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Fprm 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury

2009

Interna	al Reven	ue Service Note. The foundation may be abl	e to use a copy of this return	n to satisfy sta	te reporting	requirements	
For c	alenda	r year 2009, or tax year beginning	and ending				
G C	heck all		turn of a former public o		change	Final return	
Other properties of line	ection ir mark	SULLIVAN FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered 5287 N POWERS FERRY RD City or town, state, and ZIP code ATLANTA GA pe of organization X Section 501(c)(3) exempt private 4947(a)(1) nonexempt charitable trust Other taxable to value of all assets at end om Part II, col (c), Other (specify)	3 0 3 2 7 foundation le private foundation X Cash Acci be on cash basis) (a) Revenue and		2 0 B Telep 4 0 C If exe D 1. Fo 85 E If priv section F If the under	loyer Identification num - 1294722 shone number (see page 10 4-943-1024 Imption application is pend oreign organizations, check oreign organizations meeting test, check here and attended to the section 507(b)(1)(A), check here foundation is in a 60-mont or section 507(b)(1)(B), check	of the instructions) ing, check here there ing the inach computation terminated under terminated under there in the termination the termination the termination the termination the termination
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv		(c) Adjusted net income	for chantable purposes
	2 3	the amounts in column (a) (see page 11 of the instructions)) Contributions, gifts, grants, etc., received (attach schedule) Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments	1,123		1,123		(cash basis only)
		Dividends and interest from securities	2,035		2,035		
_		Gross rents Net rental income or (loss)					
Revenue		Net gain or (loss) from sale of assets not on line 10 STMT 1	-49,144				
/en		Gross sales price for all assets on line 6a 61, 253	13/211			-	
Ş	l	Capital gain net income (from Part IV, line 2)		_	0		
-	1	Net short-term capital gain				0	
		Income modifications					·
	10a	Gross sales less returns & allowances					7.
2010	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					·
5	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	-45,986		3,158	0	
<u>S</u>	13	Compensation of officers, directors, trustees, etc					
- Se	14	Other employee salaries and wages					
e n	15	Pension plans, employee benefits					
		Legal fees (attach schedule)					
6 Z		Accounting fees (attach schedule) STMT 2	750				750
ِؤِنِ⊳		Other professional fees (attach schedule) STMT 3	2,483		2,483		
Z iz	l	Interest					
J.SE		Taxes (attach schedule) (see page 14 of the instructions)		· · · · · ·			
Ē		Depreciation (attach schedule) and depletion Occupancy					
Ad		Travel, conferences, and meetings ECEIVED	1	 -			
힏			<u></u>				
a		Other expenses (att sch.)	3 †				
ij	24	Other expenses (att sch) NOV 0.5 2010 Cotal operating and administrative expenses.	, , , , , , ,	-			
ra			3,233		2,483		750
Operating and Administrative Expenses	25	Contributions, gifts, grants paid OGDEN, UT	138,214				138,214
		Total expenses and disbursements. Add lines 24 and 25	141,447		2,483	0	138,964
	27	Subtract line 26 from line 12					
		Excess of revenue over expenses and disbursements	-187,433				
		Net investment income (if negative, enter -0-)			675		
	_ c	Adjusted net income (if negative, enter -0-)	1			0	

_		Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	f year	
Į,	Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
T	1	Cash—non-interest-bearing	183,857	5,541	5,541	
	2	Savings and temporary cash investments				
	3	Accounts receivable >				
		Less. allowance for doubtful accounts ▶				
	4	Pledges receivable ▶		-		
- 1		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 16 of the				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
1		Less allowance for doubtful accounts ▶				
छ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges			-	
AS	10a	Investments—U S. and state government obligations (attach schedule)				
1	b	Investments—corporate stock (attach schedule) SEE STMT 4	168,528	190,148	190,148	
	c	Investments—corporate bonds (attach schedule) SEE STMT 5		63,220	63,220	
	11	Investments—land, buildings, and equipment basis ▶			<u></u>	
-		Less accumulated depreciation (attach sch)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis	,			
Į	• •	Less accumulated depreciation (attach sch.)				
	15	Other assets (describe >)				
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)	352,385	258,909	258,909	
\dashv	17	Accounts payable and accrued expenses				
	18	Grants payable				
Liabilities	19	Deferred revenue				
劃	20	Loans from officers, directors, trustees, and other disqualified persons				
용	21	Mortgages and other notes payable (attach schedule)				
긔	22	Other liabilities (describe ►)				
ı	23	Total liabilities (add lines 17 through 22)	0	0		
\exists		Foundations that follow SFAS 117, check here ▶ X		·-		
es		and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	352,385	258,909		
폡	25	Temporanly restricted				
Ba	26	Permanently restricted		·		
Net Assets or Fund Balanc		Foundations that do not follow SFAS 117, check here ▶				
.≒I		and complete lines 27 through 31.				
٦	27	Capital stock, trust principal, or current funds				
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
še	29	Retained earnings, accumulated income, endowment, or other funds				
Š	30	Total net assets or fund balances (see page 17 of the				
긎		instructions)	352,385	258,909		
ž	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	352,385	258,909		
T	Part I			······································		
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	agree with		. ,	
		of-year figure reported on prior year's return)	-	1	352,385	
2		amount from Part I, line 27a		2	-187,433	
		increases not included in line 2 (itemize) SEE STATEMENT 6		3	93,957	
		nes 1, 2, and 3		4	258,909	
5	5 Decreases not included in line 2 (itemize) ▶ 5					
	6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 258,90					
					Form 990-PF (2009)	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

