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Form **990-PF** 

Department of the Treasury

Internal Revenue Service

## **Return of Private Foundation**

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

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

2010

OMB No 1545-0052

Ford	alen	dar year 2010, or tax year beginning			, and e	nding		
G C	heck	all that apply: Initial return		Initial return of a fo	ormer public (	charity	Final return	า
		Amended return		Address change	ge		Name change	
Nar	ne of	foundation					A Employer identification	n number
		CHARLES A. SULLIVAN	FOUN	DATION				
L		C/O BANK OF BLUE VAL		CO-TRUST	EE		48-1196696	5
Nun	ber a	nd street (or P O box number if mail is not delivered to str	et address	6)		Room/surte	B Telephone number	
L		P.O. BOX 26128					816-751-42	285
City	or to	own, state, and ZIP code					C if exemption application is p	pending, check here
		OVERLAND PARK, KS 6	6225	-6128			D 1. Foreign organization	s, check here
H C	heck	type of organization: X Section 501(c)(3)	exempt p	rivate foundation			Foreign organizations me check here and attach or	eeting the 85% test, omputation
	] Se	ction 4947(a)(1) nonexempt charitable trust	Other t	axable private founda	ation		  E   f private foundation sta	itus was terminated
I Fa	ır ma	rket value of all assets at end of year   J   Accou	ntıng met	hod: X Cash	Acci	rual	under section 507(b)(1	
(fr	om F	Part II, col (c), line 16)	Other (sp	ecify)			F If the foundation is in a	60-month termination
_		8,155,768. (Part I, co	lumn (d)	must be on cash t	basis.)		under section 507(b)(1	)(B), check here 🕒 🔲
Pa	rt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not		a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a) )	ex	penses per books	inc	ome	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received			٠,	, ,	`N/A	, , , , , , , , , , , , , , , , , , ,
	2	Check X if the foundation is not required to attach Sch. B		·	. 1			" 'y ',
	3	Interest on savings and temporary cash investments		163,470.		3,470.		STATEMENT 1
	4	Dividends and interest from securities		122,590.	12	2,590.		STATEMENT 2
	5a	Gross rents						
	b	Net rental income or (loss)	y		, .		` .	
ø	6a	Net gain or (loss) from sale of assets not on line 10		-164,534.	• •			
Revenue	b	Gross sales price for all assets on line 6a 981,307.				-		2 11
eve	7	Capital gain net income (from Part-IV-line 2)		• :		0.	` , , , , , , , , , , , , , , , , , , ,	
Œ	8	Net short-term capital gain	<u></u>					, , , , , , , , , , , , , , , , , , , ,
	9	Income modifications	80	,	. ,			· , · · , · ,
	10a	Gross sales less returns, and allowances	19	, 1		:	`	
	b	Less Cost of goods sold	R. S.			•		N. N
	C	Other income	т					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11	Other Income USDEN, O		19,951.		8,949.	<del>+</del>	STATEMENT 3
	12	Total Add lines 1 through 11		141,477.		5,009.	<del>+</del>	<u> </u>
	13	Compensation of officers, directors, trustees, etc		45,544.	4	0,771.		4,773.
	14	Other employee salaries and wages						
'n	15	Pension plans, employee benefits						
ses	16a	Legal fees						
per	ı	Accounting fees STMT 4		2,390.		2,390.		0.
Ж	C	Other professional fees						<u> </u>
ĕ.	17	Interest				<del></del>		
Operating and Administrative Expen	18	Taxes STMT 5		4,403.		4,403.		0.
nis	19	Depreciation and depletion	ļ					<del> </del>
Ë	20	Occupancy						
ĕ	21	Travel, conferences, and meetings		2,935.		2,935.	ļ	0.
ä	22	Printing and publications						
g G	23	Other expenses STMT 6		8,319.		8,319.		_0.
rati	24	Total operating and administrative						
ğ		expenses Add lines 13 through 23		63,591.	5	8,818.		4,773.
O	25	Contributions, gifts, grants paid		392,500.				392,500.
	26	Total expenses and disbursements						
	L_	Add lines 24 and 25		456,091.	5	8,818.		397,273.
	27	Subtract line 26 from line 12:					1	
	a	Excess of revenue over expenses and disbursements		-314,614.				
	ь	Net investment income (if negative, enter -0-)	<u> </u>		23	6,191.		
		Adjusted net income (if negative, enter -0-)			<u> </u>		N/A	<u></u>
0235	UΊ	LLIA For Danaguark Daduction Act Notice of					4	Form <b>990-PF</b> (2010)

