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Form 990-PF

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

OMB No 1545-0052 2010

Department of the Treasury Internal Revenue Service

SCANNIED NOV 1 8

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For	alenda	ar year 2010, or tax year beginning , a	nd ending			
G C	heck a		urn of a former public o		Final return	
			ess change	Name change	over identification num	has
Na	me or ro	undation			oyer identification num - 1294722	ber
S	ULL	IVAN FAMILY FOUNDATION		<del></del>	hone number (see page 1	0 of the instructions)
_		nd street (or P.O box number if mail is not delivered to street addres	s) Roc		1-943-1024	0 01 210 1110 20 00 00 10 10
		N POWERS FERRY RD	,		mption application is pend	ling, check here
Cit	y or towi	n, state, and ZIP code	· · · · · · · · · · · · · · · · · · ·		reign organizations, check	
_ <u>A</u>	TLA	NTA GA 30327		l l	oreign organizations meeti	—
H C	heck t	ype of organization: X Section 501(c)(3) exempt private	toundation	85	5% test, check here and at	tach computation 🕨 🔲
	Section	1 4947(a)(1) nonexempt charitable trust Other taxable			rate foundation status was	
		ket value of all assets at J Accounting method:	X Cash Accr	ual section	on 507(b)(1)(A), check her	e ▶ ∐
	•	ear (from Part II, col. (c), Other (specify)			foundation is in a 60-mon	. [7]
_	<u>ie 16) j</u>		be on cash basis.)	unde	r section 507(b)(1)(B), che	ck here
P	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)	books	income	income	purposes
	1.		100 000		<u> </u>	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	100,000	·		
	2	Check ► X if the foundation is <b>not</b> required to attach Sch. B Interest on savings and temporary cash investments	3,916	3,916		
	3	Dividends and interest from securities	2,823	2,823	·	
	5a		2,023	2,023		
	b	Net rental income or (loss)		-		
ğ	6a	Net gain or (loss) from sale of assets not on line 10	4,381	<del></del>	† ··· -	
Ver	b	Gross sales price for all assets on line 6a 25,385				
Revenue	7	Capital gain net income (from Part IV, line 2)		4,381		
	8				0	
	9	Net short-term capital gain Income modifications SEE STMT 1			3,000	
	10a	Gross sales less returns & allowances				
	b	Less: Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
_	12	Total. Add lines 1 through 11	111,120	11,120	3,000	<u> </u>
?	13	Compensation of officers, directors, trustees, etc.	0			
į	14	Other employee salaries and wages			<del> </del>	<del> </del>
3	15	Pension plans, employee benefits				<del> </del>
S	16a	Legal fees (attach schedule)				<del> </del>
٥	b	Accounting fees (attach schedule) Other professional fees (attach schedule) STMT 2	2,092	2,09	<del></del>	
aŧ	17	Interest	2,002	2,03.		<del> </del>
str	18	Texes (attach schedule) (see page 14 of the instructions) STMT 3	76	7.	5	
and Administrativ	19		ALTERNATION AND CONTRACTOR			<del></del>
퉏	20	Depreciation (attach schedule) and depletion  Occupancy				
Ĭ	21	Travel, conferences, and meetings	38 2018			
Ĕ	22	Printing and publications				
<u> </u>	23	Other expenses (att. sch)		:==1		
ifi	24	Total operating and administrative expenses.	DEN U			
Operating		Add lines 13 through 23	2,168	·	8 (	0 0
Ö	25	Contributions, gifts, grants paid	40,600			40,600
_	26	Total expenses and disbursements. Add lines 24 and 25	42,768	2,16	8 (	40,600
	27	Subtract line 26 from line 12:	60.000			
	a	Excess of revenue over expenses and disbursements	68,352		<del></del>	<del></del>
	b	Net Investment Income (if negative, enter -0-)		8,95	3,00	<del></del>
<u>.                                    </u>	Pass	Adjusted net Income (if negative, enter -0-) work Reduction Act Notice, see page 30 of the instruct	Hone	<u> </u>	3,00	
rol	raper	HOLK NAMED TO THE ROLLER, SEE PAGE SO OF THE INSTRUCT	uvii3.		91,11	Form 990-PF (2010

	Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Pald-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			ĺ
30	Total net assets or fund balances (see page 17 of the			ĺ
	instructions)	258,909	338,394	l
31	Total liabilities and net assets/fund balances (see page 17			١
	of the instructions)	258,909	338,394	۱
Part Part	III Analysis of Changes in Net Assets or Fund Balances			
Tota	al net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with		Γ
end-	of-year figure reported on prior year's return)		1	l

2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 6
3 11,133
4 Add lines 1, 2, and 3
5 Decreases not included in line 2 (itemize) ▶
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30
6 338,394

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258,909

Part VI instructions on page 18.

