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EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2020 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	SUNSHINE SOCIAL SERVICES, INC.			
	Name Chang	Doing business as SUNSERVE		01-05823	71
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	2312 WILTON DRIVE		954-764-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,502,667.
	Amen	WILTON MEMORE, IL 55504		H(a) Is this a group re	
	Applie	F Name and address of principal officer: GARY HENSLEY		for subordinates	? Yes 🔀 No
	pendi	SAME AS C ADOVE			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) 0	or 🛄 527	If "No," attach a	list. See instructions
		te: WWW.SUNSERVE.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other >	L Year	of formation: 2002	State of legal domicile: ${f FL}$
Ра	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO PI		CRITICAL L	
Activities & Governance		ASSISTANCE AND PROFESSIONAL MENTAL HEALT			
/err	2	Check this box if the organization discontinued its operations or disposed in the organization of the org			ssets. 9
ğ		Number of voting members of the governing body (Part VI, line 1a)			9
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)		53	
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
tivi		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
				Prior Year 2,488,784.	Current Year 2,457,622.
Revenue	8	Contributions and grants (Part VIII, line 1h)		24,564.	44,246.
ven	9	Program service revenue (Part VIII, line 2g)		32,637.	799.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,545,985.	2,502,667.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,545,505.	2,302,007.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		58,502.	0.
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,990,745.	1,870,445.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pen		Total fundraising expenses (Part IX, column (D), line 25)	. –		
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		634,543.	609,244.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,683,790.	2,479,689.
	19	Revenue less expenses. Subtract line 18 from line 12		-137,805.	22,978.
or				eginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		496,753.	515,646.
Ass J Ba		Total liabilities (Part X, line 26)		74,917.	72,594.
Net A Fund		Net assets or fund balances. Subtract line 21 from line 20		421,836.	443,052.
		Signature Block		, • -	-,
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer GARY HENSLEY, EXECUTIV Type or print name and title	/E DIRECTOR	Date
Paid	Print/Type preparer's name DEREK M. WEBB	Preparer's signature DEREK M. WEBB	Date Check PTIN 08/31/21 self-employed P00389509
Preparer	Firm's name 🕨 LIGGETT & WEBB,		Firm's EIN ► 51-0452188
Use Only	Firm's address 1901 S. CONGRESS	S AVE, SUITE 100	
	BOYNTON BEACH, H	FL 33426	Phone no. (561)752-1721
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2020) SUNSHINE SOCIAL SERVICES, INC.	01-0582371	Page 2
	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO PROVIDE CRITICAL LIFE ASSISTANCE AND PROFESSIONAL MEN	TAL HEALTH	
	SERVICES WITH AN EMPHASIS ON ECONOMICALLY DISADVANTAGED,		ED
	YOUTH AND SENIOR ADULTS IN THE GREATER SOUTH FLORIDA MET		
	AREA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			XNo
	prior Form 990 or 990-EZ?		
-	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 410 , 415 . including grants of \$) (Revenue)
		THOSE LIVIN	
	WITH HIV, SUBSTANCE ABUSE ISSUES AND MENTAL HEALTH ISSUE		
	IS BASED ON HOUSING BEING AN INTEGRAL PART OF GOOD HEALT	H; AND WE D	0
	EVERYTHING TO KEEP PEOPLE EMPLOYED, HOUSED AND EARNING A	N INCOME.	
4b	(Code:) (Expenses \$ 319,810 · including grants of \$) (Revenue	¢ 44	246.)
-10	MENTAL HEALTH SERVICES - PROVIDES A FULL RANGE OF OUT-PA		
	HEALTH SERVICES INCLUDING, COUPLES, FAMILY AND GROUP TREA		
	OFFICES. THERE IS A COMBINATION OF LICENSED CLINICIANS,		
	INTERNS AND MASTER'S LEVEL STUDENTS PROVIDING SERVICES.	REGIDIERED	
	INTERNS AND MASIER 5 DEVED STODENTS FROVIDING SERVICES.		
4c	(Code:) (Expenses \$761, 761. including grants of \$) (Revenue)
	YOUTH AND FAMILY SERVICES - THERAPY IS PROVIDED FOR LGBT	Q YOUTH OF	ALL
	AGES, AS WELL AS THEIR FAMILY MEMBERS. LIFE COACHING IS	PROVIDED;	
	UNDERSTANDING AS EDUCATION, WHETHER VOCATIONAL OR COLLEG	E, IS ESSEN	TIAL
	TO LIVING A FULL LIFE.		
A -	Other program convision (Describe on Schodule O)		
4d	Other program services (Describe on Schedule O.)	1	
_	(Expenses \$ 534,235 · including grants of \$) (Revenue \$ Total program service expenses ► 2,026,221 ·)	
<u>4e</u>	Total program service expenses ► 2,026,221.	Г О	