orm	990-PF (2009) SULLIVAN FAMILY FOUNDATION 20-1294722		Р	age 4			
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)						
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			14			
	here ▶ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of						
Part I, line 12, col (b)							
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)							
3	Add lines 1 and 2			14			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			14			
6	Credits/Payments						
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a						
b	Exempt foreign organizations—tax withheld at source						
C	Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			14			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11		_				
Pa	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	No X			
	participate or intervene in any political campaign?						
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			l			
	of the instructions for definition)?	1b	ļ	X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
C	· · · · · · · · · · · · · · · · · · ·						
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$						
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-	X			
•	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	١,		v			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		x			
•	If "Yes," attach the statement required by General Instruction T.			 -			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
-	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?	6	х				
7							
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
	instructions) ► GA						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х	$ldsymbol{ld}}}}}}$			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page						
	27)? If "Yes," complete Part XIV	9		X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses STMT 7	10		X			
		Form 99	0-PF	(2009)			

orm	990-PF (2009) SULLIVAN FAMILY FOUNDATION 20-129472	2				P	<u>age 5</u>
Pa	rt VII-A Statements Regarding Activities (continued)						
1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the						
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)				11		<u>X</u>
2	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before						
	August 17, 2008?				12		X
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	η?			13	X	Щ.
	Website address ► N/A						
4		phone	no 🕨	404-9	43-	102	4
	5287 N POWERS FERRY RD				_		
	Located at ► ATLANTA, GA	Z	IP+4 ▶	30327	,		
5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here						▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year			15			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required				1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)				;		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Ш	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	П					
	disqualified person?	H	Yes	X No X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Н	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Ш	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		V	X No			
	the benefit or use of a disqualified person)?	Ш	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the						
	foundation agreed to make a grant to or to employ the official for a period after	П	Yes	X No			
	termination of government service, if terminating within 90 days.)	. Ц	105	₩ NO			
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	15		N/A	46		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?				1b	-	
_	Organizations relying on a current notice regarding disaster assistance check here						
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?			N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			-1,			
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))						
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and					!	
•	6e, Part XIII) for tax year(s) beginning before 2009?		Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20						
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				ŀ		
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to						
	all years listed, answer "No" and attach statement—see page 20 of the instructions)			N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here						
	▶ 20 , 20 , 20 , 20						
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise						
	at any time during the year?		Yes	X No		İ	
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or					ľ	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the						
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					1	
	the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the						
	foundation had excess business holdings in 2009)			N/A	3b	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?				4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its						
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 200	9?			4b		X
				F	orm 99	υ-PF	(2009)

