# 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)

OMB No. 1545-0047

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning

**Open to Public** Inspection

A			lendar year, or tax year beginr			, and e	nding		
В		applicable:	C Name of organization SUN	SHINE SOCIAL S	ERVICES, IN	IC		ployer identific	ation number
	Address	change	Doing Business As SUNSEI	RVE					
	Name cl	hanaa	Number and street (or P.O. box if	mail is not delivered to s	street address)	Room/suite	01-05	82371	
=	ivallie G	nange	2312 WILTON DRIVE			100 Carlot Co. (100 Carlot Car		ephone number	
	Initial re	tum	City or town		State	ZIP code		A	
	Termina	tod	WILTON MANORS		FL	33304	(954)	764-5150	
$\perp$	rermina	ted	Foreign country name	Foreign province/state		Foreign postal	code		
	Amende	d return	The second secon			Toreign postar	(Management)	oss receipts \$	1 026 200
	Applicati	ion pending	F Name and address of principal offi	58.00			G OIL	oss receipts a	1,026,289
ш	Applicati	ion penaing					H(a) Is this a group	return for subordin	nates? Yes X No
_			PREWITT J COLEMAN 411 I	NEW RIVER DRIV	E # 2903, FO	ORT LAUDE	H(b) Are all subd	ordinates include	d? Yes No
1	Tax-exer	npt status:	X 501(c)(3) 501(c) (	) < (insert no.)	4947(a)(1			ch a list. (see ins	
J	Websit	e: ► WM	W.SUNSERVE.ORG			761 021			
							H(c) Group exen		•
	11.11.11.11.11.11	organization:	X Corporation Trust	Association 0	ther >	LYes	or of formation:	2002 M Sta	ate of legal domicile: FL
F	Part I	Sur	mmary			///	AND A		12
	1	Briefly d	escribe the organization's mis-	sion or most signif	icant activitie	s: TO E	POMBE CDI	TICAL LIEE	ASSISTANCE AND
ce		PROFES	SSIONAL MENTAL HEALTH	SEDVICES WITH	AN EMPLAC	S. TOP	KOVIDE CKI	IICAL LIFE A	ASSISTANCE AND
Jan		MARGIN	VALIZED VOLITH AND SENIO	D ADULTO IN TH	E ODEATES	SOIN ECUI	NOMICALLY L	JISADVANTA	AGED,
Activities & Governance	1 -	01 11011	NALIZED YOUTH, AND SENIC	K ADULIS IN TH	EGREALER	SOUTHFLO	JRIDA METRI	OPOLITAN A	REA
0	2	Check th	nis box  I if the organiza	tion discontinued i	ts operations	or disposed	of more than 2	25% of its net	t assets.
9	3	Number	of voting members of the gove	erning body (Part )	VI. line 1a).			3	12
S	4	Number	of independent voting membe	rs of the governing	body (Part	VI. line 1b).	VI 12 101 10 10 10	4	12
iţ	5	Total nui	mber of individuals employed	in calendar vear 2	013 (Part V I	ine 2a)		. 5	30
₹	6	Total nui	mber of volunteers (estimate it	necessary)				6	
Ac	7a	Total uni	related business revenue from	Part VIII column	(C) line 12			70	100
	b	Net unre	elated business taxable income	from Form 900 T	(O), line 12 .				0
			nated basiness taxable income	101111 01111 390-1	, wie 34			7b	0
	8	Contribu	tions and grants (Part VIII line	(1h)			Prior Ye		Current Year
Revenue	9	Program	tions and grants (Part VIII, line service revenue (Part VIII, lin				0	630,149	966,375
Ver	10	Investme	service revenue (Part VIII, III	e 2g)	<u>. y e</u> fe e			50,142	59,854
Re	10	investme	ent income (Part VIII, column (	A), lines 3, 4, and	7d)			212	60
1000	11	Other rev	venue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c,	10c, and 11e	) [		55,178	0
_	12	lotal reve	enue—add lines 8 through 11 (m	ust equal Part VIII,	column (A), lir	ne 12)		735,681	1,026,289
	13	Grants a	nd similar amounts paid (Part	IX, column (A), lin	es 1-3)	0 101 0 10		0	0
	14	Benefits	paid to or for members (Part I.	X, column (A), line	4)	[		0	0
S	15	Salaries,	other compensation, employee I	enefits (Part IX. col	lumn (A), lines	5-10)		527,375	751,748
use	16a	Professio	onal fundraising fees (Part IX,	column (A) line 1	1e)			0	751,740
Expenses	b	Total fun	draising expenses (Part IX, co	Jumn (D) line 25)				o o	U Service Serv
Ě	17	Other ex	penses (Part IX, column (A), li	nes 112, 11d, 11f	240)			000 007	207.040
	18	Total eve	penses Add lines 13 17 (m)	nes ma-mu, mi-	-24e)			202,687	287,910
	19	Povonuo	penses. Add lines 13–17 (mus	equal Part IX, col	lumn (A), line	25)		730,062	1,039,658
- 50		Revenue	less expenses. Subtract line	18 from line 12.			18	5,619	-13,369
Net Assets or Fund Balances	00	T + 1				170 00	Beginning of Cu	irrent Year	End of Year
Sse	20	Total ass	sets (Part X, line 16)			[		175,120	161,703
nd I	21		pilities (Part X, line 26)					0	0
		Net asse	ts or fund balances. Subtract I	ine 21 from line 20	)	2.75		175,120	161,703
	rt II	Sign	nature Block						, -
Unde	er penalti	es of perjury,	I declare that I have examined this ret	um, including accompar	nying schedules	and statements.	and to the best of	my knowledge	1
and	belief, it is	s true, correc	t, and complete Declaration of prepare	(other than office) is	sased on all infor	rmation of which	preparer has any	knowledge.	
Sig	ın		1/1/1 anh 9	Mokel	IMIN			5/1	9 12014
He		7	Signature of officer	. /			A D	ate	1
ne	16	<b>N</b>	Maric F	KETCHA	us Ev	ECUTIO	9	-d-	2
		_   <b>/</b> -	Type or print name and title	HE CITY	1	ECUIT	- N 16	010	
			Type preparer's name	Preparer's sig	nature		Date		PTIN
Pai	id		Der 15	oparor o sig			Date	Check	if
	parer	MAR	RC LABOSSIERE	MARC LAB	OSSIERE		5/19/2014		P00742436
			s name ► MARC LABOSSIE		I U CLAICES	10.7		N ► 65-0322	
US	e Only				EDDA: E =:	2222		Status of the same	
			s address ► 1222 NE 4TH AVE				Phone no	o. (954) 76	63-4214
May	y the IR	S discuss	this return with the preparer s	shown above? (see	e instructions	)			. X Yes No

