r	must equal Part I	IX column	(A) line 2	5)		178,8			202,687
_	19	Revenue less	expenses. Subtract	line 18 from line	12 .	(7 t), III to 2 t	٠,		634,9			730,062
Net Assets or Fund Balances			4					Beginning of	-29,1			5,619
Bala	20	Total assets (P	art X, line 16)					Doginning C	185,3		End of Y	
Ten Pun	21	Total liabilities	(Part X, line 26) .						15,8			175,120
		Net assets or fu	und balances. Subtr	act line 21 from	line 20				169,5			17F 100
Par		Signatur	e Block		21							175,120
and b	elief, it is	true, correct and co	re that I have examined the	is return, including a	companying so	chedules and	statements, a	ind to the bes	at of my know	ledge /	1	
F-200-00			omplete Declaration of pr	eparer (other than/of	(cer) is based o	on all informa	ation of which p	preparer has	any knowledg	ge.		
Sigi		Signatur	e of officer	- Juli	nou	>			7	3 //3	3/13	5
Her	е	L Oigi Bid	UARIL E	1/-	11	1			Date	7	/	
		Type or r	print name and title	DEI CH	AM,	CX	ECUTI	NE	DIRA	te 10.	R	
		Print/Type pre		Droppe	and a factor of							
Paid				Frepan	er's signature			Date	0.		PTIN	
	parer	MARC LAB		MARC	LABOSSI	ERE		3/11/20	Chec	k if employed	P007424	126
	Only	Firm's name	SIERE PA					s EIN ► 65			100	
		Firm's address	s ► 1222 NE 4TH A		LAUDERDA	LE FL 33	3304					
May	the IRS	discuss this re	eturn with the prepar	er shown above	2 (see instr	uctions)	7004	Phon	e no. (9:	54) 763-4		
		ork Bodustian A		o. onown above	: (See ITIS(T)	uctions) .	* * * *	0 2 1 2			X Yes	No

Part IV Checklist of Required Schedules

99	Is the organization described in section 504(a)(a)		l Y	es	N
	complete Schedule A				
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_		X	
;	and digative engage in direct of indirect political campaign activities on behalf of	. 2	2	+	X
4	candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	3		X
	or o				~
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	. 4		1	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution as invested funds.	5			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	outplote defledule D, Part I				
7	Did the organization receive or hold a conservation easement, including occupants to	6		4	X
	of the first of th				
8	bid the organization maintain collections of works of art, historical treasures, or other similar assets 2 to 100 miles	7	+	+	X
_	The state of the date of the state of the st	8			~
9	Did the organization report an amount in Part X, line 21, for excrew or quetodial account is 177	0	+	+	X
	and all of all out is ted in Part A. or provide credit counseling debt management				
10	Tes, complete scriedule i) Part IV	9			X
10	- I all organization, directly of through a felaten organization hold accord in towns and the same	-	+	+	^
11	endownients, permanent endowments, or quasi-endowments? If "Vee " complete Penadula D. D. A. I.	10		,	X
	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.			Í	
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 102 If IVan II accounts				
t	Did the organization report an amount for investments—other securities in Rock V. line 40 th 1 is 70.	11a	X	+	
	or the total deserts reported in Fall A. line in / if "yes" complete schedule D. Dod VIII	11b		1,	X
	of its total assets reported in Part X, line 16? If "Yes " complete Schedule D, Bort VIII.	-			
d	bid the organization report an amount for other assets in Part V line 15 that is 50/ or many of the text	11c		_ X	X
	reported in Fact, line 10? If Test Complete Schedille I) Part IV			١.	
е	Did the diganization report an amount for other liabilities in Bort V line 250 Km/s.	11d 11e	-	X	
1	Same don't depart to the same of the same	Tie		+^	(
	and digarification a liability for unicertain lax positions finder FIN 48 (ACC 740/2 If II/Ac II accomplete Oct.	11f		X	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.				
b	Was the organization included in consolidated independent and u.s.	12a		X	
	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.				
13	TO DIGGINZATION A SCHOOL RESCRIPED TO SECTION 170/6/(1// A//// A/// A/// A/// A/// A/// A//	12b		X	
14a	of the line of the	13		X	
b		14a		X	_
	rendrationly, business, investment, and program service activities outside the United States				
12720	resident and the state of the s				
15	Did the organization report on Part IX. column (A) line 3 more than \$5,000 of greats	14b		X	_
40	or state of the control of the contr	15		V	
16	bid the organization report on Part IX, column (A) line 3 more than \$5,000 of aggregate assets	15		X	_
47	The manufacture located outside the United States / If "Yes " complete Schedule E Darte III and IV	16		X	
17	bid the organization report a total of more than \$15,000 of expenses for professional fundamental	10		^	_
18	on art ix, solution (A), lines o and Tie? If "Yes," complete Schedule G. Part I (see instructions)	17	X		
10	bid the organization report more than \$15,000 total of fundraising event gross income and and it is		- 1		_
19	r dit viii, lines ie ditu da? Il res, complete Schedule G. Part II	18		X	
5.70	If I'Vos I'l some late O'l in the trial \$15,000 or gross income from gaming activities on Part VIII, line 9a?				_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	19		X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X	_
	and a copy of its addited infancial statements to this return?	20b			