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Pa	art VII-B Statements Regard	ling Activities for Which For	rm 4720 May Be Re	quired (contin	nued)			
,5a	During the year did the foundation pay of	r incur any amount to		_				
	(1) Carry on propaganda, or otherwise a	attempt to influence legislation (sectio	n 4945(e))?	¥	'es X No			-
	(2) Influence the outcome of any specific	c public election (see section 4955); o	or to carry on,	_				
	directly or indirectly, any voter regist	ration drive?		ЦΥ	'es X No	- 1		
	(3) Provide a grant to an individual for tr	avel, study, or other similar purposes	,?	Y	'es 🏻 X No			
	(4) Provide a grant to an organization of	ther than a charitable, etc , organization	on described in					
	section 509(a)(1), (2), or (3), or sect	ion 4940(d)(2)? (see page 22 of the ii	nstructions)	Y	'es X No			
	(5) Provide for any purpose other than r	eligious, chantable, scientific, literary,	, or educational				1	
	purposes, or for the prevention of cr	uelty to children or animals?		∐ Y	'es 🛚 X No		1	
b	If any answer is "Yes" to 5a(1)-(5), did a	ny of the transactions fail to qualify ur	nder the exceptions desci	ribed in	4-			-
	Regulations section 53 4945 or in a curre	ice (see page 22 of the in	structions)?	_N/A	51	<u> </u>	+	
	Organizations relying on a current notice	regarding disaster assistance check	here		▶ ∐			
C	If the answer is "Yes" to question 5a(4),	does the foundation claim exemption	from the tax	/- [7]				
	because it maintained expenditure response	•		N/A 📗 Y	′es 📙 No	-		
	If "Yes," attach the statement required by	•				-		i
6a	Did the foundation, during the year, rece	ive any funds, directly or indirectly, to	pay premiums			1		
	on a personal benefit contract?				'es X No			
þ	Did the foundation, during the year, pay	premiums, directly or indirectly, on a p	personal benefit contract	?		<u>61</u>	' —	<u> </u>
	If "Yes" to 6b, file Form 8870				-			
7a	At any time during the tax year, was the				es X No	<u> </u>		
<u> </u>					N/I		 	
P		fficers, Directors, Trustees,	Foundation Mana	gers, Hignly F	aid Emplo	/ees,		
	and Contractors			F 41 1 41 41				
1	List all officers, directors, trustees, fou	ndation managers and their compe	insation (see page 22 of	the instructions		<u>.</u> T		
	(a) Name and	d address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	 (d) Contributions employee bene- plans and deferm compensation 	it (e) Expensother allo	e account, wances
L	OUIS W SULLIVAN	ATLANTA	PRESIDENT					
5:	287 N POWERS FERRY RD	GA 30327	1.00	0		0		0
H	ALSTED SULLIVAN	LOS ANGELES	CFO					
8:	31 N HARPER AVE	CA 90046	1.00	0		0		0
P	AUL J SULLIVAN	SOUTHLAKE	SECRETARY					
21	801 BROOKS HIRE DR	TX 76092	1.00	0		0		0
2	Compensation of five highest-paid er If none, enter "NONE."	nployees (other than those include	ed on line 1—see page 2	3 of the instructi	ons).			
	(a) Name and address of each emp	loyee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions employee bene plans and defer- compensation	it (e) Expens other allo	e account, owances
N	ANG							
	•							
						-		
Tota	I number of other employees paid over \$5	0,000						0

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Part VIII Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid Emp	
 and Contractors (continued) Five highest-paid independent contractors for professional services (see page) 	23 of the instructions). If none, enter "NONI	= "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 N/A		
2		
3		
	· · · · · · · · · · · · · · · · · · ·	
4		
Part IX-B Summary of Program-Related Investments (see page	e 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lin		Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions		
3		
Total. Add lines 1 through 3	>	

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Form 990-PF (2009)