-orm	990-PF (2010) SULLIVAN FAMILY FOUNDATION 20-1294722		Pag	ge <b>4</b>
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)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	79
_	<u> </u>			<u> </u>
С	here and enter 1% of Part I, line 27b  All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
•	Part I, line 12, col. (b).			
•				Λ
2	· · · · · · · · · · · · · · · · · · ·			79
3	Add lines 1 and 2			
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-		1	79
6	Credits/Payments:			
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a			
þ	Exempt foreign organizations—tax withheld at source 6b 6b			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d	le=	- ^	Ð
7	Total credits and payments. Add lines 6a through 6d	10-	$\mathbf{D}$ , $\mathbf{C}$	· /
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			79
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 2011 estimated tax ▶ Refunded ▶ 11			
	art 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	—т	Yes	No
14	nordisinate or intervene in any political campaign?	1a	162	X
		- <del>1a</del>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			77
	of the instructions for definition)?	_1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1	i	
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	
,	(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. > \$		l	
<sup>-</sup> 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	3	1	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	N/A	4b	_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
3	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:	ļ ļ		
	By language in the governing instrument, or			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
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	X	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	07/2 If TVos H complete Dost VIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	- <u>-</u> -		<del></del>
	names and addresses	10	X	
	7/15 INT 1 FTP 1 TOT 181 F			/2040
		,,,,, <del>,,</del> ,,	I	12010

Form	990-PF (2010) SULLIVAN FAMILY FOUNDATION 20-1294722		Pa	ge <b>5</b>
Pa	rt VII-A Statements Regarding Activities (continued)			
11	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	]	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	I	Ţ	_
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ LOUIS W SULLIVAN Telephone no. ▶ 404-94	13-	102	<b>4</b>
	5287 N POWERS FERRY RD			
	Located at ▶ ATLANTA GA ZIP+4 ▶ 30327			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		۱ ا	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u>X</u>
	See page 20 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter		ļ	
	the name of the foreign country ▶			
<u>Pa</u>	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		<b>i</b>	
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	}	1	
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	Ì	}	]
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	ļ	L
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1	İ
-	were not corrected before the first day of the tax year beginning in 2010?	1c	<del> </del>	ļ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and	Ì		
	6e, Part XIII) for tax year(s) beginning before 2010?		1	1
	If "Yes," list the years ▶ 20, 20, 20	1	1	1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(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 22 of the instructions.)  N/A	2b		<del> </del>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	<b>2</b> 0 , 20 , 20	1	1	1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1	1	
	at any time during the year?			
þ	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			1
	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			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2010.) N/A	3b		1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	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 2010?	4b		X
	F	om 9	90-PF	(2010)