Part IV Checklist of Required Schedules (continued)

			Yes	No
2	The digential of the political and other accietance to any accietance to		163	1
22	The secretarion report more trial \$5.000 of dishis and other assistance to individuals in the	21	-	X
23	officed offices of Fart IX, column (A), line 27 if "Yes " complete Schedule I Parts I and III	22		X
2.	January and the section A line 3 4 or 5 about componential of the			†^
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.			
24	a Did the organization have a tay exempt hand issue with an analysis.	. 23		X
	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 Parents and account of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.			
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		X
	to delicate any tax-exempt bulles?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time delice the	24c		X
25	a desired of (c)(d) and so (c)(4) organizations. Did the organization engage in an average in a average in a average in an average in an average in an average in an average in a	24d	-	X
	man a disqualified person during the year? If "Yes." complete Schedule I Part I	25-		
1	is the organization aware that it engaged in an excess benefit transaction with a discussified passes.	25a		X
	prior year, and triat the transaction has not been reported on any of the organization's prior Forms 000 or			
26	500-LE! II Tes, complete schedule L. Part I	25b		X
20	The state of by a cultural of formice of the control of the contro			-
27	and person dustanding as of the end of the organization's fax year? If "Ves " complete School to the dute to the d	26		Х
-	and organization provide a grant or other assistance to an officer director trustee key employee			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Ves." complete School 1. But 11.			
b	remaining member of a current or former officer, director, trustee, or key employee? If "Vos " complete	28a		Χ
	Conedule L, Part IV.			
C	or which a current of former officer, director trustee or key employee for a family mambar than a	28b		X
	rido an officer, director, trustee, of direct or indirect owner? If "Yes " complete School I Ded IV	28c		~
29	bid the organization receive more than \$25,000 in non-cash contributions? If "Ves " complete School its Ma	29	$\overline{}$	X
30	bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	_	^
31	conservation contributions? If "Yes," complete Schedule M	30		X
•	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
	If "Yes," complete Schedule N, Part II. Did the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization own 100% of an active discovered described in the organization of the organization			
33	- 1 To organization own 100 /0 Or all entire marginary as congreto from the	32		X
	occupied Schedule R. Part I			
34	and a garnization related to any tax-exempt of taxable entity? If "Vec " complete Cohedule D. D	33	_	<u>X</u>
202	m, or re, and rait v, line r.			
35a	and organization riave a controlled entity within the meaning of section 540/6/40/0	34 35a		X
D	to mile dod, did tile ordanization receive any navment from or ongogo in any transaction	33a	_	^_
	The first the modelling of section 512(b)(15)? If "Yes " complete Schedule P. Port V line 2	35b		
36	Total of the state	300		
37	organization: Il res, complete schedule R. Part V. line 2	36		X
٠.	and the organization conduct more than 5% of its activities through an entity that is not a related asset in			_
	and that is treated as a partnership for federal income tax purposes? If "Ves " complete Schodule D. Ded			
38	VI	37		X
	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.			
	and and required to complete ochequie O	38	X	

Part V

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this P

	The series of contains a response to any question in this Part V.			. [
1	b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Y	es
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
	gaming (gambling) winnings to prize winners?			
2	a Enter the number of employees reported on Form W/3 Transmitted at M	10)	<
	o tatements, med for the calendar year ending with or within the year			10
ı	to to to topolition of the organization file all results in the			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	. 2t)	
38				
t		. 3a		
4 a	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 head age).	. 3b		
b	100, office the figure of the foreign collings.	. 4a		
5a	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 shotter transaction.			
b		-	100	5 6
C	point field field find the condition that it was or is a party to	. <u>5a</u>	-	+
6a		5b	+	+
oa	and dispersion indiversion in the difficulty of the state	. 50	_	+
ь		. 6a		1,
		Ja		+
7		6b	1	
а	Organizations that may receive deductible contributions under section 170(c).	0.5	Las.	
	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?			
b		. 7a		X
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
			Î	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
е	Samuel Cocive and Indias Chiparity of Indirective to passenger			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7e		X
g		7f		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? Sponsoring organizations maintaining donor advised funds and exacting Table 1988.	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations.	. 7h		
•	The state of the s		BIG.	
9	opolisoring organizations maintaining donor advised funds	8		
a b	Did the organization make any taxable distributions under section 40000	0-		
10	a distribution to a country of the state of	9a 9b		
а		90		
b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
a	Gross income from manufactures. Efficient			
b	Gross income from other sources (Do not not not not not not not not not no			
	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 except to be a sourced from them.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	- 1/0/(20) qualified flottplotte flexity inclinance iccurre			
a	is the organization licensed to issue qualified health plans in more than any attention			
	Title: See the instructions for additional information the organization must	13a		
	and different of reserves the organization is required to maintain by the states is the			
	and organization is licensed to issue qualified health plans			
•	Lines the amount of reserves on hand			
	bid the organization receive any payments for indoor tanning services during the tanning	4.1	1	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a	+	X
		14b	_	

