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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit frust or private foundation)
Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

Ā	For th	ne 2012 c	alendar year, or tax year beginning		and	ending				
В	Check (applicat	f ole	C Name of organization				D Emplo	oyer identifi	cation number	
Ļ	Addr	ress change	_				06 0407070			
	Nam	e change	John L. Sullivan Ministries			.1 -	26-2497078			
L	Initia	t return	Number and street (or P O box, if mail is not delivered to street	•		Room/suite	E Telephone number			
	Term	nnated	2103 Harrison Ave NW, PMB 21	.13			36	0 - 701	-1044	
	Ame	nded return	City or town, state or country, and ZIP + 4				F Grou	p Exemption	1	
	Applic	ation pending	Olympia, WA 98502		·			oer ►		
G	Accou	nting Meth	od X Cash Accrual Other (specify) ▶				H Chec	k ▶ ∭ıf	the organization is not	
1	Websi	te· $\triangleright \underline{n}$	/a				requi	red to attach	Schedule B	
J	Tax-ex	empt stati	us (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) (\longrightarrow)	insert no) 🗌	4947(a)(1) or 527	(Forn	1 990, 990-E	Z, or 990-PF)	
K	Check		if the organization is not a section 509(a)(3) supporting organizat	ion or a sect	ion 527 orgai	nization and its g	ross rec	eipts are noi	mally not more than	
	\$50,00	0 A Form	990-EZ or Form 990 return is not required though Form 990-N (e	-postcard) r	nay be requir	ed (see instruction	ons) But	ıf the organ	ization chooses to file	
	a retur	n, be sure	to file a complete return							
L .	Add lin	es 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are	\$200,000 o	r more, or if t	otal assets (Part	11,			
	line 25	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 99	0-EZ			>	\$	68,240.	
P	art I	Reve	enue, Expenses, and Changes in Net Assets	or Fund	Balance	S(See the instri	ictions fo	or Part I)		
		Check	if the organization used Schedule O to respond to any question in	this[Part I					X	
	1	Contribut	tions, gifts, grants, and similar amounts received	88 M	R 1 5 20	13 8	L	1	68,225.	
	2	Program	service revenue including government fees and contracts	(전 MIE	411 T A 6A	RS-OS		2		
	3	Members	thip dues and assessments					3		
2013	4	Investme	nt income	S)é	è -Л sdие	dule o		4	15.	
7	5a	Gross am	nount from sale of assets other than inventory		5a					
5	b	Less cos	t or other basis and sales expenses		5b					
C3	C	Gain or (I	oss) from sale of assets other than inventory (Subtract line 5b fro	L	5c					
AR.	6	Gaming a	and fundraising events							
ቖ	a	Gross inc	ome from gaming (attach Schedule G if greater than							
ŝ		\$15,000)			6a					
القا	b	Gross inc	come from fundraising events (not including \$		of contributi	ons				
Ž	}	from fund	draising events reported on line 1) (attach Schedule G if the sum of	of such						
SCANREGueMAR		gross inc	ome and contributions exceeds \$15,000)		6b					
$\mathcal{L}_{\mathcal{L}}$	C	Less dire	ect expenses from gaming and fundraising events		6c					
•	d	Net incon	ne or (loss) from gaming and fundraising events (add lines 6a and	d 6b and sub	tract line 6c)			6d		
	7a	Gross sal	les of inventory, less returns and allowances		7a					
	b	Less cos	et of goods sold		7b					
	C	Gross pro	of the control of the)				7c		
	8	Other ev	enue (describe in Scriedule O)					8		
	9	Total rev	enue. Add illes 1, 2, 3, 4, 5c, 00, Ac, 1810 o				•	9	68,240.	
	10	Grants an	rtaimpAprountapaie (list in Schraule O)					10		
	11	Dogotitolic	willite or tor more here					11		
S	12	Salaries,	other compensation and employee benefits					12	5,635.	
Expenses	13	Profession	hal fees and other payments to independent contractors				L	13	460.	
xpe	14	Occupant	cy, rent, utilities, and maintenance	Se	e Sche	dule 0		14	1,446.	
W	15	Printing,	publications, postage, and shipping					15		
	16	Other exp	penses (describe in Schedule O)	Se	e Sche	dule 0		16	52,056.	
	17	Total exp	enses. Add lines 10 through 16				•	17	59,597.	
S	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)					18	8,643.	
Net Assets	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)))						
As	1	(must ag	ree with end-of-year figure reported on prior year's return)				L	19	44,296.	
Net	20	Other cha	anges in net assets or fund balances (explain in Schedule O)					20	0.	
_	21	Net asset	s or fund balances at end of year Combine lines 18 through 20				•	21	52,939.	
i H	۸ Ear	Panorwor	k Reduction Art Notice, see the senarate instructions						rm QQ0-F7 (2012)	