Form	990 (2013)	SUNSHINE SOCIAL SERVICES, INC	01-0582371	Page 2
P	art III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly d	escribe the organization's mission:		
	TO PRO	VIDE CRITICAL LIFE ASSISTANCE AND PROFESSIONAL MENTAL HEALTH SERVICES WITH	ANI	
	FMPHA	SIS ON ECONOMICALLY DISADVANTAGED, MARGINALIZED YOUTH, AND SENIOR ADULTS I	AN THE ODEATED	
		FLORIDA METROPOLITAN AREA	N THE GREATER	
	000111	LONDA MILINOPOLITAN AREA		
2	Did tho	reprination and delicated for the second sec		
2	the prior	organization undertake any significant program services during the year which were not listed on		
	trie prior	Form 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O.		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	services		Yes	X No
	If "Yes,"	describe these changes on Schedule O.		
4	Describe	the organization's program service accomplishments for each of its three largest program services	s, as measured by	
	expense	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	locations to others.	
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:	) (Expenses \$ 262,106 including grants of \$ ) (Revenue	10 \$	1
	NOBLE	MCARTOR ADULT DAY CARE serve all seniors over 60 who need some assistance with their		/
		av activities regardless of their gender, rocc, roligion, income level, with re-		
4b	(Code:	\((Expenses \)		
		) (Expenses \$ 200,059 including grants of \$ ) (Revenu HEALTH SERVICES This program provides a full range of out-patient mental health services	ie \$	)
	including	individual couples family youth and asset to a discouple of out-patient mental nealth services		
	In-House	individual, couples, family, youth, and group therapy. Some clients will meet with an Therapist on site at the Central Facility or a satellite SunServe office. Others may be		
	referred	o private the conicts in the contral Facility of a satellite SunServe office. Others may be		
	Thoronio	o private therapists in the community who work closely with SunServe to make up our		
	Counties	Collective. These include offices in various locations in Broward, Dade, or Palm Beach		
	Counties	Services provided on site are typically by Florida registered mental health interns		
	and/or vo	lunteer licensed clinicians		
4-	(0-1-	and the second s	1661 to	
4c	(Code:	) (Expenses \$ 167,141 including grants of \$ ) (Revenu	e \$	)
	YOUTH	ND FAMILY SERVICES Our support groups are facilitated by volunteer therapists and		
	trained pr	ofessionals		
			LACTER PROPERTY	
			DES	
		Consentations of Risk		
		[66,566.3 Hr Fr. Jed Treem) 140.31.291.3		
		Andre to Financial Statements		
		2007 OHA 2015 A 2015 A 2016 A		
4d	Other pro	gram services. (Describe in Schedule O.)		
	(Expense		0)	
4e		gram service expenses   960,465	0 )	