CHARLES A. SULLIVAN FOUNDATION

For	m 99	O-PF (2010) C/O BANK OF BLUE VALLEY		48-	1196696 Page 2
P	airt	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
-	411		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1		22 222	406 452	405 450
	1	Savings and temporary cash investments	98,890.	406,473.	406,473.
	3	Accounts receivable >	- 1 1 1 1 1 1 1 2 2 .		
	١.	Less: allowance for doubtful accounts	- 69 A 2 Y 1 2 Y	The state of the s	· , · · · · · · · · · · · · · · · · · ·
	4	Piedges receivable			
	_ ا	Less: allowance for doubtful accounts			
	1 -	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons Other notes and loans receivable	14 TV 1841 11	, , , , , , , , , , , , , , , , , , , ,	<del> </del>
	′	Less: allowance for doubtful accounts	· · · · · · · · · · · · · · · · · · ·		•
m	8	Inventories for sale or use	-		
Assets		Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations STMT 7	910,565.	391,547.	398,370.
	1	Investments - corporate stock STMT 8	3,513,787.	3,631,455.	4,801,856.
	ı	Investments - corporate bonds STMT 9	2,305,470.	2,154,835.	2,349,430.
	11	Investments - land, buildings, and equipment basis			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	''	Less accumulated depreciation			,
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	269,851.	199,639.	199,639.
	1	Land, buildings, and equipment basis	* * * * * * * * * * * * * * * * * * * *		
		Less accumulated depreciation			
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers)	7,098,563.	6,783,949.	8,155,768.
	17	Accounts payable and accrued expenses			,
	18	Grants payable			
S	19	Deferred revenue			_
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			_
ä	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			,
					*
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26 and lines 30 and 31.			
Se	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
or Fund Balances	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
ᆵ		Foundations that do not follow SFAS 117, check here  and complete lines 27 through 31.			
<u></u>	27	Capital stock, trust principal, or current funds	7,098,563.	6,783,949.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0,703,545.	
4ss	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Net Assets	30	Total net assets or fund balances	7,098,563.	6,783,949.	
z	"	Total lict assets of falla paralises	,,,030,3001	5770075150	
	31	Total liabilities and net assets/fund balances	7,098,563.	6,783,949.	
F	art				
		I net assets or fund balances at beginning of year - Part II, column (a), line	r		
•		st agree with end-of-year figure reported on prior year's return)		1	7,098,563.
2		r amount from Part 1, line 27a		2	-314,614.
3		er increases not included in line 2 (itemize)		3	0.
_		lines 1, 2, and 3	······	4	6,783,949.
		reases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	6,783,949.

Form **990-PF** (2010)

48-1196696

. C/O BANK OF BLUE VALLEY, CO-TRUSTEE

	ribe the kind(s) of property sold (e.g irehouse; or common stock, 200 sh			(b) How acc P - Purch D - Donat	ase   '	) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b SEE ATTACHED	STATEMENTS						
C							
<u>-d</u>		***			•	<del></del>	1
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gam or (loss (e) plus (f) minus	
a							
b					<del></del>		
c							
d			<del></del> .				454 754
e 981,307.			1,145,84	1.			-164,534
Complete only for assets showin	g gain in column (h) and owned by	1				lains (Col. (h) gair (), but not less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			osses (from col.	
_a	<del></del>					<del></del>	
b							
C							
<u>d</u>							164 524
е		<u> </u>		+ -			-164,534
2 Capital gain net income or (net ca	$\{ \text{pital loss} \}$ $\{ \text{lf gain, also ente} \}$	r in Part I, line )- in Part I, line	7 7	} 2			-164,534
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar	nd (6):					
If gain, also enter in Part I, line 8,						4	
If (loss), enter -0- in Part I, line 8		. Dadwaad	Tay on Nat	3	ant Inco	N/ <i>I</i>	<u> </u>
Part V Qualification U	- <del></del>				ent inco		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	i net investment in	come.)			
If section 4940(d)(2) applies, leave the	his part blank.						
				10			
Was the foundation liable for the sec				100?			Yes X No
If "Yes," the foundation does not qua  1 Enter the appropriate amount in	lify under section 494U(e). Do not co each column for each year, see instr						
(a)		uctions before	Thaking any churc				(d)
Base periód years	(b) Adjusted qualifying dis	stributions	Net value of no	(c) ncharitable-i	use assets	Distri	(d) bution ratio vided by col. (c))
Calendar year (or tax year beginni	119 111)	5,686.	7101 12100 07 110		2,402.	(601. (0) 01	• 058254
2009		6,787.			6,525.		.06981
2008		8,277.			4,926.		1.206666
2006		6,475.			7,708.		.048697
2005		07,891.			3,674.		.047464
2003		/ <u>1-                                   </u>	<u> </u>	<u> </u>	3,011.		.01/10
2 Total of line 1, column (d)						2	1.43089
3 Average distribution ratio for the	5-year hase period - divide the total.	on line 2 by 5	or by the number	of years			2123007
the foundation has been in existe		011 11110 2 0 3 0 ,	or by the number	0. 700.0		3	.286179
the logituation has been in existe	nee ii less than o years						
4 Enter the net value of noncharitat	ble-use assets for 2010 from Part X	line 5				4	6,593,225
4 Enter the net value of nonenantal	to add added for 20 to from tart x,						0,000,000
5 Multiply line 4 by line 3						5	1,886,843
3 Multiply line 4 by line 5							
6 Enter 1% of net investment incor	ne (1% of Part I line 27h)					6	2,362
2 Zino. 170 Or not involutions illoor	(						
7 Add lines 5 and 6						7	1,889,205
							, ,
8 Enter qualifying distributions from	n Part XII, line 4					8	397,273
If line 8 is equal to or greater that	n line 7, check the box in Part VI, line	e 1b, and comp	plete that part usin	g a 1% tax ra	ate.	-	