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Form 990 (2020) SUNSHINE SOCIAL SERVICES, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	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			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	F		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	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	5		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	х	
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		Х
с	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	עדי		
.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Checklist of Required Schedules (continued)

SUNSHINE SOCIAL SERVICES, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04 -	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	215		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
25 0		34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
, N	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			
~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b c				
U	(gambling) winnings to prize winners?	1c	х	

Form 990	
Part V	Sta

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	70		
0				
9				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

		See instructions.	ra "No" r		
	Check if Schedule O contains a response or note to any line in this Part VI				
ec	tion A. Governing Body and Management				_
				Yes	\$
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		Τ
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
	officer, director, trustee, or key employee?		2	└──	\downarrow
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?			_	+
4	Did the organization make any significant changes to its governing documents since the prior Form 99			_	4
5	Did the organization become aware during the year of a significant diversion of the organization's asse			_	+
3	Did the organization have members or stockholders?		. 6	_	4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approved more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				╋
	persons other than the governing body?		7b		
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1
а	The governing body?		8a	X	I
	Each committee with authority to act on behalf of the governing body?			X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				T
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)			
				Yes	\$
0a	Did the organization have local chapters, branches, or affiliates?		. 10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,			
		· · · ·			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10b		
1a	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots Has the organization provided a complete copy of this Form 990 to all members of its governing body			X	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	x	
b 2a	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990.	before filing the form?	11a		
b 2a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	before filing the form? o conflicts?	11a 12a	X X	-
b 2a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	before filing the form? o conflicts? s, " describe	11a 12a 12b	X X X	
b 2a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye</i>	before filing the form? o conflicts? s, " <i>describe</i>	11a 12a 12b 12c	X X X X	
b 2a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	before filing the form? o conflicts? s, " describe	11a 12a 12b 12c 13	X X X	
b 2a b c 3 4	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	before filing the form? o conflicts? s, " <i>describe</i>	11a 12a 12b 12c 13	X X X X	
b 2a b c 3 4	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	before filing the form? o conflicts? s, " <i>describe</i>	11a 12a 12b 12c 13	X X X X X	
b 2a b c 3 4	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval	before filing the form? o conflicts? s, " <i>describe</i> by independent	11a 12a 12b 12b 12c 13 13	X X X X X X X	
b 2a b c 3 4 5 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Ye <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	before filing the form? o conflicts? s, " <i>describe</i> by independent	11a 12a 12b 12b 12b 12c 13 14 14	X X X X X	
b 2a b c 3 4 5 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	before filing the form? o conflicts? s, " <i>describe</i> by independent	11a 12a 12b 12b 12b 12c 13 14 14	X X X X X X X	
b 2a b c 3 4 5 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	before filing the form? o conflicts? s, " <i>describe</i> by independent	11a 12a 12b 12b 12b 12c 13 14 14	X X X X X X X	
b 2a b c 3 4 5 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	before filing the form? o conflicts? s, " <i>describe</i> by independent ent with a	11a 12a 12b 12b 12b 12c 13 14 14	X X X X X X X	
b 2a b c 3 4 5 a b 6a	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	before filing the form? o conflicts? s, " <i>describe</i> by independent ent with a	11a 12a 12b 12b 12c 13 13 14 15a 15b	X X X X X X X	
b 2a b c 3 4 5 a b 6a	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	before filing the form? o conflicts? s, " <i>describe</i> by independent ent with a e its participation	11a 12a 12b 12b 12c 13 13 14 15a 15b	X X X X X X X	
b 2a b c 3 4 5 a b 6a	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	before filing the form? o conflicts? s, " <i>describe</i> by independent ent with a e its participation ization's	11a 12a 12b 12b 12c 13 13 14 15a 15b	X X X X X X X	