01-0582371

n –	-		/1
Pa	•	м	/1

Part VI

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

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

00	ection A. Governing Body and Management				
4	2 Enter the must be of a little of the second of the secon			Yes	N
•	a Enter the number of voting members of the governing body at the end of the tax year 1a	13		103	1
	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.				1
	b Enter the number of voting members included in line 4 and				
2	The first of voting frienders included in line 13 above who are independent	13			
_	Did any officer, director, trustee, or key employee have a family rolationship and business.				
3	y all of the color, trustee, or key employee?		2		X
	and the organization delegate control over management duties customarily northwest to		-		
4	or visitor of officers, directors, of trustees, or key employees to a management company		3		X
5	and a squitted of the squitted	_	4		X
6	and organization become aware during the year of a significant diversion of the arrest at		5		X
78	and organization have members of stockholders?		6		X
	one or mark market in the libers, stockholders, or other persons who had the power to elect or appoint				
Ł	one of more members of the governing body?	7	a		X
	any governance decisions of the organization reserved to (or subject to approved by)				
8	stockholders, or persons other than the governing body?	7	ь		X
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	and your by the following.				
b	Fach committee with authority to get an habit of	8	a	X	
9	Is there any officer director trustee or key employed list of Devening Body?	81	b	X	
	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.				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9			X
	Revenue	Cod	e.)		
10a			Y	$\overline{}$	No
b	" 100, did the digalization have written policies and procedures governing the services	10	a		X
	The station to chique their operations are managerant with the organizations				
11a	The the digenization provided a complete copy of this form dun to all members of its government and the	10	_		
b	The process, II ally. Used by the programmation to review this Form one	11:	a)	X	
12a	Did the organization have a written conflict of interest policy? If "Me " to "				
b	were officers, directors, or trustees, and key employees required to disclose approach interest in	128	_	_	
C	and complete the series of the	121)		
	and the stricture of how this was done.	1.0		.	
13	Did the organization have a written whistlehlower policy?	120	_	-	
14	Did the organization have a written document retention and doctruction and	13	_	_	X
15	Did the process for determining compensation of the following passage in all the process for determining compensation of the following passage in all the process for determining compensation of the following passage in all the process for determining compensation of the following passage in all the process for determining compensation of the following passage in all the process for determining compensation of the following passage in all the process in the process for the p	14	X	-	
•	por control control and contemporaneous substantiation of the				
a b	The state of the s	15a	1		
D	Other officers of key employees of the organization	15b	_		_
6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	1		-
ou	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?				
b	dunia tile vedi i	16a		1	X
~	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		1	
	The state of the s	13	1		
ecti	the organization's exempt status with respect to such arrangements?	16b			
	en er biodiosale				_
3	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 4000 (** 1000 to 1				_
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3) available for public inspection. Indicate how you made these available. Check all that apply.	s only	y)		
	X Own website Another's website All that apply.				
, '	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest				
)	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:				
	2312 WILTON DRIVE, WILTON MANORS, FL 33305 (954) 764-51	50			

D-41/11		01-0582371	Page
orm 990 (2012)	SUNSHINE SOCIAL SERVICES, INC		

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

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

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

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

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

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

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

		_					., -	Tanton, director, or trustee.		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	er ar	Po: heck iss pe	erson	e than on is both tor/truste	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DEIDRA BERGMANN	1.00	4								
DIRECTOR	1.00	X	7							
(2) TODD FOGEL	1.00									
DIRECTOR	1.00	X								
(3) DINO GEORGIOU	1.00	-					_			
DIRECTOR	1.00	X								
(4) ANDY ROGOW	1.00	^					\rightarrow			
DIRECTOR	1.00	X						1		
(5) STEVEN SCHWABISH	1.00	^					-			
DIRECTOR		v								
(6) VICTOR WARREN	1.00	X		-	-		-			
DIRECTOR		v								
(7) REV. DURELL WATKINS	1.00	Χ		-	\dashv	_	-			
DIRECTOR	1.00	.								
(8) JULIAN CAVAZOS	1.00	X	_	-	_	_	4			
DIRECTOR	1.00									
(9) J COLEMAN PREWITT	1.00	X	_	_	_					
PRESIDENT	1.00									
(10) RYAN SCHULTZ	1.00	_		X						
VICE PRESIDENT	1.00									
	1.00			X						
(11) CHAD SCOTT TREASURER	1.00									
	1.00			X						
(12) GREGORY W KABEL	1.00									
SECRETARY	1.00			X						
(13)										
(14)		+	+	+	+	+	+			

Compensation Comp		Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, an	d H	ighe	st C	ompensated Er	nployees (cont	inued)	Pag
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Name and business address Description of services Compensation		With the second			_								
Description of services Compensation			\$									(C)	
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	2	Total number of independent contractors (including	a but not limited	to th	000	licto	d a	bours	\ , !	a market			