•	,	CHARLES A. SULLIVAN FOUNDATION								
	990-PF	(2010) C/O BANK OF BLUE VALLEY, CO-TR	<u>UŞ1</u>	EE	4040(-)	$\frac{48-1}{242}$				Page 4
	rt-VI	Excise Tax Based on Investment Income (Section 4940			4940(e), or 4	1948 - 1	see in	stru	Ctioi	1 <b>S)</b>
1a		operating foundations described in section 4940(d)(2), check here 🕨 🔲 and er							د کارگر د کارگر	52
	Date of r	ruling or determination letter: (attach copy of letter if nec	essary	-see instruc	tions)	12. 8 M	<u> </u>	7,67	(	ું જૂત
b	Domesti	ic foundations that meet the section 4940(e) requirements in Part V, check here 🏼 🕨	- 📖	and enter 1	%	1		<del>(,-a-,,</del>	4,/	<u>24.</u>
		, line 27b				都的				
		domestic-foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			ol. (b). J		Partie (C).	`\`i	٠ : ·	
		er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers er	nter -0-)	<del></del>	2			4 5	<u>0.</u>
		s 1.and 2			-	3			4,7	
		A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers e	nter -0-)	•	4			4 17	0.
		ed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5	'c" -	(20)24	4,7	<u> </u>
		Payments:	1 _	ı	4 560		د بلاکتین د	R \$1		5 71
		timated tax payments and 2009 overpayment credited to 2010	6a	<del> </del>	4,560.	2	رُد فر مُنْ	,	3	\. \ 3
		foreign organizations - tax withheld at source	6b	<u> </u>		₹ <i>₹</i> ₩,			* 24 * 2	1
		with application for extension of time to file (Form 8868)	6c	<del> </del>	<del></del>	楼 第	- , , , , ,		,	٠.
		withholding erroneously withheld	6d	<u> </u>	<del></del>	<del> </del> -`_  ∶		·,	٠ <u>٠</u> -	 C O
		edits and payments. Add lines 6a through 6d							4,5	60.
		y <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attac	cnea		_	8			1	64.
		t. If the total of lines 5 and 8 is more than line 7, enter amount owed				9				04.
		yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			p = 4 = 4   N	10				
11 -D-	Enter the	e amount of line 10 to be: Credited to 2011 estimated tax  A: Statements Regarding Activities			Refunded	11				
·			lation o	e did it parti		. 10	ľ	रह चेत्र	Yes	No
1a	_	the tax year, did the foundation attempt to influence any national, state, or local legis	iauon c	n uiu ii parii	sipate of littervene	5 111	ŀ	1a	. 03	X
		tical campaign? bend more than \$100 during the year (either directly or indirectly) for political purpos	-00 /00	o inetruetion	e for definition\2		ł	1b		X
D		nswer is "Yes" to 1a or 1b, attach a detailed description of the activities and				nd or	<u> </u>	7.7		1.75
			COPIE	ss or arry m	ateriais publishe	a or		_		. 1
		Ited by the foundation in connection with the activities					j	1c		x
		foundation file Form 1120-POL for this year? The amount (if any) of tax on political expenditures (section 4955) imposed during the	vear.				• }	` '	•	
u		the foundation. $\blacktriangleright$ \$ 0 • (2) On foundation managers			0.			,		`
		the reimbursement (if any) paid by the foundation during the year for political expendi				-			, ı	١.,
6		ers. > \$ 0.	1010 101	X III POOGG O	100110011011			î,		( \ \:
2	-	foundation engaged in any activities that have not previously been reported to the IF	357					2		x
		attach a detailed description of the activities	.0				İ	· · ·	٠.	1475
3		foundation made any changes, not previously reported to the IRS, in its governing i	nstrum	ent, articles	of incorporation.	or	ľ			,* -
J		or other similar instruments? If "Yes," attach a conformed copy of the change		,	,			3		X
4a		foundation have unrelated business gross income of \$1,000 or more during the yea						4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A						4b				
		ere a liquidation, termination, dissolution, or substantial contraction during the year?	,					5		X
-		" attach the statement required by General Instruction T					Ī			
6		requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ther:							
		nguage in the governing instrument, or					j			
	By sta	ate legislation that effectively amends the governing instrument so that no mandator	y direc	tions that co	nflict with the stat	e law				l
		in in the governing instrument?						6	X	
7	Did the	foundation have at least \$5,000 in assets at any time during the year?						7	X	
	If "Yes,	," complete Part II, col (c), and Part XV					1			
8a	Enter th	ne states to which the foundation reports or with which it is registered (see instruction	ns) 🕨	·						
	MO				<u> </u>					
b	If the ar	nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney	General (or	designate)					
	of each	state as required by General Instruction G? If "No," attach explanation						8Ь	X	<u> </u>
9		oundation claiming status as a private operating foundation within the meaning of se				endar				
	year 20	10 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," c	omple	ete Part XIV	•			9		Х