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name address, and telephone number of the person who possesses the organization's books and records

20	State the name, address, and telephone number of the person who possesses the organization's books and record
	GARY HENSLEY - 954-764-5150

01-	05	8	

X

No

Х

Yes No

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos beck	ition more) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/1/1/1/1/1		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al tru:		yee	mper		(and related
	below	ndividual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	her			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Forn			
(1) GARY HENSLEY	40.00									
EXECUTIVE DIRECTOR				х				68,221.	0.	0.
(2) VICTOR WARREN	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) KEN KAPPNER	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) JOE SANSONE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) LISA COLON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) NICOLE SALTZBURG	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MEGAN WIDMEYER	1.00								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(8) CASSANDRA EVANS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) JULIO CAPO, JR.	1.00									_
DIRECTOR		х						0.	0.	0.
(10) DR. SASHA DAVIDSON	1.00									
DIRECTOR		Х						0.	0.	0.
				├						

	990 (2020) SUNSHINE						-			01-05	82	371	Р	age 8
Part			ploy	vees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	ı	an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0		com fr org and	pensa om th anizat d relat anizati	ation 1e tion ted
											-			
											_			
											_			
											\neg			
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							68,221. 0. 68,221.		0. 0. 0.			0.0.
2	Total number of individuals (including but n compensation from the organization								-					0
	Did the organization list any former officer,			key e	emp	loye	e, or	r hig	ghest compensated emp	bloyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	Im of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			5		X
	ion B. Independent Contractors									•				
	Complete this table for your five highest co the organization. Report compensation for (A)	-									oensa			
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	C	ompe		n
	Total number of independent contractors (i \$100.000 of compensation from the organi	e e	ot li	mite	d to		se lis 0	stec	d above) who received n	nore than				

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			I	y	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S IO								3000013 012 014
int;	1		Federated campaigns 1a					
S S D O C			Membership dues 1b					
Αn.		С	Fundraising events 1c					
Gif lar		d	Related organizations 1d					
ni,		е	Government grants (contributions) 1e 1,	605,146.				
r S		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	852,476.				
ΞÓ		a	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f		2,457,622.			
<u> </u>				Business Code				
đ		а	PROGRAM SERVICE FEES	621300	44,246.	44,246.		
, iç	Z			021300	41,2101	11,210.		
Ser		b						
с ч		С						
Be		d						
Program Service Revenue		е						
<u>с</u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f		44,246.			
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)	►	799.			799.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	<u> </u>				
	7		Gross amount from sales of (i) Securities	(ii) Other				
	l '	a		(, 0				
		•						
Ð		D	Less: cost or other basis					
ther Revenue			and sales expenses					
eve		С	Gain or (loss)					
r B			Net gain or (loss)	••••••••••••••••••••••••••••••••••••••				
	8	а	Gross income from fundraising events (not					
Ò			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events	►				
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	▶				
			Gross sales of inventory, less returns					
		-	and allowances					
		h	Less: cost of goods sold					
			J					
		C	Net income or (loss) from sales of inventory	Business Code				
sne	44	~		Dusiness Code				
Miscellaneous Revenue	11							
ven		b						
Be		с						
Ä			All other revenue					
			Total. Add lines 11a-11d			44.046		800
	12		Total revenue. See instructions	🕨	2,502,667.	44,246.	0.	799.