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	rt VII-B Statements Regarding Activities for Which Form	4720 May Be Re	equired (conti	nued)		
5a	During the year did the foundation pay or incur any amount to:					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	📙 Ye	s X No		
	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on,			ļ	
	directly or indirectly, any voter registration drive?		🗌 Y	s X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		🔲 Y	s 🗓 No		İ
	(4) Provide a grant to an organization other than a charitable, etc., organizatio	described in		-	1	1
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the ins	tructions)	🗌 \Upsilon	es 🗓 No 📗		
	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational				
	purposes, or for the prevention of cruelty to children or animals?		Y	es 🗓 No		1
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify un	der the exceptions de	escribed in		ľ	
	Regulations section 53.4945 or in a current notice regarding disaster assistance	e (see page 22 of the	e instructions)?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check			▶ 🗍		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption is	rom the tax				l
	because it maintained expenditure responsibility for the grant?		N/A 🗍 Y	es No	1	1
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			_	- 1	
а	Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums		ŀ	1	
	on a personal benefit contract?			es X No	1	1
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a p		act?	ــــــ	6b	x
	If "Yes" to 6b, file Form 8870.			[		
а	At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	<b>_ Y</b>	es 🗓 No		ļ
	If Yes, did the foundation receive any proceeds or have any net income attribu			N/A	7b	
	art VIII Information About Officers, Directors, Trustees, F				es,	
	and Contractors					
L	List all officers, directors, trustees, foundation managers and their compens	ation (see page 22	of the instruction	s).		
		(b) Title, and average	(c) Compensation	(d) Contributions to		
	(a) Name and address	hours per week	(If not paid, enter	employee benefit plans and deferred		pense accoun r allowances
		devoted to position	-0-)	compensation	""	MICHAROS
LC	DUIS W SULLIVAN ATLANTA	PRESIDENT				
•	287 N POWERS FERRY RD GA 30327	1.00	1 0	o		
HA	ALSTED SULLIVAN LOS ANGELES	ano.				
	TESTAD SULLIVAN DOS ANGARDA	CFO			1	
83	ALSTED SULLIVAN LOS ANGELES CA 90046	0.50	0	o		
	31 N HARPER AVE CA 90046	•••	0	o		··
PA	31 N HARPER AVE CA 90046 AUL J SULLIVAN SOUTHLAKE	0.50	0	0		·
PA	31 N HARPER AVE CA 90046 AUL J SULLIVAN SOUTHLAKE	0.50 SECRETARY	0	0		
PA	31 N HARPER AVE CA 90046 AUL J SULLIVAN SOUTHLAKE	0.50 SECRETARY	0	0		
PA 28	AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092	0.50 SECRETARY 0.50	0 0 e 23 of the instru			
PA 28	31 N HARPER AVE CA 90046 AUL J SULLIVAN SOUTHLAKE	0.50 SECRETARY 0.50	0 0 e 23 of the instru			
PA 28	CA 90046  AUL J SULLIVAN SOUTHLAKE  301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included	0.50 SECRETARY 0.50 on line 1 — see pag	e 23 of the instru			
PA 28	CA 90046  AUL J SULLIVAN SOUTHLAKE  301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	e 23 of the instru	ctions).  (d) Contributions to employee benefit	(e) E	pense accoun
PA 28	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included iff none, enter "NONE."	0.50 SECRETARY 0.50 on line 1 — see pag	<del></del>	ctions).	(e) E	opense account
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included iff none, enter "NONE."	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	
28 2	CA 90046 AUL J SULLIVAN SOUTHLAKE 301 BROOKS HIRE DR TX 76092  Compensation of five highest-paid employees (other than those included if none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	0.50 SECRETARY 0.50 on line 1 — see pag (b) Title, and average hours per week	<del></del>	(d) Contributions to employee benefit plans and deferred	(e) E	

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Part VIII Information About Officers, Directors, Trustees, Foundation Man and Contractors (continued)	agers, Highly Paid Emplo	oyees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instr	uctions). If none, enter "NONE.	*
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal 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 charitable activities during the tax year. Include relevant statistical information s organizations and other beneficiaries served, conferences convened, research papers produced, etc	uch as the number of	Expenses
1 N/A		
2		
3		·
4		
Part IX-B Summary of Program-Related Investments (see page 24 of the	instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See page 24 of the instructions.		<del></del>
<b>3</b>		
Total. Add lines 1 through 3		

Cash distribution test (attach the required schedule)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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40,600

40,600

3b

4

.Pa	rt XIII Undistributed Income	(see page 26 of the	e instructions)			
	• •		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part X	u. I	Corpus	Years prior to 2009	2009	2010
-	line 7	· —				13,110
2	Undistributed income, if any, as of the end	d of 2010:				
	Enter amount for 2009 only			İ		
b	Total for prior years: 20 , 20	. 20				
3	Excess distributions carryover, if any, to 2					<del></del>
_	From 2005					
b	From 2006					
c	From 2007					
d	From 2008		į			
e	From 2009	122,549				1
f	Total of lines 3a through e		122,549	i		
4	Qualifying distributions for 2010 from Par				·	<del>                                     </del>
-	line 4: > \$ 40,600	1				
а	Applied to 2009, but not more than line 2	a				}
	Applied to undistributed income of prior y					
_	(Election required—see page 26 of the in					1
c	Treated as distributions out of corpus (Ele				· · · · · · · · · · · · · · · · · · ·	1
_	required—see page 26 of the Instructions					1
d	Applied to 2010 distributable amount					13,110
e		ous –	27,490			1
5	Excess distributions carryover applied to	2010		<del></del>		
•	(If an amount appears in column (d), the			<del></del>	<del></del>	<del></del>
	amount must be shown in column (a).)					
6	Enter the net total of each column as	ŀ				
•	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e. Subtract	ct line 5	150,039			Ì
b	Prior years' undistributed income. Subtra				<del></del>	<del> </del>
	line 4b from line 2b					
	Enter the amount of prior years' undistrib	outed				
·	income for which a notice of deficiency h			·		
	been issued, or on which the section 494					
	Anna bara baran musu dan sabu ananan and					
d	Subtract line 6c from line 6b. Taxable					
_	amount—see page 27 of the instructions				1	
e	Undistributed income for 2009. Subtract			· · · · · · · · · · · · · · · · · · ·		
	4a from line 2a. Taxable amount—see p	j.				
	27 of the instructions	-				
f	Undistributed income for 2010. Subtract	lines				
	4d and 5 from line 1. This amount must			i		
		L				0
7	Amounts treated as distributions out of c					
	to satisfy requirements imposed by secti	ion				
	170(b)(1)(F) or 4942(g)(3) (see page 27					
	instructions)					
8	Excess distributions carryover from 2005	5 not				
	applied on line 5 or line 7 (see page 27	of the				
	instructions)				]	
9	Excess distributions carryover to 201	i			1	
	0.11 18 7 101 8		150,039			
10	Analysis of line 9:	· · · · · · · · · · · · · · · · · · ·				
а	Excess from 2006	L l				
b	Excess from 2007					- 1
C	Excess from 2008					
d	Excess from 2009	122,549				
e	Excess from 2010	27,490				