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	art It Balance Sheets (see the instructions for Part					r
	Check if the organization used Schedule O to	respond to any que		<u> </u>		X
	•		(A) Beginning of year		1	End of year
22	Cash, savings, and investments		38,334	. 22	2	48,367
23				23		4 5 70
24	,	9 0	5,962			4,572
25			44,296			52,939
26				- 21		0,
27	Net assets or fund balances (line 27 of column (B) must agree with line	21)	44,296		 	52,939
P	art III Statement of Program Service Accomplish					xpenses I for section
	Check if the organization used Schedule O to	respond to any que	stion in this Part I		1 30 1(0)(3)	and 501(c)(4)
	at is the organization's primary exempt purpose?See Schedule					ions and section 1) trusts, optional
	onbe the organization's program service accomplishments for each of its three largest pro ner, describe the services provided, the number of persons benefited, and other relevant		spenses. In a clear and concise		for others	
28	Continued operation of the orphan					
	6 children, but has had additiona	al children o	n a temporar	У		
	basis over the past year.					
	(Grants \$) If this amount includes fore	ign grants, check here	>		28a	
29	Continued operation of a Spanish	speaking chu	rch in a			
	surrounding colonial village.					
					.	
	(Grants \$) If this amount includes fore	ign grants, check here	>		29a	
30	See Schedule O				1	
					.	
	(Grants \$) If this amount includes fore	ign grants, check here	<u>></u>		30a	
31	Other program services (describe in Schedule O)				,	
	(Grants \$) If this amount includes fore	ign grants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)				32	0.
P	art IV List of Officers, Directors, Trustees, and Ke		one even if not compensated	(see th	e instructions	for Part IV)
			المحاجرا منطلا مناسمتهما			
	Check if the organization used Schedule O to					
		(b) Average hours	(C) Reportable compensation (Forms	(d) H	ealth benefits,	1 ' '
	Check if the organization used Schedule O to		(C) Reportable compensation (Forms W-2/1099-MISC)	(d) H con emp	tributions to loyee benefit , and deferred	amount of other
Ma	(a) Name and title	(b) Average hours per week devoted	(C) Reportable compensation (Forms	(d) H con emp	tributions to loyee benefit	amount of other
	(a) Name and title	(b) Average hours per week devoted position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) H con emp	tributions to loyee benefit , and deferred mpensation	amount of other compensation
Pr	(a) Name and title atthew J. McRea cesident	(b) Average hours per week devoted	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) H con emp	tributions to loyee benefit , and deferred	amount of other compensation
Pr Wi	(a) Name and title atthew J. McRea cesident lliam Wells	(b) Average hours per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation	amount of other compensation
Pr Wi Vi	(a) Name and title Atthew J. McRea cesident Lliam Wells ce President	(b) Average hours per week devoted position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit , and deferred mpensation	amount of other compensation
Pr Wi Vi Ro	(a) Name and title Atthew J. McRea Tesident Lliam Wells Loe President Obert Wohlers	(b) Average hours per week devoted position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit , and deferred mpensation	amount of other compensation O
Vi Ro Se	(a) Name and title Atthew J. McRea cesident Lliam Wells ce President obert Wohlers ecretary	(b) Average hours per week devoted position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation	amount of other compensation O
Pr Wi Vi Ro Se Gr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras	(b) Average hours per week devoted position 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O
Pr Wi Ro Se Gr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer	(b) Average hours per week devoted position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit , and deferred mpensation	amount of other compensation O . O .
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer bhn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer	(b) Average hours per week devoted position 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer bhn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer bhn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer bhn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer bhn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer bhn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer bhn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer bhn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells represident bert Wohlers recretary reg Carras reasurer bhn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells rece President bert Wohlers recretary reg Carras reasurer ohn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells rece President bert Wohlers recretary reg Carras reasurer ohn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells rece President bert Wohlers recretary reg Carras reasurer ohn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O
Pr Wi Ro Se Gr Tr	(a) Name and title atthew J. McRea resident lliam Wells rece President bert Wohlers recretary reg Carras reasurer ohn L. Sullivan	(b) Average hours per week devoted position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans co	tributions to loyee benefit, and deferred mpensation O .	amount of other compensation O O O O