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

•	CHARLES A. SULLIVAN FOUNDATION				
Forn	1 990-PF (2010) C/O BANK OF BLUE VALLEY, CO-TRUSTEE 4	8-11966	96	- 1	Page 5
P	art 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 instructions)		11	}	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				·
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	<u> </u>	13	X	
	Website address ► N/A				
14	The books are in care of ▶ BANK OF BLUE VALLEY  Telephone no. ▶	913-234	-30	00	
		IP+4 ▶662			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				$\Box$
		15	N/	A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	- <del></del> -1		es	No
	securities, or other financial account in a foreign country?	1 -	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	-	·•		. '
	the foreign country				`
Pa	art 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.		Y	'es	No
1:	During the year did the foundation (either directly or indirectly):			-	<del></del> ,
		X No			٠ - ´
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	1	5
		X No	İ	- 1	
		X No	-	- 1	
	<u> </u>	X No		•	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	LAL NU	.		~
		X No	1	-	
	(6) Agree to pay money or property to a government official? (Exception Check "No"	LAL NU		- 1	
					•
	if the foundation agreed to make a grant to or to employ the official for a period after	X No			
		NO LAL			
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1.		1	7.7
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?		1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here		-  -	- 1	
(	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 2010?		10		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				
;	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	F997			
		X No		į	
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	]			
ı	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (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 instructions )	N/A 2	2 <b>b</b>		
(	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
•	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
3	, , , , , , , , , , , , , , , , , , ,	चि.		i	
		X No		- 1	
	o If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or 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 disp	ose			
	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,	37 / 7			
	Form 4720, to determine if the foundation had excess business holdings in 2010)		3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		1a		<u>X</u>
l	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the				
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?		4b	- 1	Х

CHARLES A. SULLIVAN FOUN				
Form 99d-PF (2010) C/O BANK OF BLUE VALLEY,			<u>48-11966</u>	96 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, .,		es 🗶 No 📙	1.31
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			
any voter registration drive?			es 🗶 No 🏅	,
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	- ' - '
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		٠.	-
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s X No .	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or t	for		1 1
the prevention of cruelty to children or animals?			s X No	·   _ ,  ,
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations	"	-   -   -
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•	•		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	•	ınad		
expenditure responsibility for the grant?		I/A 🔲 Ye	s No	
, , , , , , , , , , , , , , , , , , , ,		/A16	s L NO	-
If "Yes," attach the statement required by Regulations section 53.494	` '		1.	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u></u>	( <del></del> -	
a personal benefit contract?		! Y€	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	
b If Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII. Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	/	
raid Liliployees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
(a) Name and address CHARLES SULLIVAN	hours per week devoted	(If not paid,	and deterred	(e) Expense account, other allowances
	hours per week devoted	(If not paid,	and deterred	(e) Expense account, other allowances
CHARLES SULLIVAN	hours per week devoted	(If not paid,	and genered compensation	allowances
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211	hours per week devoted to position	(If not paid, enter -0-)	and deterred	(e) Expense account, other allowances
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN	hours per week devoted to position	(If not paid, enter -0-)	and genered compensation	allowances
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST	hours per week devoted to position  0.00	(If not paid, enter -0-)	and deferred compensation	allowances  0.
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211	hours per week devoted to position	(If not paid, enter -0-)	and genered compensation	allowances
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN	hours per week devoted to position  0.00	(If not paid, enter -0-)	and deferred compensation	allowances  0.
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR.	hours per week devoted to position  0.00  0.00	(If not paid, enter -0-)	and deferred compensation	0.
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 UACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062	0.00	(If not paid, enter -0-)	and deferred compensation	allowances  0.
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY	hours per week devoted to position  0.00  0.00	(If not paid, enter -0-)	and deferred compensation	0.
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD	0.00  0.00  TRUSTEE	(If not paid, enter -0-)  O.  O.	O.	0.
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211	0.00  0.00  TRUSTEE  2.00	(If not paid, enter -0-)  0.  0.  45,544.	and deferred compensation	0.
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD	0.00  0.00  0.00  TRUSTEE  2.00  Sluded on line 1). If none,	(If not paid, enter -0-)  0.  0.  45,544.	O.  O.	0. 0. 0.
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544.	O.  O.	0.  0.  0.  0.  (e) Expense account, other
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.00  0.00  0.00  TRUSTEE  2.00  Sluded on line 1). If none,	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O.	0.
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  0.  (e) Expense account, other
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  0.  (e) Expense account, other
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  0.  (e) Expense account, other
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  0.  (e) Expense account, other
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  0.  (e) Expense account, other
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  0.  (e) Expense account, other
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  0.  (e) Expense account, other
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  0.  (e) Expense account, other
CHARLES SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 JACQUELINE SULLIVAN 2120 W 117TH ST LEAWOOD, KS 66211 TIMOTHY SULLIVAN 14501 S. BLACKFOOTE DR. OLATHE, KS 66062 BANK OF BLUE VALLEY 13401 MISSION ROAD LEAWOOD, KS 66211 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	0.00  0.00  TRUSTEE  2.00 Sluded on line 1). If none, hours per week	(If not paid, enter -0-)  0.  0.  45,544. enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  0.  (e) Expense account, other