2	0		0	4	7	2	2
~	u	_	_	*	•	4	Z

	# YIV Private Operating Form			uctions and Part		Page 10
	rt XIV Private Operating Four				VII-A, question 9)	<del></del>
1a	If the foundation has received a ruling or d		•	ng		
	foundation, and the ruling is effective for 2			···· ··· · · · · · · · · · · · · · · ·	L	
þ	Check box to indicate whether the foundary		ting foundation describ		942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
	investment return from Part X for				Į į	
	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					
e	Qualifying distributions made directly					
	for active conduct of exempt activities.					Ì
	Subtract line 2d from line 2c				}	
3	Complete 3a, b, or c for the					
	alternative test relied upon:				İ	1
а	"Assets" alternative test—enter:					
_	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					Ì
	"Endowment" alternative test—enter 2/3	<del></del>				<del> </del>
Ь	of minimum investment return shown in					
				Ì		
	Part X, line 6 for each year listed	-			<del></del>	<u> </u>
С	"Support" alternative test—enter:					1
	(1) Total support other than gross		ļ			
	investment income (interest, dividends, rents, payments on			<b>i</b> n		
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
-	and 5 or more exempt				Í	1
	organizations as provided in					1
	section 4942(j)(3)(B)(iii)					
-	(3) Largest amount of support from					1
	an exempt organization					
	(4) Gross investment income		<u> </u>	<u> </u>		<u> </u>
P	art XV Supplementary Inform	nation (Complete	e this part only if	the foundation	had \$5,000 or mo	re in assets at
	any time during the y	ear—see page 2	8 of the instruction	ons.)		
1	Information Regarding Foundation Ma	nagers:				
a	List any managers of the foundation who	have contributed mo	re than 2% of the total	contributions receive	ed by the foundation	
	before the close of any tax year (but only	if they have contribu	ted more than \$5,000)	. (See section 507(d)	(2).)	
	N/A					
b	List any managers of the foundation who	own 10% or more of	the stock of a corpora	tion (or an equally lar	ge portion of the	
	ownership of a partnership or other entity		-			
	N/A					
2	Information Regarding Contribution, G	Frant, Gift, Loan, Sch	olarship, etc., Progra	ms:		
	Check here ▶ X if the foundation onl				d does not accept	
	unsolicited requests for funds. If the four	•	•	-	-	
	organizations under other conditions, co			•		
	The name, address, and telephone num			uld be addressed:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
-	N/A	ps. con to t				
	,					
<u> </u>	The form in which applications should be	e submitted and inform	mation and materials ti	hev should include:	•	
D	N/A	o ouprinted and initil	mauon anu matenais t	noy enouse include:		
	Any submission deadlines:		<del> </del>		<del></del>	<del></del>
С	N/A					
		auch as by cosess-	higal argae, charitatia	folds kinds of in-the	tions or other	
đ	Any restrictions or limitations on awards	, such as by geograpi	incai areas, chantable	neius, kinas of institu	nuons, or other	
	factors: N/A					
						r 000 DF
DAA						Form 990-PF (201

