

Form **990**

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">SUNNY GLEN CHILDREN'S HOME</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>P.O. BOX 1373</p> City or town, state or province, country, and ZIP or foreign postal code <p>SAN BENITO TX 78586</p>	D Employer identification number <p style="text-align: center;">74-1260706</p> E Telephone number <p style="text-align: center;">956-399-5356</p> G Gross receipts \$ 1,727,449
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F Name and address of principal officer: <p>JAY WILLIAMS 2385 W. EXPRESSWAY 83 SAN BENITO TX 78586</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u SUNNYGLEN.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1936	M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>																			
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	3 Number of voting members of the governing body (Part VI, line 1a)	9																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	9																		
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	34																		
	6 Total number of volunteers (estimate if necessary)	490																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																		
	b Net unrelated business taxable income from Form 990-T, line 34	0																		
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,506,149</td> <td style="text-align: right;">1,409,349</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">324,667</td> <td style="text-align: right;">275,049</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">17,043</td> <td style="text-align: right;">16,765</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">17,853</td> <td style="text-align: right;">11,873</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,865,712</td> <td style="text-align: right;">1,713,036</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,506,149	1,409,349	9 Program service revenue (Part VIII, line 2g)	324,667	275,049	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,043	16,765	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,853	11,873	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,865,712	1,713,036	
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Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">JAY WILLIAMS</p> Type or print name and title	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>
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Paid Preparer Use Only	Print/Type preparer's name MICHAEL W. YOUNG, CPA	Preparer's signature MICHAEL W. YOUNG, CPA	Date 05/04/15	Check <input type="checkbox"/> if self-employed	PTIN P00033111
	Firm's name } DOSHIER PICKENS & FRANCIS, LLC 301 S POLK ST STE 800 Firm's address } AMARILLO, TX 79101	Firm's EIN } 26-3902769 Phone no. 806-373-3011			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No