SUNSHINE SOCIAL SERVICES, INC.

Form 990 (2020)

Statement of Revenue

01-0582371

Page 9

SUNSHINE SOCIAL SERVICES, INC.

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

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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				
7	persons described in section 4958(c)(3)(B)	1,606,709.	1,300,947.	305,762.	
7 0	Other salaries and wages	±,000,103•	±,300,34/•	505,702.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9		162,769.	156,154.	6,615.	
	Other employee benefits	100,967.	86,268.	14,699.	
10 11	Payroll taxes Fees for services (nonemployees):	100,007.	00,200.	11,000	
11					
a h	Management	12,355.		12,355.	
b		9,755.	7,050.	2,705.	
с А	Accounting	577551	,,0501	277031	
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	31,195.	31,195.		
12	Advertising and promotion	2,661.	898.	1,763.	
13	Office expenses	14,058.	4,213.	9,845.	
14	Information technology	28,053.	28,643.	-590.	
15	Royalties		/		
16	Occupancy	211,611.	179,964.	31,647.	
17	Travel	4,615.	3,880.	735.	
18	Payments of travel or entertainment expenses	,	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,868.	2,868.		
20	Interest				
21	Payments to affiliates				
 22	Depreciation, depletion, and amortization	8,285.		8,285.	
23	Insurance	21,458.	12,295.	9,163.	
24	Other expenses. Itemize expenses not covered	-			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM FOOD AND SUPPLI	141,549.	116,913.	24,636.	
b	TELEPHONE	37,414.	34,825.	2,589.	
с	SUPPLIES AND MATERIALS	36,107.	25,538.	10,569.	
d	WORKERS COMPENSATION IN	18,764.	15,900.	2,864.	
е	All other expenses	28,496.	18,670.	9,826.	
25	Total functional expenses. Add lines 1 through 24e	2,479,689.	2,026,221.	453,468.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

SUNSHINE	SOCIAL	SERVICES,	INC
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01-0582371 Page 11

Par	τΧ						
		Check if Schedule O contains a response or no	te to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			115,760.	1	125,167.
	2	Savings and temporary cash investments				2	,
	3	Pledges and grants receivable, net			162,801.	3	305,971.
	4	Accounts receivable, net			,	4	, .
	5	Loans and other receivables from any current of					
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
	-	under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				8,102.	9	28,918.
		Land, buildings, and equipment: cost or other	I I		- , -	Ū	- ,
	iou	basis. Complete Part VI of Schedule D	10a	94,219.			
	h	Less: accumulated depreciation		61,546.	35,851.	10c	32,673.
	11	Investments - publicly traded securities			,	11	
	12	Investments - other securities. See Part IV, line			162,562.	12	11,240.
	13	Investments - program-related. See Part IV, line			/ /	13	,;
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,677.	15	11,677.
	16	Total assets. Add lines 1 through 15 (must equ			496,753.	16	515,646.
	17	Accounts payable and accrued expenses			74,917.	17	72,594.
	18	Grants payable			,	18	,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
6	22	Loans and other payables to any current or for				21	
Liabilities	~~	trustee, key employee, creator or founder, subs					
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel				23	
	23 24	Unsecured notes and loans payable to unrelate				23	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on line					
		of Schedule D	3 17 24)			25	
	26				74,917.	26	72,594.
	20	Organizations that follow FASB ASC 958, ch			, _ , , , , , , , , , , , , , , , , , ,	20	, 2, 0, 2, 1
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			412,486.	27	411,374.
Bal	28	Net assets with donor restrictions	9,350.	28	31,678.		
lpu	20	Organizations that do not follow FASB ASC 9				20	
Fu		and complete lines 29 through 33.	, enc				
or	29	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or e				29 30	
Ass	30 31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	31 32				421,836.	32	443,052.
Z	33	Total net assets or fund balances			496,753.	33	515,646.
	00	Total navinties and het assets/fully balances			100,100.	33	Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