## 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			140
2		1	X	_
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
9	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
	have the right to provide advice on the distribution as investment from the distribution of 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			
7		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II"	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."			
	complete Schedule D, Part III	8		Х
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.	,	1	v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	100		7472
11	If the propagation's apparent and the first of the propagation of of t	10		Х
1.1	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		^
	reported in Deat V II. a 400 K IIV. III		, l	
A	Did the organization report an amount for other liabilities in Part X.	11d	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			- 1
	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.	446		v
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	_	X
	for any foreign organization 2 # "Voc." commit (A), line 3, more than \$5,000 or grants or other assistance to or			221
6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	_	X
6	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		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
8	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		Χ
9				
	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	_	^
-	to the second and the organization attach a copy of its addition infancial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)	01-05823	71	Page 4
5376			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
00	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	1	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			1
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	2	X
25	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		53	
24a	employees? If "Yes," complete Schedule J.	2	3	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 December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	_	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24	b	X
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	_	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24	a	X
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25	_	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25	a	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25	h	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	23		+^
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee	-		-
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L. Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	185		745
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28	a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	281	0	Х
С	An entity of which a current or former officer, director, trustee, or key employee (cr a family member thereof)			
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.			
31	Did the organization liquidate terminate or discall and access and the organization liquidate terminate or discall and access and the organization liquidate terminate or discall and access and the organization liquidate terminate or discall and access and the organization liquidate terminate or discall and the organization liquidate terminate organization liquidate or	30	-	X
•	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.			
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	. 31	+	Х
	If "Yes," complete Schedule N, Part II.			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	+	X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	22		_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	. 33		X
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			^
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
8	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
- 1	Web lands and a substitution of the control of the	37		Х
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		
		Forr	990	(2013)

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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 30 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a X If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . X 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . . Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . X 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 Sponsoring organizations maintaining donor advised funds. 9a Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? . . . . . . 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b Did the organization receive any payments for indoor tanning services during the tax year? . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form	990 (2013) SUNSHINE SOCIAL SERVICES, INC 01-05	32371	F	age 6
Pa	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. S			ons.
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12	2		
	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.			130
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12	!		1000
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
1	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
7a	Did the organization have members or stockholders?	6		X
14	one or more members of the governing body?	7-		\ \
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X
~	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		1
	the year by the following:			
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		-	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	- 36		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
Ь	process of the big and the first the		100	400
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			
13	Did the organization have a written whistleblower policy?	12c	X	V
14	Did the organization have a written document retention and destruction policy?	13	~	Х
15	Did the process for determining compensation of the following persons include a review and approval by	14	X	US TO
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	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		
Sec	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s only	()	
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest political statements available to the public during the towards	cy, an	d	
20	financial statements available to the public during the tax year.  State the name physical address, and talephone number of the person who persons the backs and records of the			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  MARK KETCHAM (954) 764-57	50		
	organization: MARK RETCHAM (954) 764-53  2312 WILTON DRIVE, WILTON MANORS, FL 33305			

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01-0582371

## Part VII

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

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) J COLEMAN PREWITT	1.00	1	5	AH	HL	The		ne imit will	DB LSAISMOC	2
PRESIDENT	0.00		7	X		III6		ddel ne rar	LE EXCESOS	Me page
(2) RYAN SCHULTZ	1.00		WD		ΟĘ	190		puttined in 8	setion 4.5.	
VICE PRESIDENT	0.00		50	X		17/04		611		
(3) CHAD SCOTT	1.00	10000								
TREASURER	0.00			X						
(4) GREGORY W KABEL	1.00							Line and the second	III. AGWAL KA	
SECRETARY	0.00	X		X		HI W	U D	refinit on	tha first na	Ting
(5) DEIDRA BERGMANN	1.00		1	4.0	(G)	Unu.		Imber of pa	nes for each	
DIRECTOR	0.00	X								
(6) TODD FOGEL	1.00									
DIRECTOR	0.00	X		ITC	100	WIII I		cyti ma ubb	region)	
(7) SEDA AKTAS	1.00							or i other ru	ereary large large	
DIRECTOR	0.00	X						ar Bunga III	again pain diag	A Date
(8) ANDY ROGOW	1.00									
DIRECTOR	0.00	X								
(9) GARY FARMER	1.00									
DIRECTOR	0.00	X							1	
(10) VICTOR WARREN	1.00									
DIRECTOR	0.00	X								
(11) REV. DURELL WATKINS	1.00									
DIRECTOR	0.00	X								
(12) JULIAN CAVAZOS	1.00	100						1		
DIRECTOR	0.00	X				LUUS		a group be	BACKESID NE	aphpants.
(13)	22 91 255	Litz				1 ps		in the orda	r presented	and in as
(14)										