Page 11

Grants and Contributions Paid During the Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	reciplent	contribution	MIOUIL
a Paid during the year	C. COSSISION CONTRIBUTION			
SEE STATEMENT 8			1	
			1	40,600
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Tabel	<u>.l</u>	_1	<b>-</b>	40.60
Total  b Approved for future payment	<u>. T </u>	· · · · · · · · · · · · · · · · · · ·	., ▶ 3a	40,60
N/A				
·	1			
			ļ	
	<u></u>	<u> </u>		
Total		· · · · · · · · · · · · · · · · · · ·	▶ 3b	

art XVI-A	Analysis of Income-Producing Active			<del></del>		
er gross amo	unts unless otherwise indicated.	Unrelated	business income	Excluded I	by section 512, 513, or 514	(e) Related or exempt
Program sen	vice tevenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
_				1 1		
f						
g Fees and	d contracts from government agencies					
Membership	dues and assessments	ļ		<del>                                     </del>		<del></del>
Interest on s	avings and temporary cash investments	ļ		14	3,916	
	nd interest from securities	<u> </u>	<u> </u>	14	2,823	
	come or (loss) from real estate:	-				<del></del>
a Debt-fina	anced property	-				<del></del>
b Not debt	l-financed property	-		┪		
Net rental in: Other invest	come or (loss) from personal property	-				<del></del>
Cain or (loca	ment income s) from sales of assets other than inventory	<del> </del>	<del>                                     </del>	18	4,381	<del></del>
	or (loss) from special events		<del> </del>		4,301	
Grose profit	or (loss) from sales of inventory	· · · · · · · · · · · · · · · · · · ·	<del> </del>	1		
	ue: a					
		<del></del>	<del>                                     </del>			
		<del></del>	<del>                                     </del>			
с		1	1			
d		<b>——</b>				
c d e				0	11,120	
cd eSubtotal. Add li e worksheet	ld columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation	ons.)			13 _	
cd eSubtotal. Add li e worksheet Part XVI-B	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d eSubtotal. Add li e worksheet Part XVI-B Line No.	id columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
c d e Subtotal. Ad lie worksheet lart XVI-B Line No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
c d e Subtotal. Ad li e worksheet Part XVI-B	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
c d e Subtotal. Ad lie worksheet lart XVI-B Line No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
cd d eSubtotal. Add li e worksheet art XVI-B Line No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
cd d Subtotal. Ad Total. Add li e worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
cd d Subtotal. Ad Total. Add li e worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d Subtotal. Ad Total. Add li e worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d Subtotal. Ad Total. Add li e worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d eSubtotal. Ad lie worksheet art XVI-B Line No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d Subtotal. Ad Total. Add li e worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d Subtotal. Ad Total. Add li e worksheet art XVI-B	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d Subtotal. Ad Total. Add li e worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d Subtotal. Ad Total. Add li e worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d Subtotal. Ad Total. Add li e worksheet art XVI-B .ine No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d eSubtotal. Ad lie worksheet art XVI-B Line No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
cd d eSubtotal. Ad lie worksheet art XVI-B Line No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,
c d e Subtotal. Ad lie worksheet lart XVI-B Line No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
c d e Subtotal. Ad li e worksheet Part XVI-B	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
c d e Subtotal. Ad li e worksheet Part XVI-B	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
c d e Subtotal. Ad lie worksheet lart XVI-B Line No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,:
cd d Subtotal. Ad Total. Add li e worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions on page 29 to verify calculation.  Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose.	ons.) ccomplishr	nent of Exempt	Purpose	13	11,1