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se to any	y question in th	is Part VIII	g 20 32 20 30 60 60	新 独 上 駅 - 908 - 10 - 200	
	40				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section: 512, 513, or 514
at at	1a	p-13.10.	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
ts,	C	3						
0 1	a	Related organizations	1d			A		
Sir	e	Government grants (contributions)	1e	256,322				
ber ber	Т	All other contributions, gifts, grants, and						
it o		similar amounts not included above	1f	373,827		Allen		
Cor		Noncash contributions included in lines 1a-1f:						
	h	Total. Add lines 1a-1f			630,149			
une		VARIOUS	_	Business Code				
9	2a		62	24100	50,142			
9	b					The same of the sa		
ž	C							
8	d							
Ē	e	All other present in the second of the second						
Program Service Revenue	q	All other program service revenue						
_	3			•	50,142			
	٦	Investment income (including dividends, inte	erest, an	id .				
	4	other similar amounts)			212			
	5	Income from investment of tax-exempt bond Royalties		as				
	٦	Royalties		(II) D				
	6a	Gross rents	"	(ii) Personal				
	b		- 4					
	c	Less: rental expenses	-					
	d	Niet er et al.						
	7a			(ii) Other				
	74	assets other than inventory	ues	(ii) Other				
	h	Less: cost or other basis						
		and sales expenses	1					
	C	Gain or (loss)						
	d	Net gain or (loss)	1					
	_	rect gain or (loss)						
9	8a	Gross income from fundraising						
6		events (not including \$						
è		of contributions reported on line 1c).						
-		See Part IV, line 18	a	70,146				
Other Revenu	b	Less: direct expenses	b	15,852				
0	C		۰	13,032	E4 204			
	9a	Gross income from gaming activities.	· · · · · ·		54,294			
		See Part IV, line 19	a					
	b	Less: direct expenses	b					
		Net income or (loss) from gaming activities .		•				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of inventory .						
		Miscellaneous Revenue		siness Code				
	11a	Prior Period Adjustment			884			
	-				304			
	C							
1	d	All other revenue						
	е	Total. Add lines 11a-11d			884			
	12	Total revenue. See instructions	102 N 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		735 681			

Part IX Statement of Functional Expenses

Section 30 f(c)(3) and 30 f(c)(4) organizations must complete all columns. All other organizations must complete column (A	tions must complete all columns. All other organizations must complete column (A).
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	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, , 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										
3	United States. See Part IV, line 22			A							
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										
6	Compensation not included above, to disqualified			-							
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	1									
7	Other salaries and wages	527,375	500.704	26,67	1						
8	Pension plan accruals and contributions (include	021,010	300,104	20,07							
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
a	Management										
b	Legal										
C	Accounting	2,800	2,436	364							
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										
12	(A) amount, list line 11g expenses on Schedule O.)	_									
13	Advertising and promotion	4,227	3,880	347							
14	Office expenses	52,415	47,033	5,382							
15	Royalties	10,237	9,811	426							
16	Occupancy	60.045	00.400								
17	Travel	69,915 2,843	63,402	6,513							
18	Payments of travel or entertainment expenses	2,043	2,725	118							
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	712	626	00							
21	Payments to affiliates	712	020	86							
22	Depreciation, depletion, and amortization	4,015		4,015							
23	Insurance	3,677	3,103	574							
24	Other expenses. Itemize expenses not covered			014							
	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.)										
	Credit Card Fees & Bank Charges	4,751	3,741	1,010							
b	Med Consulting Psychatric	583	84	499							
d	Food & Food Supplies	9,400	9,400								
		18,881	16,862	2,019							
25	All other expenses Miscellaneous & NM Entertainmel Total functional expenses. Add lines 1 through 24e	18,231	18,221	10							
	Joint costs. Complete this line only if the	730,062	682,028	48,034							
	organization reported in column (B) joint costs										
	from a combined educational campaign and										
	fundraising solicitation. Check here										
	following SOP 98-2 (ASC 958-720))							