0

Total number of other employees paid over \$50,000

	CHARLES A. SULLIVAN FOUNDATION		
Form 990-PF (2010)	C/O BANK OF BLUE VALLEY, CO-TRUS	TEE 48-	-1196696 Page 7
Part VIII   Informa	ntion About Officers, Directors, Trustees, Foundan ployees, and Contractors (continued)	tion Managers, Highly	
	ependent contractors for professional services. If none, enter	"NONE."	
(a) Nam	e and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		_	
		-	
Total number of others recei	ving over \$50,000 for professional services		▶ 0
Part IX-A Summa	ry of Direct Charitable Activities		<u> </u>
List the foundation's four lar number of organizations and	gest direct charitable activities during the tax year. Include relevant statist I other beneficiaries served, conferences convened, research papers prod	tical information such as the luced, etc.	Expenses
1 N/A			
			1
2			
			<u> </u>
3			1
			•
4			
			]
=			
	y of Program-Related Investments	land day 10	т
	gram-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 <u>N/A</u>			†
			-
2			
			]
All other program-related inv	restments. See instructions.		
3			1

Form **990-PF** (2010)

 $\blacktriangleright$ 

0.

Total. Add lines 1 through 3

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P	art X: Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	59.2	<del></del>
а	Average monthly fair market value of securities	1a	6,352,735.
b	Average of monthly cash balances	1b	340,894.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	6,693,629.
-е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	5.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,693,629.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	100,404.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,593,225.
6	Minimum investment return. Enter 5% of line 5	6	329,661.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	329,661.
2a	Tax on investment income for 2010 from Part VI, line 5	7 .	<u>-</u> -
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	4,724.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	324,937.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	324,937.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	324,937.
P	Arousto and (nalidate administrative expenses) to ecceptable about bloods		
'_	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  Expenses, contributions, gifts, etc total from Part I, column (d), line 26	4.	207 272
a b	Program-related investments - total from Part IX-B	1a	397,273. 0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	1b 2	
3	Amounts set aside for specific charitable projects that satisfy the:	0	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<del></del>
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	397,273.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		371,213.
J	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	397,273.
•	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years.		