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	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pa	rt V	X
_			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
•	activity in Schedule O	33	<u> </u>	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			1
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	ļ	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	•	1	
	on lines 2, 6a, and 7a, among others)?	35a	,	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Α.
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			١.,
	requirements during the year? If "Yes," complete Schedule C, Part III	35c	ļ	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	7		v
	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			U
	In a prior year and still outstanding at the end of the tax year covered by this return? If "Yes " complete Schedule L. Part II and enter the total amount involved 38b N/A	38a	 	X
		-{		
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 N/A			
	/-	-		
		-		
4 U a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
_	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 • Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
D	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	40b		X
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	705		
٠	or disqualified persons during the year under sections 4912, 4955, and 4958			
ч	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization D. O.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ī	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \blacktriangleright WA		•	
42 a	The organization's books are in care of ▶ Greg Carras Telephone no ▶ 360-70	1-1	044	
	Located at ▶ 1215 38th Ct SE, Olympia, WA ZIP+4 ▶ 9	850	1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	ļ	X
	If "Yes," enter the name of the foreign country	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country			r
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			\	т
		·····	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	ļ	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b	ļ	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1	1	
	In Schedule O	440	 	U
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	X
45 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	AEL		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		(2012

Form 990-EZ (2012) John L. Sullivan Ministr	ies		26-24970	78 Page 4
46 Did the e	irganization engage, directly or indirectly, in political campaign activi	ities on habalf of or in apposit	on to condidates for n	ublic office?	Yes No
	organization engage, directly of indirectly, in political campaign activition	illes on denail of of in opposite	on to candidates for pr		46 X
	Section 501(c)(3) organizations only		··· · · · · · · · · · · · · · · · · ·	<u>.</u>	70_1
	All section 501(c)(3) organizations must answer questions 4	17-49b and 52, and comple	te the tables for line	es 50 and 51	
	Check if the organization used Schedule O to respond to a				
					Yes No
47 Did the o	rganization engage in lobbying activities or have a section 501(h) el	lection in effect during the tax y	year? If "Yes," complet	e Sch. C, Part II 📙	47 X
48 is the org	ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes,	" complete Schedule E		-	48 X
49a Did the o	rganization make any transfers to an exempt non-charitable related	organization?		<u>_</u>	19a X
	was the related organization a section 527 organization?			<u> </u>	19b
	e this table for the organization's five highest compensated employe		ers, trustees and key er	nployees) who ead	th received more
than \$10	10,000 of compensation from the organization. If there is none, ente		(0) 0	(d) Health benefits,	(e) Estimated
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	contributions to employee benefit	amount of other
	NONE	position	W-2/1099-MISC)	plans, and deferred	compensation
	NOND			Compensation	
		7			
					_
		_			
	1			<u>.</u>	<u> </u>
	mber of other employees paid over \$100,000 e this table for the organization's five highest compensated indepen	dent contractors who each rec	ewed more than \$100	NNN of company	ion from the
	tion. If there is none, enter "None" NONE	delit collitactors who each rec	eived indie tilali \$100	ood of compensat	ion nom the
	d address of each independent contractor paid more than \$100,000) (b) Type	of service	(c) C	ompensation
	Land to the second seco				
				1	
					.
d Total nu	mber of other independent contractors each receiving over \$100,00		—		-
-	programs to the independent contractors each receiving over \$100,000 programs and the complete Schedule A? Note All section 501(c)(3) organization complete Schedule A?		xemnt		
charitabl	a truste must attach a completed Schedule A			►X	Yes No
Under penalties of	of perjury, I declare that they examined this return, including accompanying sc eparer (other than officer) is based on all information of which preparer has any le	hedules and statements, and to the	best of my knowledge and	belief, it is true, com	ect, and complete
				3A/1	<u>5</u>
Sign Here	Signature of officer			Date	
	Greg Carras, Treasurer	<u></u>			
7	Type or print name and title				
	Print/Type preparer's name Preparer's signatur	re Date	Check [_	if PTIN	
Paid		tocom 12	self- emplo	•	04144
Preparer	David A. Coates, CPA	LOTUSCH \$2/2			04144
Use Only	Firm's name Frost & Company, P.S.			(360)	786-8080
	Firm's address ▶ P O Box 7609		Phone no	(300)	100-0000
		ina			
May the IDC 4	Olympia, WA 98507-76 Inscuss this return with the preparer shown above? See instructions			▶	Yes No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