Part X Balance Sheet

		Check if Scriedule O contains a response to any question in this Part X.	(A) Beginning of year		(B)
	1	Cash—non-interest-bearing		<u> </u>	End of year
	2	Savings and temporary cash investments	107,491	_	109,85
	3	Pledges and grants receivable, net	50.570	2	
	4	Accounts receivable, net	56,572	_	44,32
	5	Loans and other receivables from current and former officers, directors,		4	
		trustees, key employees, and highest compensated employees.	A		
		Complete Part II of Schedule L		1	
	6	Loans and other receivables from other disqualified persons (as defined under section		5	
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	A		
Assets		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Bort II of Cabadala I		-	
	7	organizations (see instructions). Complete Part II of Schedule L		6	
	8	Notes and loans receivable, net		7	
	9	Inventories for sale or use		8	
	10a	Prepaid expenses and deferred charges		9	
	Iva	other besides Complete Book in the cost of			
	Ь	Loop, committed described			
	11	Less: accumulated depreciation	12,753		12,439
	12	Investments—publicly traded securities		11	
	13	Investments—other securities. See Part IV, line 11		12	
	14	Investments—program-related. See Part IV, line 11		13	
	15	Intangible assets .		14	
	16	Other assets. See Part IV, line 11	8,500	15	8,500
	17	Total assets. Add lines 1 through 15 (must equal line 34)	185,316		175,120
	18	Accounts payable and accrued expenses		17	
	19	Grants payable		18	
	20	Deferred revenue		19	
	21	Tax-exempt bond liabilities		20	
80	22	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities		Loans and other payables to current and former officers, directors,			
P		trustees, key employees, highest compensated employees, and			
<u>=</u>	23	disqualified persons. Complete Part II of Schedule L		22	
	24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties	15,815	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
	26	Part X of Schedule D		25	
		Total liabilities. Add lines 17 through 25	15,815	26	
8		Organizations that follow SFAS 117 (ASC 958), check here X and			
2		complete lines 27 through 29, and lines 33 and 34.			
Dalances	27	Unrestricted net assets .	100,501	27	135,120
	28	remporarily restricted net assets.	69,000	28	40,000
	29	Permanently restricted net assets .	00,000	29	40,000
		Organizations that do not follow SFAS 117 (ASC958), check here			
5		complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds			
ומ	31	Paid-in or capital surplus, or land, building, or equipment fund .		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
_	33	Total net assets or fund balances .		32	
- 1	34	Total liabilities and net assets/fund balances		33	175,120
		and not descenting paralles	185,316	34	175,120

Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI. Total revenue (must equal Part VIII, column (A), line 12)		990 (2012) SUNSHINE SOCIAL SERVICES, INC	01-058237	1 p	age 12
1 Total revenue (must equal Part VIII, column (A), line 12). 2 Total expenses (must equal Part IX, column (A), line 25). 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 Net unrealized gains (losses) on investments. 5 Donated services and use of facilities. 6 Investment expenses. 8 Prior period adjustments. 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accual 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 Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	Pai	t XI Reconciliation of Net Assets	01-030237	1 P	age 12
1 Total revenue (must equal Part VIII, column (A), line 12). 2 Total expenses (must equal Part IX, column (A), line 25). 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 Net unrealized gains (losses) on investments. 5 Donated services and use of facilities. 6 Investment expenses. 8 Prior period adjustments. 9 Other changes in net assets or fund balances (explain in Schedule O). 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accual 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 Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		Check if Schedule O contains a response to any question in this Part XI	* * * **		
Total expenses (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments. Donated services and use of facilities. Prior period adjustments. Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis or both: X Separate basis Consolidated basis Separate basis For the year were audited on a separate basis. Both consolidated and separate basis For the year were audited on a separate basis. Separate basis Consolidated basis Separate basis Separate basis Consolidated basis or both: X Separate basis Consolidated basis Separate basis	- 3	Total revenue (must equal Part VIII, column (A), line 12)	T	73	35,681
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Portage of facilities. Donated services and use of facilities. Prior period adjustments. Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other" explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis. Both consolidated and separate basis Consolidated basis. Consolidated basis Both consolidated and separate basis Consolidated basis. Consolidated basis or both: X Separate basis Consolidated basis or both: A Separate basis Consolidated basis or both or		lotal expenses (must equal Part IX, column (A), line 25)			30,062
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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		Revenue less expenses. Subtract line 2 from line 1			5,619
Securificative gains (losses) on investments. Donated services and use of facilities. Threatment expenses. Prior period adjustments. Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		16	39,501
Donated services and use of facilities. Investment expenses. Prior period adjustments. Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		Net unrealized gains (losses) on investments			,0,001
Prior period adjustments. Prior period adjustments. Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. 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. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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		Donated services and use of facilities			
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10 Net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		Prior period adjustments			
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Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990:		column (B))		17	5,120
Accounting method used to prepare the Form 990:	Pan	Financial Statements and Reporting			
Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	_	Check if Schedule O contains a response to any question in this Part XII			
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: X Separate basis				Yes	No
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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	1	Accounting method used to prepare the Form 990:			
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: X Separate basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in			
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reviewed on a separate basis, consolidated basis, or both: X Separate basis	Zd	vere the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
X Separate basis		res, check a box below to indicate whether the financial statements for the year were compiled or			
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in					
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separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1	188
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		separate basis, consolidated basis, or both:			
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the audit, review, or compilation of its financial statements and selection of an independent accountant?	C				
If the organization changed either its oversight process or selection process during the tax year, explain in		the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	V	-
Schedule O.		If the organization changed either its oversight process or selection process during the tax year explain in	. 2C	^	
		Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	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?		the Single Audit Act and OMB Circular A-133?	30		V
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	. Ja		X
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3h		