	Section A. Officers, Directors, Tru	otoco, recy min	1	,00,			gnes		inpensated Em	pioyees (contin	ueu)	
					17.00	c) ition						
	(A)	(B)	(do not check more than box, unless person is bot						(D)	(E)	-	(F)
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation		timated rount of
		week (list any hours for	or			Hig	For	from the	from related organizations		other pensation	
		related	direc	tituti	Officer	Key employee	hest	Former	organization	(W-2/1099-MISC)	fr	om the
		organizations below dotted	al tr	onal		ploy	con		(W-2/1099-MISC)			anization related
		line)	Individual trustee or director	Institutional trustee		ee	Highest compensated employee					nizations
		n ick shire		ee		ö	sated		ata na a ma	VIII		
(15)	Commune parsk are rate to	MINERAL IV							-0-/-	S DI BUQU		el.
							2 0	111		10 915		
(16)												
(17)								4				
(4.0)	LUN SURVINION PLANTS							To be the		a ror at a co		
(18)	Jun adjude areas		-				1		A W	eraine neb		
(19)						dillo			27			
(20)	continuity bases with the continues		_		-	1			1 15050	000E 680 L		
(20)				1		7	-4		Silon and	evaluation.		
(21)							1					
(22)	J SEUK TO HIDRONS PLEATERS, SEE	18 198 15							LUNGTED CALL	OUISE SUCE	98	
_\					-							
(23)	iniuk susu ne Elkeu se hiobozo.											
(24)												
.\-::				>								
(25)							56					
1b	Sub-total					_		•	0	0		0
С	Total from continuation sheets to Part VII, Se	ection A			-				0	0		0
d	Total (add lines 1b and 1c).							•	0	0		0
2	Total number of individuals (including but not lin		sted a	bov	e) v	vho	recei	ived	more than \$100	,000 of	1-40	
	reportable compensation from the organization				0				EG			Yes No
3	Did the organization list any former officer, dire	ctor, or trustee,	key e	emp	loye	e, c	r hig	hest	compensated	Mater 15ML		res No
	employee on line 1a? If "Yes," complete Sched	ule J for such in	dividu	ual.							3	X
4	For any individual listed on line 1a, is the sum of	of reportable cor	npens	satio	n a	nd c	other	con	npensation from	ect heating ou		60 13
	the organization and related organizations greated individual						plete	Sc	hedule J for such			
-											4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye										5	X
Sec	tion B. Independent Contractors	oo, complete c	orroad	,,,,	101	040	ii poi	0011	ONE OF SECULOR SECULOR			1 //
1	Complete this table for your five highest compecompensation from the organization. Report co	nsated indepen mpensation for	dent of	cont	ract dar	ors yea	that r	rece	ived more than s with or within the	6100,000 of e organization's t	ax	
99	year. (A)	AP RI LILI							(B)	Learne to m	(C)	N.
	Name and business add	ress							Description of sen	vices (	ompen	sation
_	e Broject Marraters in least a so the				_				en e	Do the lead of	000	0
-	o Project Nameure intopics	I - MILLE			91	10			)			0
		The state of the s										0
	p obtweeting.											0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ited to	tho	se	iste	d abo	ove)	who received	Lusio!		

1 01111 000 (2010)	CONTRIBLE COCIAL CLIVICLO,	11.3
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
1a	Federated campaigns				
b	Membership dues				
C	Fundraising events	100		the second	
p c d e f	Related organizations				
e	Government grants (contributions) 1e 465,990				
f f	All other contributions, gifts, grants, and				
5	similar amounts not included above 1f 385,925		Legistra		
g g	Noncash contributions included in lines 1a-1f: \$0		7 W		
h	Total. Add lines 1a–1f	966,375			
	Business Code				
2a	VARIOUS 624100	59,854			
b		0			
С		0			
d		0			
е		0			
2a b c d e	All other program service revenue	0			5-7-612-101
9	Total. Add lines 2a–2f	59,854		Marie Company	
3	Investment income (including dividends, interest, and	-			
	other similar amounts)	60			
4	Income from investment of tax-exempt bond proceeds	0			
5	Royalties	0			
	(i) Real (ii) Personal				
6a					
b			1,57		
С	The state of the s		F-01/4	BALLA MARIA STATE	3/25/20 Nov A
d	Net rental income or (loss)	0			
7a					
	assets other than inventory				
b	Less: cost or other basis		16		100
iliλ.ii	and sales expenses 0 0	Name of the second	1000	Bar St	PER PER PER
С			of the		
d	Net gain or (loss)	0			
1 941	m za insu timu ve isu i a servici sa di tattimu ve isi	<b>全在艺术</b> 证据	THE REAL PROPERTY.	CHURCHIES	1 5/4 (17 b)
8a					
4115	events (not including \$ 0	1			
dell'	of contributions reported on line 1c).				CONTRACTOR
b	See Part IV, line 18 a			<b>建工工工工工</b>	
D	Ecos: direct experiess 7		of the latest of		
	The modifie of (1000) from remaining events	0	RECEIPTED TO THE PARTY OF		Colonia de la co
9a	Gross income from gaming activities.				
Ψ.	See Part IV, line 19 a			100	
	Less: direct expenses				
	Net income of (Noss From gaming activities	0		SERVICE CONTROLS	
10a	Gross sales of inventory, less				
) and	returns and allowances a		City revels		
1 299	Less, cost of goods sold	1000000			
С	Net income of (loss) from sales of inventory.	0			
	Miscellaneous Revenue Business Code				
11a		0			
b		0			
C		0			
d	[18] [18] [18] [18] [18] [18] [18] [18]	0			
1000	Total. Add lines 11a–11d	1,026,289			o
112	Total revenue. See instructions	1 1 1 2 5 2 8 9	11	/	-