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable-amount for 2010 from Part XI,	- Corpus	rears prior to 2005		2010
line 7				324,937.
2 Undistributed income, if any, as of the end of 2010		<del></del>	· · · · · · · · · · · · · · · · · · ·	324,337.
a Enter amount for 2009 only	:	``	0.	
b Total for prior years:	· · · · · · · · · · · · · · · · · · ·	· - · · · · · · · · · · · · · · · · · ·		
		0.	,	
3 Excess distributions carryover, if any, to 2010:	, , , , , , , , , , , , , , , , , , , ,	,		
a From 2005		. 1	*	3
b From 2006		_		
c From 2007 18,359.	•		`	
d From 2008 129,127.				
e From 2009 60,622.	-		•	
f Total of lines 3a through e	208,108.		*	3
4 Qualifying distributions for 2010 from	- '	,		
Part XII, line 4: ► \$ 397,273.			'	
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior	· · · · · · · · · · · · · · · · · · ·			
years (Election required - see instructions)	*	0.		
c Treated as distributions out of corpus				, ,
(Election required - see instructions)	0.	`		
d Applied to 2010 distributable amount				324,937.
e Remaining amount distributed out of corpus	72,336.	, , ,		
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	•	· · ·	0.
6 Enter the net total of each column as indicated below:			,	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	280,444.			
b Prior years' undistributed income. Subtract	200,111.			-
line 4b from line 2b		0.		
c Enter the amount of prior years'	<u>`</u>	<u> </u>	,	
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed	·	0.	· · · · · · · · · · · · · · · · · · ·	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line		:		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.		· · · · · · · · · · · · · · · · · · ·	
8 Excess distributions carryover from 2005	^			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011	200 444		•	
Subtract lines 7 and 8 from line 6a	280,444.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007 18,359. c Excess from 2008 129,127.				}
c Excess from 2008 129,127. d Excess from 2009 60,622.				
e Excess from 2010 72,336.				
E LAGESS HUHI 20 10 1 1 2 , 3 3 0 •		L		Form 000 DE (0010)

Form 990-PF (2010) C/O BANK OF BLUE VALLEY, CO-TRUSTEE 48-1196696 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (c) 2008 (d) 2007 (a) 2010 (b) 2009 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a 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. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (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 c "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 Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT 11 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \( \times \) | X | if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

CHARLES A. SULLIVAN FOUNDATION

CHARLES A. SULLIVAN FOUNDATION Form 990-PF (2010) C/O BANK OF BLUE VALLEY, CO-TRUSTEE 48-1196696 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE STATEMENT 12 392,500. Total ▶ 3a b Approved for future payment NONE

Form 990-PF (2010)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ted business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	0000		+		
b	_				<del></del>
С		†···			
d	1				
e	1		1 - 1		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	163,470. 122,590.	
4 Dividends and interest from securities			14	122,590.	
5 Net rental income or (loss) from real estate:	``	-	• •	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
a Debt-financed property					
b Not debt-financed property		ļ			<del></del>
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	19,951.	
8 Gain or (loss) from sales of assets other	į				
than inventory			14	6,658.	-171,192
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	1	-			
b					
C		<del> </del>	+		<del></del>
i e					<del></del>
d	<del></del>		i i	I	
de		0		312 669	_171 102
e		0	•		
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		0	•   •		-171,192 141,477
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	S.)			13	
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	S.)			13	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part: XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acc	omplishment of E	xemp	t Purposes	141,477
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part: XVI-B Relationship of Activitie  Line No.  Explain below how each activity for which the foundation's exempt purposes (other the subtractions)	es to the Acc	omplishment of E	xemp	t Purposes	141,477
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part: XVI-B Relationship of Activitie  Line No. Explain below how each activity for which	es to the Acc	omplishment of E	xemp	t Purposes	141,477
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 See worksheet in line 13 instructions to verify calculations  Part: XVI-B  Relationship of Activities  Line No.  Explain below how each activity for which the foundation's exempt purposes (other the subtractions)	es to the Acc	omplishment of E	xemp	t Purposes	141,477
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## CHARLES A. SULLIVAN FOUNDATION

300 N. MERIDIAN ST. STE.

Firm's address ► INDIANAPOLIS, IN 46204

Form 990-PF (2010) C/O BANK OF BLUE VALLEY, CO-TRUSTEE 48-1196696 Page 13 Part XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? X No \_\_ Yes 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, preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign Here TRUST OFFICER, BANK OF BLUEVAUEL Signature of officer or trustee CO-TRUSTEE Check Print/Type preparer's name Preparer's signature Date self- employed JEFFREY W. BIRK, Paid Preparer Firm's name ► BGBC PARTNERS,

1100

(317)633-4700

Firm's EIN

Phone no.

**Use Only** 

If (loss), enter "-0-" in Part I, line 8

(I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than *-0-*)	(k) Excess of col. (i) over col. (j), if any	(j) Adjusted basis as of 12/31/69	(i) F.M.V. as of 12/31/69
 -9,6			
-9,6			
-30,9			
-			
-2,0°			
-2,0			
-3,1			
8			
50			
-18,2			

If (loss), enter "-0-" in Part I, line 7

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c). If (loss), enter \*-0-\* in Part I, line 8

m			-3.
n			-38.
0			238.
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7   If (loss), enter "-0-" in Part I, line 7 }		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	}	3	