	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	2,	50	2,6	67. 89.	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3				78.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				36.	
5	Net unrealized gains (losses) on investments	5			1,7	62.	
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 on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					52.	
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		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 Schedule O.						
2a	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	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,				
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	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 on Schedule O.						
3a	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?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2020)

SUNSHINE SOCIAL SERVICES, INC.

Form 990 (SUNSHINE ation of Net Assets	Ň
FartAr	Reconcilia	ation of Net Assets	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047			
1	2020			
	Open to Public Inspection			
Employer identification number				

Name of the o	rganization
---------------	-------------

		SUNS	SHINE SOCI	AL SERVICES,	INC.			0	1-0582371
Pa	rt I	Reason for Public	Charity Status	5. (All organizations must o	complete th	nis part.) S	ee instruction	S.	
The 0 1 2 3 4 5 6 7 8	 organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization 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.) 							bed in	
9		A community trust describe An agricultural research or or university or a non-land- university:	ganization describ grant college of ag	ed in section 170(b)(1)(A) priculture (see instructions)	(ix) operate . Enter the	name, city	/, and state of	the colleg	le or
10		An organization that norma activities related to its exer income and unrelated busi See section 509(a)(2). (Co	mpt functions, sub ness taxable incor mplete Part III.)	ject to certain exceptions; ne (less section 511 tax) fr	and (2) no rom busine	more thar sses acqu	n 33 1/3% of it ired by the or	ts support	from gross investment
11 12 a			and operated excl rganizations descri describes the type anization operated	usively for the benefit of, t ibed in section 509(a)(1) c	o perform t or section ! on and com by its sup	the functio 509(a)(2). Aplete lines ported org	ons of, or to ca See section 5 s 12e, 12f, and ganization(s), t	09(a)(3). (I 12g. ypically by	heck the box in
b			ganization supervis of the supporting o	sed or controlled in connector organization vested in the s					
С				ting organization operated				ly integrate	ed with,
d		Type III non-functionally that is not functionally int	y integrated. A su tegrated. The orga	ons). You must complete pporting organization ope unization generally must sa complete Part IV, Section	rated in co tisfy a distr	nnection w	vith its suppor quirement and	•	
е		0		a written determination fro			а Туре I, Туре	II, Type III	
f	Ente	er the number of supported		tionally integrated support					
g		vide the following information			(iv) Is the orga	nization lietod	(
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governit	ng document?	(v) Amount of support (see in:	,	(vi) Amount of other support (see instructions)
				above (see instructions))	100	110			
Tota	1								

Schedule A (Form 990 or 990-EZ) 2020 SUNSHINE SOCIAL SERVICES, INC.

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.)