01-0582371

Par	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all of	columns. All other or	ganizations must c	omplete column (A).	
	Check if Schedule O contains a response or note				
Do 7b,	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	0			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0		1/1/2/2011	
3	Grants and other assistance to governments,		=		
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
5	Benefits paid to or for members	0		A SHOP I A	
5	Compensation of current officers, directors,	0		A .	
6	trustees, and key employees	U		7	
U	persons (as defined under section 4958(f)(1)) and		APA.		
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	751,748	730,365	21,383	
8	Pension plan accruals and contributions (include	731,740	730,000	21,000	
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0	VIII TO THE REAL PROPERTY.		
10	Payroll taxes	0		Transaction (Included in	101110
11	Fees for services (non-employees):		4	leaved the vittle-sample	0.00
а	Management	0			
b	Legal	0			
C	Accounting	3,233	2,974	259	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0	Luc ground	nië nrecidate) i	Little
g	Other. (If line 11g amount exceeds 10% of line 25, column	100000000000000000000000000000000000000	denimento i	ace for using the sales	
40	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	8,854	8,224	630	
13 14	Office expenses	72,897	66,723	6,174	1654
15	Royalties	16,795	15,576	1,219	
16	Occupancy	79.928	74,711	5,217	
17	Travel	3,074	2.885	189	
18	Payments of travel or entertainment expenses	3,074	2,003	103	W E
	for any federal, state, or local public officials	0	7 DE 100 UC	ырх энцики ин	
19	Conferences, conventions, and meetings	0	100 Table 100	DU PRESENT L	Selem
20	Interest	0	E THE I FAME IN	· · · · · · · · · · · · · · · · · · ·	1111
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,332	0	5,332	0
23	Insurance	3,555	3,271	284	
24	Other expenses. Itemize expenses not covered		11262		
	above (List miscellaneous expenses in line 24e. If	D. Oracle 1992			
	line 24e amount exceeds 10% of line 25, column	TO HOTELS IN SEC.	CHE INC.		
_	(A) amount, list line 24e expenses on Schedule O.)				
a	Credit Card Fees & Bank Charges	4,133	2,597	1,536	
b	Med Consulting	750	750		
d	Psychatric Food & Food Supplies	12,400	12,400	0.040	
0.00	All other expenses Fundraising & Other	17,982	14,634	3,348	
25	Total functional expenses. Add lines 1 through 24e	58,977	25,355	33,622	^
26	Joint costs. Complete this line only if the	1,039,658	960,465	79,193	0
	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 Schedule O contains a response or note to any line in this Part X		
		(A)	(B)

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	109,854	1	106,031
	2	Savings and temporary cash investments	1,00,00	2	
	3	Pledges and grants receivable, net	44,327	3	34,570
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
- 1	3			0.00	
		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		1	
ts	1.00	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	) (	9	
	10a				
	STATE OF THE	other basis. Complete Part VI of Schedule D 10a 28,772			
	b	Less: accumulated depreciation 10b 16,774	12,439	10c	11,998
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	8,500	15	9,104
44	16	Total assets. Add lines 1 through 15 (must equal line 34)	175,120	16	161,703
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	STATE THE LINE STATES	19	The second second
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities	500	trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	_	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	135,120	27	81,703
Bal	28	Temporarily restricted net assets	40,000		80,000
5	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here			
ts (		complete lines 30 through 34.		30	
Se	30	Capital stock or trust principal, or current funds		31	
AS	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Vet	32	Retained earnings, endowment, accumulated income, or other funds	175,120		161,703
_	33	Total net assets or fund balances	175,120		161,703

orm !	990 (2013) SUNSHINE SOCIAL SERVICES, INC	01-05	82371	Pag	e 12
Par	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		1,026	,289
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,039	,658
3	Revenue less expenses. Subtract line 2 from line 1	3		-13	,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		175	,120
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,	e bile	The same		
	column (B))	10		161	,751
Parl	XII Financial Statements and Reporting	-			_
	Check if Schedule O contains a response or note to any line in this Part XII				
11	raviar for the other building of the besides our respect to the process. And a serial	RO-Serva	115	Yes	No
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				185
	Schedule O.		7.5		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	** ** **	20	^	
	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			V	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
525	Schedule O.		100000		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				V
100	the Single Audit Act and OMB Circular A-133?	2 7 2	3a	$\overline{}$	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		

Form **990** (2013)

#### 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.

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

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number SUNSHINE SOCIAL SERVICES, INC. 01-0582371 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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). 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. b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 f organization, check this box . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? . . . . . . . . . . . . . 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (viii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your organization in col. the organization in support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) 1152 support? Yes No Yes Yes (A) (B) (C) (D) (E)

Total

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.)