C/O BANK OF BLUE Part IV   Capital Gains and Los	VALLEY, CO-TRUS		11966			OF 4
(a) List and 2-story bri	describe the kind(s) of property solick warehouse; or common stock, 2	ld, e.g., real estate, 100 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAINS I	DIVIDENDS					
b						
С						
đ		· · · · · · · · · · · · · · · · · ·			-	
			••••			
e						
					-	
9	· <del></del>	<del></del>	<del> </del>	<del>-</del>		
<u>h</u>		-				
1	<del> </del>					
1						
<u>k</u>						
m						
n						
0						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) (e) p	Gain or (loss) lus (f) minus (g)	
a 6,658.		<del></del>				6,658.
	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>			<del></del>	0,000.
<u>b</u>		<del>                                     </del>		<del></del>		<del></del>
c d			<u> </u>			<del></del>
0	<del></del>					
e						
f						
9					· <del>-</del>	
h	· · · · · · · · · · · · · · · · · · ·					
1						
1						
k						
1						
m						<del></del>
n						<del></del>
0	·					
Complete only for assets showing	g gain in column (h) and owned by	the foundation on 12/31/69		(1) Loc	ses (from col. (h))	<del></del>
(i) F.M.V. as of 12/31/69		(k) Excess of col. (i) over col. (j), if any		Gains (excess of	ses (non coi. (n)) of col. (h) gain over ot less than "-0-")	col. (k),
				<del></del>	<u> </u>	
<u>a</u>						6,658.
<u>b</u>						
С						
d						
е						
f						
g						
ħ						
1						
k						
				<u> </u>		
		· · · · · · · · · · · · · · · · · · ·				
<u>m</u>			-			····
n						
0		<u> </u>		["		
2 Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter If	r in Part I, line 7 )-" in Part I, line 7	2			164,534.
3 Net short-term capital gain or (loss		_				
If gain, also enter in Part I, line 8, of (loss), enter "-0-" in Part I, line 8	column (c)	, , , , , , , , , , , , , , , , , , , ,	3		N/A	
	<del></del>			L	41/41	<del></del>

CHARLES A. SULLIVAN FOUNDATION

CONTINUATION FOR 990-PF, PART IV 48-1196696 PAGE 4 OF 4

FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY CA	ASH :	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
BANK OF BLUE VALLEY BANK OF BLUE VALLEY - U.S. GO BANK OF BLUE VALLEY OTHER IN	126,325 27,954 9,191					
TOTAL TO FORM 990-PF, PART I	, LINE 3, C	COLUMN A		=	163,4	70.
FORM 990-PF DIVIDENT	DS AND INTE	REST FROM	SECT	URITIES	STATEMENT	2
SOURCE	GROS	S AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
BANK OF BLUE VALLEY		129,248.	6,658.		122,590.	
TOTAL TO FM 990-PF, PART I, 1	LN 4	129,248. 6,658.		6,658.	122,590.	
FORM 990-PF	OTHER	INCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	3	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
MISCELLANEOUS RECEIPTS NONDIVIDEND DISTRIBUTION	_	19,2	204.	8,202.		
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	19,9	51.	8,949.	•	
FORM 990-PF	ACCOUNT	ACCOUNTING FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS					
ACCOUNTING FEES	2,390	. 2,	390	•		0.
TO FORM 990-PF, PG 1, LN 16B	2,390	2,	390	•		0.
=		<del>-</del>		=	<del></del>	

FORM 990-PF	TAX	ES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS		T- ADJUSTE	D CHARITABLE		
EXCISE TAX ON INVESTMENT INCOME PD BANK OF BLUE RIVER TAXES -	4,246.	·		0.		
FOREIGN	157.	1	.57.	0.		
TO FORM 990-PF, PG 1, LN 18	4,403.	4,4	103. 	0.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) T- ADJUSTE ME NET INCO			
OTHER EXPENSES	8,319.	8,3	319.	0.		
TO FORM 990-PF, PG 1, LN 23	8,319.	8,3	319.	0.		
FORM 990-PF U.S. AND	STATE/CITY G		OBLIGATIONS	STATEMENT 7		
DESCRIPTION	U.S GOV'		BOOK VALUE	FAIR MARKET VALUE		
TIG (GMAME GOVE	x		391,547.	398,370.		
US/STATE GOVT						
TOTAL U.S. GOVERNMENT OBLIGA	TIONS	<del></del>	391,547.	398,370.		
		- - - - - - - -	391,547.	398,370.		