Part X				nsfers To and	Transaction	s and Relations	hips With Nonch	aritable		
1 Did		Exempt Organ		e in any of the follow	ving with any oth	er organization desc	ribed		Yes	No
	_	•	•		- •	on 527, relating to p				
	nizations		04,0. 4.0 00040.	00 .(-)(-) 0.8	, 5 5555				ļ	
•			oundation to a noi	ncharitable exempt	organization of:					ł
-	Cash			•	•			1a(1)		X
	• •									X
b Oth	er transa	ctions:								
(1)	Sales of	assets to a nonch	naritable exempt	organization				1b(1)		X
(2)	Purchas	es of assets from	a noncharitable	exempt organization	· · · · · · · · · · · · · · · · · · ·			1b(2)		X
(3)	Rental o	f facilities, equipm	nent, or other ass	ets				1b(3)		X
(4)	Reimbur	sement arrangem	ents					1b(4)		X
(5)	Loans of	r loan guarantees						1b(5)		X
(6)	Perform	ance of services o	or membership or	fundraising solicita	tions			1b(6)		X
c Sha	ring of fa	icilities, equipmen	nt, mailing lists, of	ther assets, or paid	employees			1c		X
d If th	e answe	r to any of the abo	ove is "Yes," com	plete the following s	schedule. Colum	n (b) should always	show the fair market			
valu	e of the	goods, other asse	ets, or services gi	ven by the reporting	foundation. If the	ne foundation receive	ed less than fair marke	t		
valu	e in any	transaction or sha	aring arrangemer	nt, show in column (	d) the value of the	ne goods, other asse	ets, or services receive	d		
(a) Lin	e no.	(b) Amount Involv	red (c) Name (	of noncharitable exemp	ot organization	(d) Description of	transfers, transactions, ar	nd sharing arrang	ements	;
N/A										
				·		·				
				·			····			
							<del></del>			
						<del></del>				
						· · · · · · · · · · · · · · · · · · ·	<del> </del>			
_							<del> </del>			
_		L <u></u>					<u></u>			
						exempt organization	ns		_	_
des	cribed in	section 501(c) o	f the Code (other	than section 501(c	)(3)) or in section	n 527?		∐ ነ	res 2	K No
b_lf **		mplete the followi		<del>,</del>	<del></del>	·	<del></del>			
		Name of organization	on	(b) Type of or	ganization_		(c) Description of relation	onship		
N/2	A		<del></del>	ļ						
			<del></del>	<u> </u>		<del></del>				
			<del></del>	<del> </del>				· · · · · · · · · · · · · · · · · · ·		
	<del></del>			ļ	<u>_</u>	<del></del>		<del></del> .		
				<u> </u>						
1	Under pe	enalties of perjury, I d	declare that I have e	examined this return, in	cluding accompan	ying schedules and stat	tements, and to the best of formation of which prepare	my knowledge a	nd doo	
Sign	Deller, It	is true, conject, and			1 /0	Cary) is based on all in	•	ii iias aily kilowit	uge.	
Here		Jours 10	<del></del>	ren		100/12	CEO			
	Sign	nature of officer or tr	ustee		Date	<del></del>	Title	<del></del> -		
	Print/1	ype preparer's name	e		Preparer's signa	ture	_	Date /	Chec	± ∏ if
Paid	L				1/2	1/1/1	nQ	6/6/11		employed
Prepare	ANDR	EW W TALLA			1///	VVVAL	<u> </u>	1-10/11		
Use Only	/ Firm's			ASSOCIATES			PTIN	P0003		
	Firm's			TIC BLVD.	, SUITE	3	Firm's Ell	N►58-21		
		МО	RCROSS,	GA 30071		<del></del>	Phone no			
								Form 9	90-P	<b>F</b> (2010

SULLIVAN990 SULLIVAN FAILLY FOUNDATION Federal Statements

FYE: 12/31/2010

20-1294722

Page 1

### Statement 1 - Form 990-PF, Part I, Line 9 - Income Modifications

Description				 Amount		
RECOVERY OF	PRIOR	YEAR	QUALIFIED	DISTRIBUTIONS	\$ 	3,000
TOTAL					\$ 3	3,000

Page Z	;	Charitable Purpose	w w		Charitable Purpose	w w
	sional Fees	Adjusted Net	w w	Si	Adjusted Net	0 0 0
ements	990-PF, Part I, Line 16c - Other Professional Fees	Net Investment	2,092	Statement 3 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	76
Federal Statements		Total	2,092 \$	t 3 - Form 990-PF, F	Total	\$ 97
Y FOUNDATION	Statement 2 - Form		w. w.	Statemen		w w
SULLIVAN990 SULLIVAN FAMILY FOUNDATION 20-1294722 FYE: 12/31/2010	53	Description	INVESTMENT MANAGEMENT FEES TOTAL		Description	FOREIGN TAXES TOTAL

•	Federal Statements
SULLIVAN990 SULLIVAN FAMILY FOUNDATION	
SULLIVAN990	20-1294722

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Page 3

20-1294722 FYE: 12/31/2010

	Fair Market Value	\$ 70,845 50,737 40,055 15,327 \$ 176,964
/estments	Basis of Valuation	MARKET MARKET MARKET MARKET
rm 990-PF, Part II, Line 10b - Corporate Stock Investments	End of Year	70,845 50,737 40,055 15,327 176,964
0p - Co		.v.  v∥
F, Part II, Line 10	Beginning of Year	92,497 50,639 32,860 14,152 190,148
n 990-P		w w
Statement 4 - Form	Description	DIPSX DFIHX BRKB NVS TOTAL