138,964

138,964

За

3b 4

5

b

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Pa	rt XIII Undistributed Income	(see page 26 of t	he instructions)			
,			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part X	J.	Corpus	Years prior to 2008	2008	2009
	line 7	,				16,415
2	Undistributed income, if any, as of the end	1 of 2009.				
а	Enter amount for 2008 only					
	Total for prior years 20 , 20	. 20				
3	Excess distributions carryover, if any, to 2					
а	From 2004					
	From 2005					
	From 2006					
	From 2007					•
	From 2008					
-	Total of lines 3a through e					
4	Qualifying distributions for 2009 from Part	XII				
•	line 4. ▶ \$ 138,964	,				
а	Applied to 2008, but not more than line 2a	`				
	Applied to undistributed income of prior ye					
_	(Election required—see page 26 of the ins					
c	Treated as distributions out of corpus (Ele	· ·	· · · · · · · · · · · · · · · · · · ·			
•	required—see page 26 of the instructions					
а	Applied to 2009 distributable amount	,				16,415
	Remaining amount distributed out of corp	IIS	122,549			10,113
5	Excess distributions carryover applied to 2			· · · · · · · · · · · · · · · · · · ·		
•	(If an amount appears in column (d), the s					-
	amount must be shown in column (a)	Jamo				
6	Enter the net total of each column as					į
•	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	tline 5	122,549			
	Prior years' undistributed income Subtract			,		,
_	line 4b from line 2b	•				
c	Enter the amount of prior years' undistribu	ited				
·	income for which a notice of deficiency ha			l ·		İ
	been issued, or on which the section 4942					
	tax has been previously assessed	-(0)				
d	Subtract line 6c from line 6b Taxable					
_	amount—see page 27 of the instructions					
0	Undistributed income for 2008 Subtract li	ne				
_	4a from line 2a Taxable amount—see pa					
	27 of the instructions	3-			п	
f	Undistributed income for 2009 Subtract li	nes				
	4d and 5 from line 1 This amount must be	e				
	distributed in 2010					0
7	Amounts treated as distributions out of co	rpus				
	to satisfy requirements imposed by sectio	•				
	170(b)(1)(F) or 4942(g)(3) (see page 27 c					
	instructions)					
8	Excess distributions carryover from 2004	not				
	applied on line 5 or line 7 (see page 27 of					ļ
	instructions)					
9	Excess distributions carryover to 2010	•		·		
	Subtract lines 7 and 8 from line 6a		122,549			
0	Analysis of line 9					
а	Excess from 2005					
b	Excess from 2006					
С	Excess from 2007					
d	Excess from 2008					
ө	Excess from 2009	122,549				

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<u>Pa</u>	art XIV Private Operating Fou	ındations (see pa	ige 27 of the inst	ructions and Part \	VII-A, question 9)		
1a	•			ng			
•	foundation, and the ruling is effective for 2		_		L		
b	Check box to indicate whether the foundar		ng foundation describe		942(j)(3) or 4942	?(j)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years	,	(e) Total	
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(-)	
	investment return from Part X for						
	each year listed						
b	85% of line 2a						
C	Qualifying distributions from Part XII,						
	line 4 for each year listed						
d	Amounts included in line 2c not used directly						
	for active conduct of exempt activities						
8	Qualifying distributions made directly						
	for active conduct of exempt activities						
	Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
	alternative test relied upon:						
а	"Assets" alternative test—enter						
	(1) Value of all assets			<u> </u>			
	(2) Value of assets qualifying under						
	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test—enter 2/3						
	of minimum investment return shown in						
	Part X, line 6 for each year listed						
С	"Support" alternative test—enter				1		
	Total support other than gross investment income (interest,				·		
	dividends, rents, payments on						
	securities loans (section						
	512(a)(5)), or royalties)						
	(2) Support from general public						
	and 5 or more exempt						
	organizations as provided in section 4942(j)(3)(B)(iii)						
	(3) Largest amount of support from						
	an exempt organization						
	(4) Gross investment income						
Pa	art XV Supplementary Inform	nation (Complete	this part only if	the foundation ha	d \$5.000 or more	in assets at	
	any time during the ye				,		
1	Information Regarding Foundation Mai	nagers:					
а	List any managers of the foundation who l	nave contributed more	than 2% of the total co	ontributions received by	the foundation		
	before the close of any tax year (but only i	f they have contributed	more than \$5,000) (\$	See section 507(d)(2))			
	N/A						
b	List any managers of the foundation who				ortion of the	_	
	ownership of a partnership or other entity)	of which the foundatio	n has a 10% or greate	er interest			
	N/A						
2	Information Regarding Contribution, G		• • •				
	Check here ▶ ☐ If the foundation only makes contributions to preselected chantable organizations and does not accept						
	unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or						
_	organizations under other conditions, com				· 		
а	The name, address, and telephone number N/A	er of the person to who	m applications should	be addressed			
	N/ B						
b	The form in which applications should be	submitted and informat	ion and materials they	should include	<u>.</u>		
	N/A						
С	Any submission deadlines						
d	N/A Any restrictions or limitations on awards, s	such as by geographica	ıl areas, chantable fiel	ds, kinds of institutions	or other factors		
	N/A						

Supplementary Information (continued)

20-1294722

Page 11

Name and address (home or business) or substantial contributor SEE STATEMENT 8 138,2 Total Approved for future payment N/A	3 Grants and Contributions Paid During the Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Total Approved for future payment N/A 138,2		or substantial contributor	recipient		
b Approved for future payment N/A	Name and address (home or business) a Paid during the year SEE STATEMENT 8	or substantial contributor	recipient		138,214
b Approved for future payment N/A					
N/A			<u> </u>	> 3a	138,214
Total ▶ 3b	N/A				
	Total			▶ 3b	