John L. Sullivan Ministries

Employer identification number

		John L.	Sullivan Mi	nıstr	ıes			1		6-2497	0/0	
rt I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions				
organi	zation is not a	private foundation	because it is: (For lines	1 through 1	11, check	only one b	ox.)					
X	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
一												
			-,		•				•	•		
	•		benefit of a college or ur	niversity ov	vned or or	erated by	a governi	nental unit	describ	ed in		
	_			•	•	•	Ū					
				t described	d in sectio	n 170(b)(1)(A)(v).					
一		· -						r from the	general	public desc	ribed in	
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				(Complete	Part II)							
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			•	st for publi	c safety S	ee sectio	n 509(a)(4	I).				
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		-		ny gift or co	ontribution	from any	of the follo	owing pers	ons?			
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	(iii) A 35% d	controlled entity of a	person described in (i)	(iii) A 35% controlled entity of a person described in (i) or (ii) above?						11g(ii)		
		•	person described in (i) (or (II) above	?							
		ollowing information								11g(ii) 11g(iii)		
		ollowing information	about the supported or									
Name	of supported		about the supported or	ganization(s).	(v) Did you	ı notify the	(v i) İs	the	11g(iii)		
	of supported	ollowing information	(iii) Type of organization (described on lines 1-9	ganization((iv) is the o in col (i) is	s). rganization ited in your	organizati	on in col	lorganizatio	n in col	11g(iii) (vii) Amoun	t of monetary	
	of supported nization		(iii) Type of organization (described on lines 1-9 above or IRC section	ganization(s). rganization ited in your	organizati	on in col	(vi) Is organizatio (i) organize U S	on in col ed in the	11g(iii) (vii) Amoun	t of monetary	
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	organi X	A church, coi A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170 A community An organizati activities rela income and to See section An organizati more publicly describes the a Type I By checking foundation m If the organiz supporting of Since August (i) A persor the gove (ii) A family	A church, convention of churche A school described in section 17 A hospital or a cooperative hospi A medical research organization of city, and state: An organization operated for the section 170(b)(1)(A)(iv). (Complet A federal, state, or local governm An organization that normally recessection 170(b)(1)(A)(vi). (Complet A community trust described in section 170(b)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	organization is not a private foundation because it is: (For lines X A church, convention of churches, or association organization operated in conjunction city, and state: An organization operated for the benefit of a college or unsection 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unity and organization that normally receives a substantial part section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). An organization that normally receives (1) more than 33 activities related to its exempt functions - subject to certaincome and unrelated business taxable income (less sections 509(a)(2). (Complete Part III) An organization organized and operated exclusively to tean organization organized and operated exclusively for the more publicly supported organizations described in section describes the type of supporting organization and compliance in the type of supporting organization and compliance in the organization received a written determination from supporting organization, check this box Since August 17, 2006, has the organization accepted and the governing body of the supported organization? (ii) A family member of a person described in (i) above?	organization is not a private foundation because it is: (For lines 1 through X A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described A medical research organization operated in conjunction with a hos city, and state: An organization operated for the benefit of a college or university or section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its supposection 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete An organization that normally receives (1) more than 33 1/3% of its activities related to its exempt functions - subject to certain exception income and unrelated business taxable income (less section 511 taxable section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for publication and complete lines 1 a more publicly supported organizations described in section 509(a)(1) describes the type of supporting organization and complete lines 1 a more publicly supported organization and complete lines 1 a more publicly supported organization is not controlled foundation managers and other than one or more publicly supported if the organization received a written determination from the IRS that supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or control of the governing body of the supported organization?	organization is not a private foundation because it is: (For lines 1 through 11, check of X A church, convention of churches, or association of churches described in set A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital described, and state: An organization operated for the benefit of a college or university owned or operated in 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from a section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support in activities related to its exempt functions - subject to certain exceptions, and (a income and unrelated business taxable income (less section 511 tax) from business esection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Section 509(a)(2). 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(Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1) An organization that normally receives a substantial part of its support from a government section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III) An organization that normally receives (1) more than 33 1/3% of its support from contril activities related to its exempt functions - subject to certain exceptions, and (2) no more income and unrelated business taxable income (less section 511 tax) from businesses a See section 509(a)(2). 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A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170 city, and state: An organization operated for the benefit of a college or university owned or operated by a governing section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit of section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). 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A school described in section 170(b)(1)(A)(iii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iii). (Complete Part iii) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organizated and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carm more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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Entercity, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, a activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III Functionally integrated d Type III Not By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified foundation managers and o	organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross reactivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of more publicly supported organization and complete lines 11e through 11h. An organization organized and operated exclusively in the benefit of, t	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