Sect	ion A. Public Support			ALC: ELL			
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				The morph at	The second second	
	membership fees received. (Do not	race, priburi	and the state of		(II)		
	include any "unusual grants.")			Section Care		1000	0
2	Tax revenues levied for the organization's				A		
	benefit and either paid to or expended on	- Fine Lipidi	COMPANY		alleren (A)	MEDICAL TON	
	its behalf	n Paul area	ZIA DOMOTROSIA	KOMMUDICIONE			0
3	The value of services or facilities				Alleran		
	furnished by a governmental unit to the						
	organization without charge		Land to the land	and the second	44 F 15		0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit		KALL TELLO				
	or publicly supported organization)						
	included on line 1 that exceeds 2%		614		The Artis		
	of the amount shown on line 11,				The second second		
	column (f)		* 0.24				
6	Public support. Subtract line 5 from line 4.				W. 100 E. E.		
	ion B. Total Support	AL CONTRACTOR		(SEE			(D. T4-1
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,		In Coll, Sa	(1) (1)	and the restriction	Aller of the Add	
	rents, royalties and income from similar		Zala Brill	204001 100	as on the fost	iet care syst	IU.
	sources						0
9	Net income from unrelated business			ar raesemil	and the second	entrop provide	
	activities, whether or not the business is	A		and the second	Treatment I would	Lat a decree	0
	regularly carried on	512					0
10	Other income. Do not include gain or		V Various Ar	cuales lar ©	HUTTER'S SERVICE	THE COLUMN	
	loss from the sale of capital assets	Seattle 1					0
	(Explain in Part IV.)	100					0
11	Total support. Add lines 7 through 10				74.51	12	0
12	Gross receipts from related activities, etc. (se	e instructions)		f			
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here.		* * * * * *		10 2 2 2 2 2 2		
	tion C. Computation of Public Support	Percentage		P 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17			0.000/
14	Public support percentage for 2013 (line 6, co	olumn (f) divide	d by line 11, co	lumn (f)) .   .   .		14	0.00%
15	Public support percentage from 2012 Schedu	ale A, Part II, lin	e 14			15	0.00%
16a	33 1/3% support test—2013. If the organization						this box
	and stop here. The organization qualifies as						
b	33 1/3% support test-2012. If the organization	tion did not che	ck a box on line	e 13 or 16a, an	d line 15 is 33	1/3% or more, cr	neck this
	box and stop here. The organization qualifie						▶□
17a	10%-facts-and-circumstances test-2013.	If the organizati	ion did not che	ck a box on line	e 13, 16a, or 16	b, and line 14	
	is 10% or more, and if the organization meets	s the "facts-and	-circumstances	" test, check th	nis box and stop	here. Explain	n
	Part IV how the organization meets the "facts	s-and-circumsta	nces" test. The	organization of	qualifies as a pu	blicly supported	
	organization						🕨 🗀
b	10%-facts-and-circumstances test—2012.	If the organizat	ion did not che	ck a box on line	e 13, 16a, 16b,	or 17a, and line	
	15 is 10% or more, and if the organization me	eets the "facts-a	and-circumstan	ces" test, chec	k this box and s	stop here. Expl	ain in
	Part IV how the organization meets the "facts						
	supported organization						🕨 🗀
18	Private foundation. If the organization did n	ot check a box	on line 13, 16a	, 16b, 17a, or 1	7b, check this t	oox and see	
	instructions		na <u>nam</u> ni				<b>▶</b>
_							

#### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	281,517	579,563	605,756	735,681	1,026,229	3,228,746
2	Gross receipts from admissions, merchandise	Su pining (d	Senting periods.	Charles Was White	breest, b	S broadhan ref	
	sold or services performed, or facilities furnished				A		
	in any activity that is related to the	-m-i		1000 1000 100		0.055	0
	organization's tax-exempt purpose						- 0
3	Gross receipts from activities that are not an						0
4	unrelated trade or business under section 513 .  Tax revenues levied for the organization's						
4	benefit and either paid to or expended on	p gartin of	11 1 1 1 1 1 1 1 1 1 1	A		· ·	
	its behalf			112.127	EN JOSE A	DALLE SEE	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			A PROPERTY OF			0
6	Total. Add lines 1 through 5	281,517	579,563	605,756	735,681	1,026,229	3,228,746
7a		the multiple a	THE PARTY OF	Amen		PATER STATE	
	received from disqualified persons			1	7		0
b	Amounts included on lines 2 and 3 received	ALLEIM	4				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			)//			0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	distributed by	Y HALL	16			
	line 6.)		320			STEEL LEE	3,228,746
	tion B. Total Support	48.		ak day a		5 5/3 5 1/5	2626
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	281,517	579,563	605,756	735,681	1,026,229	3,228,746
10a	Gross income from interest, dividends,		24 DI 1 TI I TI	NO ALES CONT. EX-	CA TOP HUSA	tof premia	
	payments received on securities loans,				and the second		
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less	A STATE OF THE PARTY OF THE PAR					
	section 511 taxes) from businesses						0
	acquired after June 30, 1975	0	0	0	0	0	0
11	Add lines 10a and 10b	U	0	0	0	0	
	activities not included in line 10b, whether	7	The end		- probability to the	RICESTUS DOM	
	or not the business is regularly carried on	_					0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	- 19-Br	111111111111111111111111111111111111111		2000041	CODSIS (SO.	0
13	Total support. (Add lines 9, 10c, 11,		0.01.010.50				0.000.740
	and 12.)	281,517	579,563	605,756	735,681	1,026,229	3,228,746
14	First five years. If the Form 990 is for the organization chaol this box and step here						Sirici 🛌 🥅
_	organization, check this box and stop here						
	tion C. Computation of Public Support		12			15	100.00%
15 16	Public support percentage for 2013 (line 8, column Public support percentage from 2012 Schedule A, I					16	0.00%
	tion D. Computation of Investment Inco			30 W W W W W W W		10	0.0070
17	Investment income percentage for 2013 (line 10c, o			mn (fl)		17	0.00%
18	Investment income percentage from 2012 Schedule					18	0.00%
19a	33 1/3% support tests—2013. If the organization					, and line 17 is	
	not more than 33 1/3%, check this box and stop he						▶ X
b	33 1/3% support tests—2012. If the organization	did not check a b	ox on line 14 or l	line 19a, and line	16 is more than	33 1/3%, and	-0.0
	line 18 is not more than 33 1/3%, check this box an	d stop here. The	e organization qu	alifies as a public	cly supported or	ganization	▶ 📙
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b, o	check this box ar	nd see instruction	18	▶

Schedule A (For	m 990 or 990-EZ) 2013 SUNSHINE SOCIAL SERVICES, INC	01-0582371 Page <b>4</b>
Part IV	Supplemental Information, Provide the explanations required by Pa	rt II, line 10; Part II, line 17a or 17b;
	and Part III, line 12. Also complete this part for any additional information	tion. (See instructions).
		<u> </u>
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		ECLER TRACTURE CONTRACTOR

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

## 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.

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

OMB No. 1545-0047

Inspection

**Open to Public** 

SUNSHINE SOCIAL SERVICES, INC. 01-0582371 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year . . . . . . 1 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . . 3 Aggregate value at end of year . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control?. Yes 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 Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . a 2b b Total acreage restricted by conservation easements . Number of conservation easements on a certified historic structure included in (a) . . . 20 C 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 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 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. 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. 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: 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: Assets included in Form 990, Part X.

Part	Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, o	r Other Similar Asse	ets (continued)
3	Using the organization's acquisition, accession	n, and other records, c	heck any of the following	ing that are a significant	
	use of its collection items (check all that apply				
а	Public exhibition	d 🗌	Loan or exchange	programs	
8		e 🗔			
b	Scholarly research	е	Other		
С	Preservation for future generations				all reconstruct
4	Provide a description of the organization's collect XIII.	llections and explain ho	ow they further the org	anization's exempt purp	ose in
5	During the year, did the organization solicit or	receive donations of a	rt, historical treasures	, or other similar	
	assets to be sold to raise funds rather than to				Yes No
Pari	IV Escrow and Custodial Arrangen	nents.			
	Complete if the organization answ		990, Part IV, line 9,	or reported an amou	nt on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodia	an or other intermedian	for contributions or o	ther assets not	
	included on Form 990. Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII				
-	i roo, oxpian ine arrangement in rational				Amount
C	Beginning balance			1c	0
d	Additions during the year		ESSENTE .	1d	
е	Distributions during the year			1e	
f	Ending balance			1f	0
2a	Did the organization include an amount on Fo		Allegand		Yes X No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expir	anation has been prov	ided iii Fait Aiii	
Pari			000 0 - 104 15 - 46		
	Complete if the organization answ			),	(A) Formanda hadi
		Current year (b) Price			k (e) Four years back
1a	Beginning of year balance	0	0	0	
b	Contributions	4			
C	Net investment earnings, gains,				
	and losses		v .		
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance	0	0	0	0 0
2	Provide the estimated percentage of the curr	ent year end balance (I	ine 1g, column (a)) he	ld as:	
a	Board designated or quasi-endowment	%			
b	Permanent endowment	%			
C	Temporarily restricted endowment	%			
	The percentages in lines 2a, 2b, and 2c should				
3a	Are there endowment funds not in the posses	ssion of the organizatio	n that are held and ad	ministered for the	Tax Tax
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organizations				3b
4	Describe in Part XIII the intended uses of the	organization's endown	nent funds.		
Par	Land, Buildings, and Equipmen Complete if the organization answ		990 Part IV line 11	la. See Form 990. Pa	art X. line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
	Description of property	(investment)	basis (other)	depreciation	1-1
1a	Land	0	0	SALES NO MEET	0
b	Buildings	0	0		0
C	Leasehold improvements	0	0	0	0
d	Equipment	0	28,772		11,998
e	Other	0	0		0
	al. Add lines 1a through 1e. (Column (d) must e				11,998