Part XV

DAA

Page 12

Part XVI-A	Analysis of Income-Producing A unts unless otherwise indicated		business income	Excluded by	y section 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program ser						the instructions)
		- 				_
			 _	- 		
						
				-		
		_				
	d contracts from government agencies	- 				
-	dues and assessments	-				
	avings and temporary cash investments			14	1,123	
	nd interest from secunties			14	2,035	
	come or (loss) from real estate					
	anced property					
	-financed property					
	come or (loss) from personal property					
7 Other invest						
	i) from sales of assets other than inventory			18	-49,144	
•	or (loss) from special events					
	or (loss) from sales of inventory					
	ue a					
						
		1 1				
	d columns (b), (d), and (e)			0	-45,986	
	ne 12, columns (b), (d), and (e)				13	-45,986
See worksheet	in line 13 instructions on page 28 to verify calculat	tions)				
Part XVI-B	Relationship of Activities to the	Accomplishme	nt of Exempt	Purposes		
Line No. ▼	Explain below how each activity for which incon accomplishment of the foundation's exempt pur instructions)					he
N/A						
					. 	
						
						
				·		
			<u>-</u>			
	<u> </u>			 		
						
						<u> </u>
			 -			
	<u> </u>		_			- 000 55
DAA						Form 990-PF (2009

Page 13

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 527, relating to political organizations of in section 527, relating to political organizations of insection 527 relating to political organizations of (1) Cash (1) Cash (2) Other seests 1 Sees of sasests from the reporting foundation to a noncharitable exempt organization of (1) Sales of sasests from a noncharitable exempt organization (1) Sales of sasests from a noncharitable exempt organization (1) Sales of sasests from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Renard of facilities, equipment, and implication of the sasests (2) Sales of sasests from a noncharitable exempt organization (3) Renard of sales of sasests from a noncharitable exempt organization (3) Renard of sales of sasests from a noncharitable exempt organization (3) Renard of sales of sasests from a noncharitable exempt organization (3) Renard of sales of sasests from a noncharitable exempt organization (3) Renard of sales of sasests from a noncharitable exempt organization (3) Renard of sales of sasests from a noncharitable exempt organization (3) Renard of sales of sasests from a noncharitable exempt organization (3) Renard of sales		···	Exempt Organiza	tions									
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described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No	22	ls the for	Indation directly or indirect	ly affiliated w	ith or related to	one or more tay-	vemnt org	anizations					
b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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 taxpayer or fiduciary) as based on all information of which preparer has any knowledge O 30/0 CEO Title	20		•	-	•			ariizations		ſ	٦ ٧	es X	No
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Tallant & Associates, L.L.C. Signature of officer or trustee Date		Under pen belief, it is	alties of perjury, I declare that true, correct, and complete_D	I have examine eclaration of pr	ed this return, include reparer (other than t	ling accompanying staxpayer or fiduciary	ichedules an Ins based or	id statements, ar n all information o	id to the best of r	my knowledge and has any knowledge	ŧ		
Signature of officer or trustee Date Title			July Mil		,		' /	\					
Preparer's signature Preparer's signature Preparer's signature on page 30 of the instructions) Prim's name (or yours if self-employed), address, and ZIP code Preparer's dentifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's identifying number (see Signature on page 30 of the instructions) Proparer's	•	Signa	ture of officer or trustee	mu	crein		2770	▶ :			—		
Firm's name (or yours if self-employed), address, and ZIP code TALLANT & ASSOCIATES, L.L.C. 6015 ATLANTIC BLVD., SUITE G NORCROSS, GA 30071 EIN > 58-2116488 Phone no 770-447-9500	ere								T	Preparer	's identif	ving	
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and ZIP code NORCROSS, GA 30071 Phone no 770-447-9500	נט	Pai apai se C	Firm's name for yours if	TALLAN	T & ASSC	CIATES,	L.L.C						
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Form 990-PF (2009)			and ZIP code										
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Federal Statements SULLIVAN990 SULLIVAN FAMILY FOUNDATION