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SUNSHINE SOCIAL SERVICES, INC 01-0582371 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. c Type III-Functionally integrated d Type III-Non-functionally integrated b Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) A family member of a person described in (i) above? 11g(ii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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, Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 9 Net income from unrelated business activities, whether or not the business is Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10. 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2011 Schedule A, Part II, line 14 15 33 1/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Se	ction A. Public Support	nder the test	s listed belov	v, please com	piete Part II.)	
Ca	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(6) Total
1	Gifts, grants, contributions, and membership fees			(0) 20:0	(4) 2011	(6) 2012	(f) Total
- 67	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				A		
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 .				Assessment		
*	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				7		
b	Amounts included on lines 2 and 3 received			1			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
C	amount on line 13 for the year						
8	Public support (Subtract line 7c from	N. Carlotte					
	line 6.)	A					
Sec	tion B. Total Support	400					
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6			(0) 2010	(4) 2011	(6) 2012	(I) IOIAI
10a	Gross income from interest, dividends,						
	payments received on securities loans,		h.				
	rents, royalties and income from similar sources	The same of					
b		1					
	section 511 taxes) from businesses	A					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
1	Net income from unrelated business						
	activities not included in line 10b, whether	W					
2	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.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	First five years. If the Form 990 is for the organization	on's first, secon	d, third, fourth, o	or fifth tax year as	a section 501(c	2)(3)	
	organization, check this box and stop here						
	tion C. Computation of Public Support Pe	ercentage					
5	Public support percentage for 2012 (line 8, column (f)	divided by line	13, column (f))			15	
6	Public support percentage from 2011 Schedule A, Par	rt III, line 15				16	
7	ion D. Computation of Investment Incom	ne Percenta	ge				
8	Investment income percentage for 2012 (line 10c, col	umn (f) divided	by line 13, colur	mn (f))		17	
9a	Investment income percentage from 2011 Schedule A 33 1/3% support tests—2012 If the organization did	t not charlett	/			18	
	33 1/3% support tests—2012. If the organization did not more than 33 1/3%, check this box and stop here	The organized	ion qualifies as	and line 15 is mor	e than 33 1/3%	, and line 17 is	
b	33 1/3% support tests—2011. If the organization did	not check a bo	or qualifies as	ine 19a and line	ted organization	33 1/30/	🕨 🔲
	line 18 is not more than 33 1/3%, check this box and s	stop here. The	organization ou	alifies as a public	ly supported or	nanization	
0	Private foundation. If the organization did not check	a box on line 1	4, 19a. or 19b.	check this box and	d see instruction	18	X
	The state of the s			The second will		THE REST OF STREET STREET	

Schedule A (Forn	n 990 or 990-EZ) 2012 SUNSHINE SOCIAL SERVICES, INC	01-0582371	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations require Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any addition instructions.	ed by Part II, line 10 al information. (Se	0; ee
	instructions).		
	<u> </u>		
		,	

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection
Employer identification number

SUI	NSHINE SOCIAL SERVICES, INC		01-0582371
Pa	rt I Organizations Maintaining Dono	or Advised Funds or Other Similar Fi	unds or Accounts. Complete if
	the organization answered "Yes" to	o Form 990, Part IV, line 6.	and a state of the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		A STATE WITH COLOR COSCULIE
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 do	nor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject	to the organization's exclusive legal controls	Voc No
6	Did the organization inform all grantees, dono	ors, and donor advisors in writing that grant f	Yes No
	used only for charitable purposes and not for	the benefit of the donor or donor advisor, or	for any other
	purpose conferring impermissible private bene	efit?	Ven Ne
Da	t II Conservation Easements. Comp	L. L. COL	Yes No
Га		lete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	y the organization (check all that apply).	
	Preservation of land for public use (e.g., recre	eation or education) Preservation	of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	T reservation	or a certified historic structure
2			HIDS CHOOSE CONTROL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL
_	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		
_	Total number of accounting		Held at the End of the Tax Year
a	Total number of conservation easements	🔊	. 2a
b	Total acreage restricted by conservation easer	ments.	2b
C	Number of conservation easements on a certification	fied historic structure included in (a)	2c
d	Number of conservation easements included i	n (c) acquired after 8/17/06, and not on a	
_	historic structure listed in the National Registe	[. 2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termi	nated by the organization
	during the tax year		
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy re-	garding the periodic monitoring, inspection, h	handling of
	violations, and enforcement of the conservation	n easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation easem	ents during the year
	9		
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of	section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Voc No
9	In Part XIII, describe how the organization repo	orts conservation easements in its revenue a	and evnense statement and
	balance sheet, and include, if applicable, the te	ext of the footnote to the organization's finance	cial statements that describes
	the organization's accounting for conservation	easements.	olar statements that describes
Part	Organizations Maintaining Collections	s of Art, Historical Treasures, or Other Sin	nilar Assets
	Complete if the organization answered "	Yes" to Form 990. Part IV. line 8	
1a			
	If the organization elected, as permitted under works of art, historical treasures, or other similar transfer of authorizations and according to the control of authorization and according to the control of according to t	or assets hold for public exhibition and continued	enue statement and balance sheet
	of public service provide in Part VIII the toyt	of the feetests to its fire solid to the	n, or research in furtherance
b	of public service, provide, in Part XIII, the text of	SEAS 446 (AGG 050) Americal statements that	describes these items.
-	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its revenue	e statement and balance sheet
	works of art, historical treasures, or other similar	ar assets neid for public exhibition, education	n, or research in furtherance
	of public service, provide the following amounts	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, li	ne 1	• \$
2	(ii) / leccio included in i offi 550, Fait X		
-	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	er SFAS 116 (ASC 958) relating to these item	ns:
a	Revenues included in Form 990, Part VIII, line	1	▶ \$
b	Assets included in Form 990, Part X		> \$