	Basis of Fair Market Valuation Value	MARKET \$ 9,975 MARKET 10,025 MARKET 11,269 MARKET 10,675 MARKET \$ 10,975 MARKET \$ 63,532
IVESTI	ш>	AM AM AM AM AM AM AM AM AM AM AM AM AM A
porate bond in	End of Year	9,975 10,025 11,269 10,675 10,975 10,613
UC - COL		w w
F, Part II, Line 1	Beginning of Year	10,250 10,237 11,239 10,288 10,706 10,500 63,220
m 990-P		w w
Statement 5 - Form 990-PF, Part II, Line 10c - Corporate bond investments	Description	MOHAWK INDUST 5.75% SPRINT CAP 7.625% AMER EXPR 7.30 % ECHOSTAR 7.00% HOME DEPOT 5.25% BOSTON SCI 5.45% TOTAL

SULLIVAN990 SULLIVÁN FAK...Y FOUNDATION
20-1294722 Federal Statements

20-1294722 FYE: 12/31/2010 Page 4

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

Description	 Amount
CHANGE IN UNREALIZED GAINS/(LOSSES)	\$ 8,133
RECOVERY OF PRIOR YEAR QUALIFIED DISTRIBUTIONS	 3,000
TOTAL	\$ 11,133

SULLIVAN990 SULLIVAN FAMILY FOUNDATION 20-1294722 FYE: 12/31/2010	V FAMILY FOUNDATION  Federal Statements		Page 5
	Statement 7 - Form 990-PF, Part VII-A,	PF, Part VII-A, Line 10 - Substantial Contributors	÷
	Address	City, State, Zip	
LOUIS W SULLIVAN	5287 N POWERS FERRY RD	ATLANTA GA 30327	

SULLIVAN990 SULLIVAN FAMILY FOUNDATION 20-1294722 FYE: 12/31/2010		· · Federal Statements	ements	Page 6
Statem	lent 8 - Form 990-PF, Pa	rt XV, Line 3a - Gr <u>Year</u>	Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the	
Name	Address			
Address	Relationship	Status	Purpose	Amount
AETC INC ATLANTA GA 30324	740 BISMARK RD N/A	PUBLIC	GENERAL OPERATIONS	2,500
CHILDRENS HEALTHCARE ATLANTA GA 30329	1584 TULLIE CIR N/A	PUBLIC	GENERAL OPERATIONS	100 +
COURT APPOINTED SPECIAL A ATLANTA GA 30309	1776 PEACHTREE RD. N/A	STE. 2 PUBLIC	GENERAL OPERATIONS	1,000
MZ GA	8105 ROBERTS DR N/A	PUBLIC	GENERAL OPERATIONS	2,500
GA ALLIANCE FOR CHILDREN ATLANTA GA 30315	30 HAYGOOD AVE N/A	PUBLIC	GENERAL OPERATIONS	750
HIGH MUSEUM OF ART ATLANTA GA 30309	1290 PEACHTREE ST N/A	PUBLIC	GENERAL OPERATIONS	1,000
MARTHA'S VINEYARD HOSPITA OAKS BLUFF MA 02557		PUBLIC	GENERAL OPERATIONS	2,500
MOREHOUSE COLLEGE ATLANTA GA 30314		PUBLIC	GENERAL OPERATIONS	250
MOREHOUSE SCHOOL OF MEDIC ATLANTA GA 30310	WESTVIEW N/A	PUBLIC	GENERAL OPERATIONS	1,000
NATIONAL HEALTH MUSEUM ATLANTA GA 30363	1 17TH N/A	200 PUBLIC	GENERAL OPERATIONS	27,000
NMAAHC WASHINGTON DC 20013	•	PUBLIC	GENERAL OPERATIONS	1,000
PROJECT HOPE MILLWOOD VA 22646 TOTAL	255 CARTER HALL LN N/A	PUBLIC	GENERAL OPERATIONS	1,000