<u>Sec</u>	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
-	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
	The portion of total contributions									
Ŭ	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,									
6	Public support. Subtract line 5 from line 4.									
	tion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(4) 2010	(e) 2020	(f) Total			
	Amounts from line 4	(a) 2010	(b) 2017	(0) 2018	(d) 2019	(e) 2020	(f) Total			
-	Gross income from interest,									
8										
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instructi	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)				
_	organization, check this box and stor		-							
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			ı - ı				
	Public support percentage for 2020 (14	%			
	Public support percentage from 2019					15	%			
16a	33 1/3% support test - 2020. If the o									
	$\ensuremath{ \text{stop} here.}$ The organization qualifies	as a publicly supp	orted organizatio	ו <u></u> ו			▶∟			
b	33 1/3% support test - 2019. If the c									
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation						
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstanc	es test, check thi	s box and stop he	e re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported	organization					
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on lin	e 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 VI how the									
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a public	ly supported orgar	ization				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SUNSHINE SOCIAL SERVICES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2097122.	2323059.	2428288.	1915994.	2457622.	11222085.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				53,239.	44,246.	97,485.
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization'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	2097122.	2323059.	2428288.	1969233.	2501868.	11319570.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						11319570.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017 2323059.	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	2097122.	2323059.	2428288.	1969233.	2501868.	11319570.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49.	8,717.	11,932.	32,637.	-963.	52,372.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	49.	8,717.	11,932.	32,637.	-963.	52,372.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2097171.	2331776.	2440220.	2001870.	2500905.	11371942.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (line 8, column (f), c	livided by line 13,	column (f))		15	99.54 %
	Public support percentage from 2019					16	99.49 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.46 %
	Investment income percentage from a					18	.51 %
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ition	X
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	▶□
03202	23 01-25-21				Sche	edule A (Form 990) or 990-EZ) 2020

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2020 SUNSHINE SOCIAL SERVICES, INC.

1

2

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations	•		
		Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
•		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

Part IV Supporting Organizations (continued)

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

3b

Yes No

1 2 2 3 3 4 5 5 6 7 3 (A)		
3 4 5 63 7 3		
4 5 6 7 3		
5 5 7 3		
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990 or 990 EZ) 2020 SUNSHINE SOCIAL SERVICES, INC.

1 L Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(B) Current Year

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990 EZ) 2020 SUNSHINE SOCIAL SERVICES, INC.

Fai	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020	SUNSHINE	SOCIAL	SERVICES,	INC.	01-0582371 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provide 1 2, 3b, 3c, 4b, 4c, 5 ines 2 and 3; Part I	the explanatio 5a, 6, 9a, 9b, 9 V, Section E,	ns required by Part 9c, 11a, 11b, and 11 lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a I c; Part IV, Section B, lines and 3b; Part V, line 1; Par	or 17b; Part III, line 12; 5 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