Pa	rt III Organizations Maintaining C	ollections of	Art, Histor	ical Tr	easures, or Ot	her Similar Asse	te (co	ntinu	Page /
3	Using the organization's acquisition, acce	ssion, and other	er records, ch	eck any	of the following the	nat are a significant	13 (00	minu	su)
	use of its collection items (check all that a	pply):		,	3 -	and a digitilioding			
а	Public exhibition		d 🗌	Loan	or exchange prog	rams			
b	Scholarly research		е 🗍	Other					
С	Preservation for future generations								
4	Provide a description of the organization's		d explain how	they fu	ther the organize	tion's avamet a			
	Part XIII.		a explain non	tricy ru	rulei tile organiza	ation's exempt purpo	se in		
5	During the year, did the organization solic	it or receive do	nations of art	historic	al treasures or o	ther similar			
	assets to be sold to raise funds rather tha	n to be maintair	ned as part of	f the ora	anization's collec	tion?		es [No
Par	t IV Escrow and Custodial Arrang	ements. Cor	mplete if the	organi	ization answers	d "Voe" to Form (000 0	es _	INO
	IV, line 9, or reported an amoun	nt on Form 99	0. Part X li	ne 21	Zation answer	d res to Form s	990, P	art	
1a	Is the organization an agent, trustee, cust	odian or other in	ntermediary f	or contri	hutions or other	esets not			
	included on Form 990, Part X?			01 0011111	buttoris of other a	assets flot		'es	No
b	If "Yes," explain the arrangement in Part X	III and complet	e the followin	g table:			ш,	cs	_ NO
						A	mount		
C	Beginning balance					1c			
d	Additions during the year		* * * * *	2 2 2/		1d			
e	Distributions during the year	* * * * *				1e			
	Ending balance					1f			
2a	Did the organization include an amount on						Y	es X	No
b	If "Yes," explain the arrangement in Part X	III. Check here	if the explana	ition has	s been provided in	n Part XIII]
Part	V Endowment Funds. Complete	if the organiz	ation answe	ered "Ye	es" to Form 990), Part IV, line 10.			
4-		a) Current year	(b) Prior ye	ear	(c) Two years back	(d) Three years back	(e) F	our year	s back
1a b	Beginning of year balance								
C	Contributions								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities	-							
	and programs								
f	Administrative expenses	1							
g	End of year balance	-							
2	Provide the estimated percentage of the cu	rrent year end	balance (line	1a. colu	ımn (a)) held as:				
a	Board designated or quasi-endowment	·	%	31	(=/,)				
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
3a	The percentages in lines 2a, 2b, and 2c she	ould equal 1009	%.						
Ja	Are there endowment funds not in the poss organization by:	ession of the or	rganization th	at are h	eld and administe	ered for the			
	(i) unrelated organizations							Yes	No
	(ii) related organizations				5 4 5 4 5 60	C 100 10 100 10 10 10 10 10 10 10 10 10 1	3a(i)		
b	If "Yes" to 3a(ii), are the related organization	e listed as roa					3a(ii)		
4	Describe in Part XIII the intended uses of the	e organization	s endowment	dule R			3b		
art	VI Land, Buildings, and Equipme	nt. See Form	990 Part X	line 1	0				
	Description of property	(a) Cost or oth		alea es		• entities become accordi			
		(investme		(b) Cost of basis (o) Accumulated depreciation	(d) Bo	ok value	
la	Land								
	Buildings								
100	Leasehold improvements								
	Equipment				23,881	11,442		1:	2,439
	Other					, , , , , ,			,
otal.	Add lines 1a through 1e. (Column (d) must e	equal Form 990	, Part X, colu	mn (B),	line 10(c).)	•		13	2.439

Part VII Investments—Other Securit		X line 12	01-0002071 Fage
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial derivatives		Cost of end-or-year	i market value
(2) Closely-held equity interests			
(3) Other (A)	+		
(B)			
(C)			
(D)		A	
(E)			
(F)			
(G)			
(H)			
(1)			-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		FEST EL BESS	
Part VIII Investments—Program Rela	ited. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	valuation: r market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990,	Part X line 15		
	(a) Description		(b) Book value
(1)			(2)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	/ /D\ ;; /5\		
Part X Other Liabilities. See Form 990.			
Other Liabilities. See Form 99 1. (a) Description of liability			
(1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of	the footnote to the organization's f	financial statements that reports the org	anization's liability
for uncertain tax positions under FIN 48 (ASC 740). Check he	ere if the text of the footnote has be	en provided in Part XIII	