Schedule D (Form 990) 2013 SUNSHINE SOCIAL SERV		01-0562571 Fage 3
Part VII Investments—Other Securities	i.	
Complete if the organization ans	wered "Yes" to Form 990	), Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		A
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	
Part VIII Investments—Program Relate	d.	
Complete if the organization ans	wered "Yes" to Form 990	0, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	
Part IX Other Assets.  Complete if the organization ans	swered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15.
	Description	(b) Book value
(1) Rent Deposit		9,104
(2)		
(3)		
(4)		
(5)	M	
(6)	AT	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)	9,10
Part X Other Liabilities. Complete if the organization and line 25.	swered "Yes" to Form 99	0, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2)	1 m a 1 m a	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Part	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:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	A.C.	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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.)	100	
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1 41	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		
b	Prior year adjustments	15.2	
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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.)		
C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
	t XIII Supplemental Information		
Draw	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Pa	art V, line 4; Pa	rt X, line
2. 0	ide the descriptions required for rath, lines 5, 5, and 5, 4, this mast to any additional inform		
2, 1	at VI lines 2d and the and Part XII lines 2d and the Also complete this part to provide driv additional information	ation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	446
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	<u> </u>
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	446
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	1 / A / A / A / A / A / A / A / A / A /
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional million	ation.	1 / P6
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	126
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional million	ation.	126
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional million	ation.	140
		ation.	146
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional million	ation.	1/20
		ation.	126
		ation.	¥26
		ation.	¥26
		ation.	1/26
		ation.	126
		ation.	1/26
		ation.	726

Schedule D (Form	1 990) 2013 SUNSHINE SO	CIAL SERVICES, IN	0		01-0582371	Page 5
Part XIII	Supplemental Inform	ation (continued)				
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#### 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.

OMB No. 1545-0047

Employer identification number

nternal Revenue Service Name of the organization

Department of the Treasury

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

SUNSHINE SOCIAL SERVICES, INC. 01-0582371 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants a b Internet and email solicitations f Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) custody or control of or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 0 2 0 0 3 0 0 0 4 0 0 0 5 0 0 0 6 0 0 0 0 0 0 8 0 0 0 0 0 0 10 0 0 0 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

SUNSHINE SOCIAL SERVICES, INC. Schedule G (Form 990 or 990-EZ) 2013 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue Gross receipts . . . . 0 0 Less: Contributions . . . 0 Gross income (line 1 minus line 2) . . Cash prizes . . . . . 0 0 Noncash prizes . . . . . 0 0 Direct Expenses Rent/facility costs . . . 0 0 Food and beverages . . . 0 0 Entertainment . . . . . 0 0 Other direct expenses . . 0 0 Direct expense summary. Add lines 4 through 9 in column (d). 0) 11 Net income summary. Subtract line 10 from line 3, column (d) 0 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Direct Expenses Cash prizes . . . Noncash prizes . . 0 Rent/facility costs . . Other direct expenses Yes % Volunteer labor . No No No Net gaming income summary. Subtract line 7 from line 1, column (d) . Enter the state(s) in which the organization operates gaming activities: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . .

b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2013 SUNSHINE SOCIAL SERVICES, INC	01-	-0582371	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?	ı	Yes	No
13	Indicate the percentage of gaming activity operated in:			
а		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 ►			
150		7		
154	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ī	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ 0 and the	s to 1	res _	_ NO
	amount of gaming revenue retained by the third party ▶ \$ 0			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$ 0			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			_
	retain the state gaming license?	[	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year			0
Part		iii) a	nd (v), ar	d
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to p	rovide	e any	
	additional information (see instructions).			
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service
Name of the organization Employer identification number SUNSHINE SOCIAL SERVICES, INC 01-0582371

Form 990, Part III, Line 4d: Program Service Expenses: 52,114, 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: 50,673, Grants and allocations: 0,
Revenue: 0 EDUCATION/TRAINING
Form 990, Part III, Line 4d: Program Service Expenses: 226,822, Grants and allocations: 0,
Revenue: 0 CASE MANAGEMENT
Form 990, Part III, Line 4d: Program Service Expenses: 1,550, Grants and allocations: 0,
Revenue: 0 TRANSGENDER
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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
SUNSHINE SOCIAL SERVICES, INC	01-0582371
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