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	·	3,631,455.	4,801,856.
TOTAL TO FORM 990-PF,	PART II, LINE 10B	3,631,455.	4,801,856.
FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	-	2,154,835.	2,349,430.
TOTAL TO FORM 990-PF,	PART II, LINE 10C	2,154,835.	2,349,430.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
TRUSTS	COST	199,639.	199,639.
TOTAL TO FORM 990-PF,	PART II, LINE 13	199,639.	199,639.
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGE	PC	STATEMENT 11

NAME OF MANAGER

CHARLES SULLIVAN
JACQUELINE SULLIVAN

FORM 990-PF

12

STATEMENT

PAID DURING THE YEAR					
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT		
ADVICE & AID PREGNANCY CENTER 11031 W 75TH TERRACE OVERLAND PARK, KS 66214	NONE GENERAL	EXEMPT	10,000.		
ALEXANDRA'S HOUSE 638 WEST 39TH TERRACE KANSAS CITY, MO 64111	NONE GENERAL	EXEMPT	5,000.		
ARCHBISHOP'S CALL TO SHARE 12615 PARALLEL PARKWAY KANSAS CITY, KS 66109	NONE GENERAL	EXEMPT	5,000.		
BETHANY HOUSE	NONE GENERAL	EXEMPT	10,000.		
BIRTHRIGHT OF KANSAS CITY 6309 WALNUT STREET KANSAS CITY, MO 64113	NONE GENERAL	EXEMPT	5,000.		
BISHOP SULLIVAN CENTER 6435 TRUMAN ROAD KANSAS CITY, MO 64126	NONE GENERAL	EXEMPT	10,000.		
CATHOLIC CHARITIES KANSAS CITY, KS KANSAS CITY, KS 66104	NONE GENERAL	EXEMPT	30,000.		
CATHOLIC RELIEF SERVICES	NONE GENERAL	EXEMPT	10,000.		

GRANTS AND CONTRIBUTIONS

CHARLES A. SULLIVAN FOUNDATION	C/O BANK		48-1196696
CENTRAL CATHOLIC HIGH SCHOOL 2550 CHERRY STREET TOLEDO, OH 43608	NONE GENERAL	ЕХЕМРТ	70,000.
CENTRAL CITY MINISTRY OF TOLEDO	none General	EXEMPT	5,000.
CENTRAL CITY SCHOOL FUND	none General	EXEMPT	5,000.
COMPASSION PREGNANCY CENTERS	NONE GENERAL	EXEMPT	5,000.
CRISIS PREGNANCY CENTERS	NONE GENERAL	EXEMPT	10,000.
HARVESTERS 1811 N. TOPPING KANSAS CITY, MO 64120	NONE GENERAL	EXEMPT	5,000.
HEARTBEAT OF TOLEDO 2130 MADISON AVENUE TOLEDO, OH 43624	NONE GENERAL	ЕХЕМРТ	10,000.
HOLY NAME CATHOLIC SCHOOL	NONE GENERAL	ЕХЕМРТ	5,000.
HOPE HOUSE	NONE GENERAL	ЕХЕМРТ	10,000.
KANSANS FOR LIFE 2501 E. CENTRAL WICHITA, KS 67214	NONE GENERAL	EXEMPT	5,000.

CHARLES A. SULLIVAN FOUNDATION	C/O BANK		48-1196696
KIDS UNLIMITED	NONE GENERAL	EXEMPT	10,000.
LIGHTHOUSE	NONE GENERAL	EXEMPT	11,000.
MAGGIE'S PLACE	NONE GENERAL	ЕХЕМРТ	10,000.
MOM'S HOUSE 2505 FRANKLIN AVENUE TOLEDO, OH 43610	NONE GENERAL	ЕХЕМРТ	25,000.
MOTHER'S REFUGE 3721 S. DELRIDGE ROAD INDEPENDENCE, MO 64052	NONE GENERAL	EXEMPT	10,000.
NOTRE DAME ACADEMY	NONE GENERAL	EXEMPT	15,000.
PREGNANCY CENTER OF GREATER TOLEDO 716 N WESTWOOD AVENUE TOLEDO, OH 46307	NONE GENERAL	EXEMPT	5,000.
REDEMPTORIST SOCIAL SERVICES CENTER	NONE GENERAL	ЕХЕМРТ	2,000.
ROOM AT THE INN P.O. BOX 30544 CHARLOTTE, NC 282300544	NONE GENERAL	EXEMPT	10,000.
ROSE BROOKS CENTER	NONE GENERAL	EXEMPT	5,000.

CHARLES A. SULLIVAN FOUNDATIO	N C/O BANK		48-1196696
SAFE HOME	NONE GENERAL	ЕХЕМРТ	10,000.
SETON CENTER	NONE GENERAL	ЕХЕМРТ	3,000.
ST. ANTHONY OF PADUA CHURCH	NONE GENERAL	EXEMPT	5,000.
THE SISTERS, SERVANTS OF MARY	NONE GENERAL	ЕХЕМРТ	1,000.
TOLEDO MUSEUM OF ART	NONE GENERAL	ЕХЕМРТ	5,000.
US NAVAL ACADEMY FOUNDATION	NONE GENERAL	ЕХЕМРТ	3,000.
WYANDOTTE PREGNANCY CENTER	NONE GENERAL	EXEMPT	47,500.
TOTAL TO FORM 990-PF, PART XV, I	LINE 3A		392,500.