SCHEDULE D

(Form 9	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



n

SUNSHINE SOCIAL SERVICES, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

Employer identification number 01-0582371

	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring	
				🗌 Yes 🗌 No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) 📃 Preservation of a h	nistorically	important land area
	Protection of natural habitat	Preservation of a c	ertified hi	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a co <u>nserv</u>	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ►			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	it holds?		Yes 🛛 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conser	vation eas	sements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easeme	nts during the year
	► \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense st	atement a	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that de	scribes the
	organization's accounting for conservation easements.		_	
Pa	t III Organizations Maintaining Collections o		er Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance	sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furth	erance of	f public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bal	ance she	et works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre			de
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		►	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued] 3 Using the organization acquisition, accossion, and other records, check any of the following that make significant use of its contained as part of the organization acquisition is exempt purpose in Part XIII. a Depute exhibition d Loan or exchange program b Discontry research e Other c Provide accorption of thure generations d Loan or exchange program b Discontry research e Other The organization solution or other assets to be sold the organization solution of art, historical treasures, or other similar assets b Discontry the organization acquisition or other intermediaty for contributions or other assets not included on Form 900, Part X, Ine 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Intermediation and using the year Intermediation acquisition and the organization and using the year Intermediation acquisition and using the year Intermediation acquisition acquisition and using the year Intermediation acquisition acquisition and using the year Intermediation acquisition acq	Sche	dule D (Form 990) 2020 SUNSHIN	E SOCIAL S	SERVICE	ES, I	NC.		01-0	58237	1 Page 2
collection terms (check all that apply): a b b Scholarly research c Other b Scholarly research c Other Other Provide a decorption of the organization solution or ark, hatoroal treasures, or other similar assets to be solution or sexthange program c Provide a decorption of the organization solution or ark, hatoroal treasures, or other similar assets to be solution or provide the organization solution or provide if the organization answered "Yes" on Form 990, Part IV, line B, or resported an amount on Form 990, Part X, line 21. 1a Is the organization and custodial article custodial art or their intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes. No b If "Yes," explain the arrangement in Part XIII. conclude the following table: Amount to the organization include an amount on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. Yes No b Part V Endowment Funds. Complete the organization solution or fact the explanation in has been provided on Part XIII. Period the asset of the current year end balance (line 1g, column (al) held as: a Borthoutons Import the explanation in the provided on Part XIII. Period the astandicus and programs. Import the expl	Pa	t III Organizations Maintaining C	Collections of A	Art, Histor	rical Tr	easures, o	or Other	[·] Similar As	sets(contir	nued)
a Public exhibition d Lean or exchange program b Schelarly research e Other	3	Using the organization's acquisition, access	ion, and other recor	ds, check a	ny of the	following that	it make sig	nificant use of	its	
b Scholary research e Other		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. No 1a Is the organization and explain how they further the organization's exempt purpose in Part AVII. Yes No 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete Time Time Time Time Time Time Time Tim	а	Public exhibition								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization is collection? Part W escrow and a senter than to be mantained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is diditions during the year Is Is diditions Is Is diditions Is diditions Is Is diditions Is differentiation answered Is diditions Is diditions Is d	b			e 🗌 Otł	ner					
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part W, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustske, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in useke, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in useke, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in the arrangement in Part XIII and complete the following table:	с	-								
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Fom 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10. Image: State	4								Part XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ime 21. Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions of other arrangement in Part XII in 21. for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XII Check here If the explanation has been provided on Part XII Image: Complete intermediary for control custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 2. Image: Complete intermediary in Complete intermedintermedinterecomment P	5							r		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 2d Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. If the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back is and programs Image: complete the set of the current year end balance (line 1g, column (a)) held as: a Beginning of year balance % Montificative expenses Image: complete the organization for tabl				<u> </u>						
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:	Pa			lete if the or	ganizatio	n answered	"Yes" on F	orm 990, Part	V, line 9, or	
on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Contributions (b) Prior year (b) Prior year (c) Two years back (e) Four years back 1a Contributions (b) Controt were scholaships (c) Two years back (e) Four years back </th <th></th> <th></th> <th></th> <th>-l' f</th> <th></th> <th></th> <th> 4 4 - 1-</th> <th></th> <th></th> <th></th>				-l' f			4 4 - 1-			
b If "Yes," explain the arrangement in Part XIII and complete the following table:	па							r	No.	
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the preventitures for facilities Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Check here if the organization (line 1g, column (a)) held as: Image: Check here if the organization is the data data data data data data data dat								l	Yes	
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d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No Dif "Yes" explain the arrangement in Part XIII. Check have if the explanation has been provided on Part XIII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (b) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (a) Coasiendownent \b) (b) Provide the es		Designing belonge						10	Amoun	ι
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Contributions										
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 7 For word expenditures for facilities<	f									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative expenses (a) Current year end balance (line 1g, column (a)) held as: (a) Control (a) Prior year (c) Two years back (d) Two years back (e) Four years back g End of year balance (b) Prior year (c) Two years back (d) Two years back (e) Four years back g End of year balance (b) Prior year (c) Two years back (d) Two years back (e) Four years back g End of year balance (b) Prior year (f) Prior year (f) Two years back (f) Two years back (f) Two years back fi g <t< th=""><th>' 2a</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>	' 2a								Yes	No
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Image:										
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs		· · · ·							ck (e) Four	years back
b Contributions	1a	Beginning of year balance								
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % b Permanent endowment ▶ % in the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) Inrelated organizations iii) Belated organizations d d d Description of property (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) b b b c Leasehold improvements 24, 629. 3, 780. 20, 849. c Leasehold improvements 24, 629. 3, 780. 20, 849.										
e Other expenditures for facilities and programs										
e Other expenditures for facilities and programs										
f Administrative expenses										
f Administrative expenses		and programs								
g End of year balance	f									
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations										
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the cur	rrent year end balan	ice (line 1g,	column (a	a)) held as:				
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization set organization's endowment funds. Part VI Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Ia Land Buildings Casehold improvements (24, 629. (3, 780. (20, 849. (59, 590.<	b	Permanent endowment	%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 5 57, 766. 11, 824. e Other 0 57, 766. 11, 824.	с	Term endowment	<u>%</u>							
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Restriction (c) Restriction		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
(i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 5a(i) 4 c Leasehold improvements 24,629.3,780.20,849. d Equipment 69,590.577,766.111,824. e Other 0	3a	Are there endowment funds not in the posse	ession of the organi	zation that a	re held a	nd administe	ered for the	e organization	,	
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings		-								Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 24,629. 3,780. d Equipment 69,590. 57,766. 11,824.		(ii) Related organizations							3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b								3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				lowment fur	ids.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Pa							10		
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b Buildings 24,629 3,780 20,849 c Leasehold improvements 69,590 57,766 11,824 e Other 0 0 0 0	1a	l and	· · ·		24010	(2010)	dopr			
c Leasehold improvements 24,629. 3,780. 20,849. d Equipment 69,590. 57,766. 11,824. e Other 0 0 0										
d Equipment 69,590. 57,766. 11,824.					2	4,629.		3,780.	2	0,849.
e Other										
				t X, column	(B), line 1	0c.)	<u>.</u>		3	2,673.