Page 1

20-1294722 FYE: 12/31/2009

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				How				
	Description	tion		Received				
Whom Sold	J Ac	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
NOVARTIS 1200 CIGNA 800 CIGNA	 6/ 12/	04/09	6/04/09 9/02/09 \$	PURCHASE 1,814 \$ DONATION 35,661 DONATION	1,597 \$		₩.	\$ 217
1	12/	/27/07	12/27/07 10/12/09	23,778				
TOTAL			န္ န	61,253 \$	110,397 \$	0	s s	\$ -49,144
		•	Statement 2 - For	orm 990-PF, Part I, Line 16b - Accounting Fees	Line 16b - Acc	ounting Fees		
ď	Description			Total	Net Investment	Adjusted Net	sted et	Charitable Purpose
ACCOUNTING TOTAL			w w	750	\$ \$	\$ \$	s o	750

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	s.	8
Adjusted Net	w	w o
Net Investment	2,483	2,483
드	δ	w
Total	2,483	2,483
	₩.	w
Description	INVESTMENT MANAGEMENT FEES	TOTAL

Federal Statements

FYE: 12/31/2009

Page 2

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description							
	_	Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
CI- 2000 SHARES	\$	33,700	\$		MARKET	\$	-
DIPSX-8501.594 SHARES	·	84,336	•	92,497	MARKET	•	92,497
DFIHX-4916.421 SHARES		50,492		50,639	MARKET		50,639
BRKB-10 SHARES				32,860	MARKET		32,860
NVS-260 SHARES				14,152	MARKET		14,152
TOTAL	\$	168,528	\$	190,148		\$	190,148

Statement 5 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description							
	_	Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
MOHAWK INDUST 5.75%							
SPRINT CAP 7.625%	\$		\$	10,250	MARKET	\$	10,250
				10,237	MARKET		10,237
AMER EXPR 7.30 %				11 239	MARKET		11,239
ECHOSTAR 7.00%				11,233	PHICKET		11,255
HOME DEPOT 5.25%				10,288	MARKET		10,288
HOME DEFOI 3.23%				10,706	MARKET		10,706
BOSTON SCI 5.45%				10 500	MADIZEE		10 500
TOTAL	_		٠.		MARKET		10,500
TOTAL	\$ =	0	\$	63,220		\$_	63,220

Statement 6 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 Amount
CHANGE IN UNREALIZED GAINS/(LOSSES)	\$ 93,957
TOTAL	\$ 93,957

Page 3 City, State, Zip Statement 7 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors ATLANTA GA 30327 Federal Statements 5287 N POWERS FERRY RD Address SULLIVAN990 SULLIVAN FAMILY FOUNDATION Name LOUIS W SULLIVAN FYE: 12/31/2009 20-1294722

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SULLIVAN990 SULLIVAN 20-1294722 FYE: 12/31/2009

Federal Statements

Page 4

Statem	ent 8 - Form 990-PF, Part	XV, Line 3a - G	Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year	
Name	Address			•
Address	Relationship	Status	Purpose	Amount
AETC INC	740 BISMARK RD			
ATLANTA GA 30324	N/A PUBLIC	PUBLIC	509(A)(1)	2,000
AHEAD INC	6324 WINDERMERE CIR	CLE Nini ia	, r, c,	C
AMEDICAN CANCER SOCIETY	N/A	PUBLIC	509(A)(I)	0.0
ATLANTA GA 30303		PUBLIC	509(A)(1)	250
	1 UNION ST, #301			
ROBBINSVILLE NJ 08691	N/A	PUBLIC	509(A)(1)	250
AMERICAN RED CROSS	ROE DR	1		,
ATLANTA GA 30324 ADTHIS ROIMDATION	N/A	PUBLIC STF 2	509(A)(1)	100
ATLANTA GA 30305	N/A	PUBLIC	509 (A) (1)	250
ATLANTA SYMPHONY ORCHESTR	1280 PEACHTREE STREET	ET		
ATLANTA GA 30309	N/A	PUBLIC	509(A)(1)	2,000
BOSTON UNIV. SCHOOL OF M	ONE SHERBORN STREET			
BOSTON MA 02215	N/A	PUBLIC	509(A)(1)	2,000
BOYS & GIRLS CLUBS OF AME	1275 PEACHTREE STREET	ET		
ATLANTA GA 30309	N/A	PUBLIC	509(A)(1)	1,750
CARE INTERNATIONAL	1871 OX			
	N/A	PUBLIC	509(A)(1)	1,000
$\overline{}$	1776 PEACHTREE RD.	STE. 2		
ATLANTA GA 30309	N/A	PUBLIC	509(A)(1)	1,000
FAMILIES FIRST	1105 WEST PEACHTREE			
ATLANTA GA 30357	N/A	PUBLIC	509(A)(1)	100
TRAVIS J. SCOTT FOUNDATI	1991 CAMPFIRE DR			
		PUBLIC	509(A)(1)	150
PRESIDENTIAL	ഗ			
2	343 N/A	PUBLIC	509(A)(1)	200
E UNIVERSITY	UNIVERSITY PLAZA			
ATLANTA GA 30314		PUBLIC	509(A)(1)	200
	SACHUSETTS	AVE.		1
WASHINGTON DC 20002	N/A	PUBLIC	509(A)(1)	3,000
	1290 PEACHTREE STREET	F.T.		1
ATLANTA GA 30309 TSTAND ET DEDE V HORISTNE	N/A GAR VIIIIAGE BOAD	PUBLIC	509(A)(I)	1,500
VINEYARD HAVEN MA 02568	3	PUBLIC	509(A)(1)	20