Da	THE STATE OF THE S	01-0582371	Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	rotal 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		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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.)		
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	
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	lotal 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		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
a a	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
b	Investment expenses not included on Form 990, Part VIII, line 7b		
C	Other (Describe in Part XIII.)		
5	Add lines 4a and 4b.	4c	
STATE OF THE PARTY OF	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b;	
Part V	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 provi	ide any	
additi	onal information.		
	The state of the s		

Schedule D (Form	990) 2012	SUNSHINE SOCIAL	SERVICES, INC				01-0582371	Page 5
Part XIII	Supple	SUNSHINE SOCIAL mental Informatio	n (continued)					
				222222				
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		A .						
	-							

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SUNSHINE SOCIAL SERVICES INC.

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

Inspection Employer identification number

						01-05	0823/1
Pa	Fundraising Activities. C Form 990-EZ filers are not	omplete if the required to co	organiza	tion answ	rered "Yes" to For	m 990, Part IV, li	ne 17.
1	Indicate whether the organization ra	aised funds throu	igh any of	the following	ng activities Check	all that apply	
а	X Mail solicitations		e X	Solicitation	of non-government	an triat apply.	
b	X Internet and email solicitations						
					of government gran	ts	
С	X Phone solicitations		g X S	Special fund	draising events		
d	X In-person solicitations				4		
2a	Did the organization have a written	or oral agreemen	nt with an	v individual	(including officers	directors trustees o	or.
	key employees listed in Form 990, F	Part VII) or entity	in connec	ction with p	rofessional fundrais	ing services?	Yes X No
b	If "Yes," list the ten highest paid indi	viduals or entitie	e (fundrai	core) nureu	ont to care amount	and southists the f	res NO
	to be compensated at least \$5,000	by the organizati	ion	sers) pursu	ant to agreements	under which the fun	idraiser is
	φ, σσος φο, σσος	by the organizati	IO11.				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	odraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		1000000 5.5	
1							
2							
3			_				
4			A				
		4					
5							
				-			
6		4					
7		1					
8	4		7				
9							
10							
otal .		•					
3	List all states in which the organization	n is registered a	r licence d	An and links			
	List all states in which the organization registration or licensing.	ir is registered o	ricensed	to solicit co	ontributions or has I	been notified it is ex	empt from
	or additioning.						

P	art I	Fundraising Events	Complete if the organ	nization answered "Ye	es" to Form 990, Part I\	V, line 18, or reported
		events with gross rec	ceipts greater than \$5,	ntributions and gross i	ncome on Form 990-E	Z, lines 1 and 6b. List
		aromo war groos rec	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
0			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts				
æ	,	Loop Cartification				
	3	Less: Contributions Gross income (line 1			A	
		minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Die	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add	d lines 4 through 9 in colu	ımn (d) .		(0)
Pa	rt III	Net income summary. Combin Gaming. Complete if	the organization answ	ered "Yes" to Form 99	0, Part IV, line 19, or re	anorted more
_		than \$15,000 on Form	990-EZ, line 6a.		o, 1 art 14, iiile 15, 01 16	sported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Se l	1	Gross revenue				
	100					
nses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add	lines 2 through 5 in colur	mn (d)		(0)
		Net gaming income summary.	W			<u> </u>
9		ter the state(s) in which the org		a activition:		
a b	Is t	he organization licensed to ope No," explain:	erate gaming activities in	each of these states?		Yes No
10a b	We If "	re any of the organization's gar /es," explain:	ming licenses revoked, si	ispended or terminated of	furing the tay year?	Yes No

Sched	fule G (Form 990 or 990-EZ) 2012 SUNSHINE SOCIAL SERVICES, INC	01-0	582371	Page 3
11	Does the organization operate gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Г	Yes	No
13	Indicate the percentage of gaming activity operated in:	Ī		
a	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	and records:			
	Name ▶			
	Address ►			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Г	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	_		
	amount of gaming revenue retained by the third party			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. [Yes	No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
art	or spent in the organization's own exempt activities during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		-	
	Supplemental Information. Complete this part to provide the explanations required by Part (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete provide any additional information (see instructions).	t I, lin	e 2b, co part to	olumns

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

SUNSHINE SOCIAL SERVICES, INC	01-0582371
Form 990, Part III, Line 4d: Program Service Expenses: 11,243, Grants and allocations: 0,	
Revenue: 0 SENIOR SERVICES serve all seniors over 60 who need some assistance with	their
day-to-day activities regardless of their gender, race, religion, income level, culture, or	
Form 990, Part III, Line 4d: Program Service Expenses: 45,001, Grants and allocations: 0,	
Revenue: 0 EDUCATION/TRAINING	

Name of the organization	Page 2
OUNIQUE COCCUS COMMENTS	Employer identification number
SUNSHINE SOCIAL SERVICES, INC	01-0582371
	A
	*