Schedule D (Form 990) 2020

Part VII	Investments - C	Other Securities	ò.			
Schedule D	(Form 990) 2020	SUNSHINE	SOCIAL	SERVICES,	INC.	

(a) Description of security or category (neudang name of security) (b) Book value (c) Method of valuation: Cost or end of year market value (1) Financial derivatives	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(2) Closely held equity interests				-of-year market value
(2) Closely held equity interests	(1) Financial derivatives			
(3) Other Image: Constraint of the second				
(A)	(3) Other			
(B)				
(D) (E) (E) (F) (G) (G) (G)				
(D) (E) (E) (F) (G) (G) (G)	(C)			
(F) (G) (G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (G)				
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(G)				
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(9)			
	Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 25.)	>	

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	2,500,905.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	-1,762.		
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d		2e	-1,762.
3	Subtract line 2e from line 1		3	2,502,667.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			_
С	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	2,502,667.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	2,479,689.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,479,689.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	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	2,479,689.
Pa	rt XIII Supplemental Information.			

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

SUNSHINE SOCIAL SERVICES, INC. Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,762.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-1,762
3	Subtract line 2e from line 1			3	2,502,667
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	C
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,502,667
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,479,689
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	C
3	Subtract line 2e from line 1			3	2,479,689
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_			
а		4-	1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

SUNSHINE SOCIAL SERVICES, INC.

Employer identification number 01 - 0582371

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ON ECONOMICALLY DISADVANTAGED, MARGINALIZED YOUTH AND SENIOR ADULTS IN

THE GREATER SOUTH FLORIDA METROPOLITAN AREA.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE RETURN WAS FURNISHED TO MANAGEMENT AND THE BOARD OF

DIRECTORS FOR THEIR COMMENTS AND REVIEW PRIOR TO THE FINAL DOCUMENT BEING

FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE COMPANY REVIEWS THE CONFLICT OF INTEREST POLICY WITH STAFF ANNUALLY OR AS NEEDED ON AN INDIVIDUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND APPROVES THE

COMPENSATION ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FORM 990 FOR ALL YEARS ARE AVAILABLE FOR PUBLIC

INSPECTION ON THE ORGANIZATION'S WEBSITE. ALL GOVERNING DOCUMENTATION IS

AVAILABLE FOR INSPECTION AT OUR ADMINISTRATIVE OFFICE.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.