Page 5		•	Amount	1,000	750	2,500	250	4,799	45,015	750	400	50,000	1,000	200	250	1,000	1,000	200	50	250	3,000	ω
ments	Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)		Purpose	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	509(A)(1)	
Federal Statements	t XV, Line 3a - Gr. Year (continu		Status	PUBLIC	PUBLIC	PUBLIC	PUBLIC	PUBLIC		STE. 5 PUBLIC	r. PUBLIC	1200 PUBLIC		3. 606 PUBLIC	PUBLIC	NE PUBLIC	PUBLIC	PUBLIC	PUBLIC	PUBLIC	PUBLIC	
	Statement 8 - Form 990-PF, Par	Address	Relationship	11 11 N/A	ဌ z ,	``	SOU SCHOOL SIKEE! N/A	830 WESTVIEW DRIVE N/A	VESTVIEW DRI N/A	O PEACHTREE ST N/A	rtevi.	171 17TH ST., STE 1200 N/A	8600 ROCKVILLE PIKE N/A	80 MAIDEN LANE, STE. N/A	W. 33RD ST. N/A	255 CARTER HALL LANE N/A	LIOI KING STREET N/A	4 ~	N/A		639 AUBUKN AVENUE N/A	
SULLIVAN990 SULLIVAN FAMILY FOUNDATION 20-1294722 FYE: 12/31/2009	<u>Stateme</u>	Name	Address	LAMPLIGHTERS SCHOOL DALLAS TX 75229		MAKIHA'S VINEIAKD HOSFIIA OAKS BLUFF MA 02557			MOREHOUSE SCHOOL OF MEDIC		NOI			HNOLOGY 038	NTHOOD : NY 10001	22646	14	6798		MASHINGTON DC 20003	INUE COLORS INEAIRE COMPA ATLANTA GA 30312	

	·								 	
Page 6	•	taloa4	500	1,000	250	1,000	250			8
	Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	Dirogse								
ements	rants and Contril		509 (A) (1)	509 (A) (1)	509(A)(1) 509(A)(1)	509 (A) (1)	509(A)(1)			:
Federal Statements	rt XV, Line 3a - G <u>Year (conti</u> n	Status	PUBLIC RD.		PUBLIC	PUBLIC	PUBLIC			
	ent 8 - Form 990-PF, Pa	Address	340 WALNUT STREET N/A 11180 STATE BRIDGE	20	3 WATER STREET N/A	1300 YORK AVENUE N/A	I/ JESSE HILL DR N/A			
SULLIVAN990 SULLIVAN FAMILY FOUNDATION 20-1294722 FYE: 12/31/2009	Statem	Name	CAN	USO ATLANTA GA 30320 VINEYARD PLAY HOUSE	WCAI NATIONAL PUBLIC RADI 3 WATER WOODS HOLE MA 02543 N/A	AL CEN 065	BOLLER SIREEL ATLANTA GA 30303 TOTAL			