Fbm 8868

# Application for Extension of Time To File an Exempt Organization Return

(Rev. January 20	11)	Exei	iipi Oiga	ilization Return		j	OMB No	1545-1709
Department of th		▶ File	a separate a <sub>l</sub>	oplication for each return.				
		tomatic 3-Month Extension, comple	te only Part I	and check this box	··········			▶ X
•	-			plete only Part II (on page 2 of this for	m).		••• ••• •	تا ٠
-	-	-		month extension on a previously filed I				
•								
Electronic fili	ng (e-file). Yo	u can electronically file Form 8868 if y	ou need a 3-r	nonth automatic extension of time to fil	e (6 months	s for		
a corporation	required to file	Form 990-T), or an additional (not au	tomatic) 3-mo	onth extension of time. You can electron	nically file F	om		
8868 to reque	st an extensio	n of time to file any of the forms listed	in Part I or Pa	art II with the exception of Form 8870, I	nformation			
Return for Tra	nsfers Associa	ated With Certain Personal Benefit Co	ontracts, which	n must be sent to the IRS in paper form	at (see			
instructions).				gov/efile and click on e-file for Charities		ts		
Part I				omit original (no copies needed				
A corporation	required to file	Form 990-T and requesting an autor	natic 6-month	extension-check this box and complete	9			. —
Part I only								▶ 🔲
All other corpo	orations (inclu	ding 1120-C filers), partnerships, REM	IICs, and trust	ts must use Form 7004 to request an e	xtension of	time		
to file income	<del></del>		<del></del>					
Type or	Name of ex	empt organization			Employe	r ident	tification n	umber
print					00 10			
File by the		VAN FAMILY FOUNDAT:		_ <del></del>	20-12	<u> 194 /</u>	22	
due date for filing your		reet, and room or suite no. If a P.O. b	ox, see instruc	ctions.				
return. See		N POWERS FERRY RD	<del></del>	<del> </del>				
instructions	1 '	or post office, state, and ZIP code. Fo	_					
	ATLAN'	ra G	<u>A 30327</u>					<del></del>
Enter the Ret	um code for th	ne return that this application is for (file	e a separate a	pplication for each return)				04
Application	<del></del> }		Return	Application				Return
ls For	-		Code	ls For				Code
Form 990	-	<del></del>	01	Form 990-T (corporation)				07
Form 990-E	BL .		02	Form 1041-A				08
Form 990-8	Z		03	Form 4720				09
Form 990-F	PF.		04	Form 5227				10
Form 990-1	(sec. 401(a)	or 408(a) trust)	05	Form 6069				11
	(trust other t		06	Form 8870				12
		LOUIS W SULLIVAN						
		5287 N POWERS FERRY	RD					
The books	are in the care	of > ATLANTA				(	GA 303	27
Telephon	e No. ▶ 4	04-943-1024	FAX No	b. ► 404-943-1120			•	• • •
<ul><li>If the org</li></ul>	anization does	s not have an office or place of busine	ss in the Unit	ed States, check this box				▶ 🗍
• If this is f	or a Group Re	etum, enter the orga <u>niz</u> ation's four dig	it Group Exem	nption Number (GEN) I	f this is			_
for the whole	group, check	this box   If it is for part	of the group,	check this box  and att	ach			
a list with the	names and E	INs of all members the extension is f	or.					
1   reque	st an automat	ic 3-month (6 months for a corporation	n required to t	file Form 990-T) extension of time				
until (	08/15/1	$oldsymbol{1}_{_{-}}$ , to file the exempt organization re	turn for the or	ganization named above. The extension	n is			
for the	organization's							
<b>▶</b> X	calendar yea	r 2010 <sub>.</sub> or						
▶ ∐	tax year beg	inning , , , , and ending	3					
2 If this t	av voar ontore	ed in line 1 is for less than 12 months	chack masor	n:  Initial return  Final return				
	=	ounting period	, crieck reason	i illuar feturii Finar feturi	1			
								<del> </del>
3a If this a	application is f	or Form 990-BL, 990-PF, 990-T, 472	0, or 6069, en	ter the tentative tax, less any				
		s. See instructions.			3a	\$	<del></del>	0
b If this a	application is t	or Form 990-PF, 990-T, 4720, or 606	9, enter any re	efundable credits and				
<u>estima</u>	ted tax payme	ents made. Include any prior year ove	rpayment allo	wed as a credit.	3b	\$		0
		-		this form, if required, by using EFTPS				
(Electr		Tax Payment Systém). See instruction			3c	\$_		0
Cardian If	ou are going !	a maka an alastronia fund withdrawn	with this East	9000 ass Farm 0453 FO and Farm	9970 EO 4-	_		