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8868

Application for Extension of Time To File an

(Rev April 2009)	00			Exe	empt Organi	zation Retur	n			OMB No 1	545-1709
Department of the				▶ Fil	le a separate appl	ication for each ret	urn.				
If you are f	ling for an Aut	omatic 3-Mor	th Extensio	n, comple	ete only Part I and	check this box					ightharpoonup
						te only Part II (on pa	age 2 of this form	1)			
						th extension on a pr	=				
Part I						original (no co					
A corporation r	equired to file I	Form 990-T an	d requesting	an autom	natic 6-month exter	sion—check this bo	x and complete				_
Part I only											▶ ∐
All other corpor time to file inco	•	•	s), partnersh	iips, REMI	ICs, and trusts mus	t use Form 7004 to	request an exter	ision of			
						ta 3-month automat Γ) However, you ca					
						ou file Forms 990-Bl					
						ly completed and sig		•	m		
				=		click on e-file for Cha		-	•••		
				i, visit vvv	w iis govieille and	CICK OIT E-IIIE IOI CIT	anties & Nonpro				•
Type or print	Name of Exe	empt Organizat	lion					Employ	er identi	ification num	iber
File by the	SULLIV	AN FAMI	LY FOU	NDAT1	ON			20-1	2947	22	
due date for filing your return See	•	et, and room o			x, see instructions						
nstructions	City, town or		ate, and ZIP		a foreign address,	see instructions					
l Check type of			arate applica				 				
Form 99		ileu (ille a sep	arate applica		Form 990-T (co	moration)				Earm 4700	
				⊢		•			\vdash	Form 4720	
Form 99				-		c 401(a) or 408(a) to			-	Form 5227	
Form 99				-	7	st other than above)				Form 6069	
☐ Form 99	U-PF			L	」Form 1041-A				Ш	Form 8870	
The books	are in the care	of >									
Telephone	No ▶				FAX No ▶						
 If the organ 	nization does n	ot have an offi	ce or place o	f business	s in the United Stat	es, check this box					▶ □
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for the whole g	•			•	rt of the group, che	` '	and	attach			
a list with the n	• •		• 🗀	•	• •		,	attaon			
						n 990-T) extension (of time			_	
until	an adiomatic	,		•	•	ition named above.					
	ganization's re		xempt organ	izalion i ell	uni ioi the organiza	mon nameu above.	The extension is				
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	calendar year		Or								
P [1	ax year begini	iing	, an	d ending							
2 If this tax	year is for les	s than 12 mon	ths, check re	ason	Initial return	Final return	Change	in account	ing perio	od	
•	_			-T, 4720, d	or 6069, enter the t	entative tax,					-
		credits See ii						3a			
		Form 990-PF o le any prior yea		-	undable credits and	l estimated tax		3b	s		
					yment with this form	or if required		35	<u> </u>		
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•	See instruction	•	u, by using t	., 1F3 (Ell		in rayillelit		3c	\$		
			onic fund with	ndrawal wi	ith this Form 8868.	see Form 8453-EO	and Form 8879-				
for payment ins	-							-			

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)

Form 8868 (F	Rev. 4-2009)			Page 2
If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			▶ X
Note. Only co	emplete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 886	8		_
If you are	filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed).	
Type or		mploy	er identification	on number
print	SULLIVAN FAMILY FOUNDATION			
File by the	C/O TALLANT & ASSOCIATES LLC	<u> 20-1</u>	294722	
extended due date for		or IRS	use only	
filing the	6015 ATLANTIC BLVD, SUITE G			
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
Instructions	NORCROSS GA 30071			
Check type o	of return to be filed (File a separate application for each return)			
Form 9	90 X Form 990-PF		☐ Forr	n 6069
Form 9	——————————————————————————————————————		Forr	n 8870
Form 9		_		
	et complete Part II if you were not already granted an automatic 3-month extension on a previously filed	Form 8	868.	
	s are in the care of LOUIS W SULLIVAN			
•	e No \blacktriangleright 404-943-1024 FAX No \blacktriangleright 404-943-1120			
_	anization does not have an office or place of business in the United States, check this box			▶ ∐
	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
		attach	а	
	ames and EINs of all members the extension is for			
•	st an additional 3-month extension of time until 11/15/10			
	endar year 2009, or other tax year beginning, and ending			
	ax year is for less than 12 months, check reason Initial return Final return Change in a	account	ing period	
	detail why you need the extension			
	PAYER IS WAITING ON THIRD PARTIES FOR INFORMATION NECH	ESSA	RY TO F	ILE A
COM	PLETE RETURN.			
0- 1546		Т Т		
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			•
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	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	ed tax payments made Include any prior year overpayment allowed as a credit and any		_	•
	paid previously with Form 8868	8b	_\$	0
	e Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			•
with F I	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0
	Signature and Verification			
under penalties it is true, correct	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kn t, and complete, and that I am authorized to prepare this form	owledge	and belief,	
	an.			
Signature •	Title ▶ CPA		Date Date	
			rom 📆	68 (Rev 4-2009)