P	Support Schedule for (Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I	or if the organization			· -
Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
<u>Se</u>	ction B. Total Support	r	,	,			,
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				 	ļ	ļ <u>.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	ļ					
9	Net income from unrelated business						-
	activities, whether or not the						
	business is regularly carried on	ļ					
10	· ·						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	<u> </u>	1	L	1	1.0	1
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	_
60	organization, check this box and stor ction C. Computation of Publ		rcentage				
			·	(4)	 		
	Public support percentage for 2012 (•	column (1))		15	
	Public support percentage from 2011	•	•	a line 10 and line	14 = 20 1/20/		%
108	a 33 1/3% support test - 2012. If the c	-			14 IS 33 1/3% OF	more, check this b	ox and
	stop here. The organization qualifies		_		- l 1C 00 1/0/		
	o 33 1/3% support test - 2011. If the c	_			a line 15 is 33 1/3	% or more, cneck t	nis dox
47.	and stop here. The organization qual	•	• •		0 12 160 or 16b	and line 14 in 100	
1/6	10% -facts-and-circumstances tes						
	and if the organization meets the "faction meets the "facts-and-circumstances"					are iv flow the orga	Inzation
ı	10% -facts-and-circumstances tes	_	•		-	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ				· ·		>

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 a and 7b 8 Public support (subractive 7 chronine 5) Section B. Total Support	Section A. Public Support	ow, please com	piete i art ii j			- · · · · · · · · · · · · · · · · · · ·	
1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandless sold or services peranty activity that is related to the organization's tax-evempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either pad to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either pad to or expended on its behalf 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included in lines 1, 2, and 3 received from disqualified persons b Amounts included in lines 1, 2, and 3 received from disqualified persons b Amounts included in lines 1, 2, and 3 received from disqualified persons b Amounts included in lines 1, 2, and 3 received from disqualified persons b Amounts included in lines 1, 2, and 3 received from disqualified persons b Amounts included from lines 1, 2, and 3 received from disqualified persons b Amounts included in lines 1, 2, and 3 received from disqualified persons b Amounts included in lines 1, 2, and 3 received from disqualified persons b Amounts included in lines 1, 2, and 3 received from disqualified persons b Amounts from line 8 9 Amounts from line 6 9 Amounts from line 6 10 Citics 2 and 7 b Amounts from lines 6 10 Citics 2 and 7 b Amounts from lines 6 11 Amounts from line 6 12 Citics received from 3 received from 2 and 1 for lines 1, and 1,		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandles sold of services permanents and sold of services permany activity that is related to the organization's tax-exempt purpose of Gross receipts from admissions, merchandles sold of services permany activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf for expended on the organization without charge 6 Totals Add lines 1 through 5 5 The value of services or facilities of the organization without charge 6 Totals add into the organization without charge 6 Totals add into the organization without charge 6 Totals add into the organization is the form designation into a secretic properties and the organization of the organization is a secretic properties. The organization is a secretic properties believed to the organization's first, second, third, fourth, or fifth tax year as a section 501(p)(2) organization check this box and stop here. 10 Total support total organization of Public Support Percentage 11 Investment income percentage from 2011 Schedule A, Part III, line 15 12 Total support percentage from 2011 Schedule A, Part III, line 17 13 Total support percentage from 2011 Schedule A, Part III, line 17 14 Interting the properties of the organization did not check the box on line 14, and line 15 is more than 33 1/394, and line 17 is more than 33 1/394			1	1			
Include any Yunusual grants 1) Gross needpts from admissions, record of calculates furnished in any activity that is related to the organization's tax-exempt purpose of capital are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's tax-exempt purpose or capital are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either pad to or expanded on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either pad to or expanded on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Adult Intellect through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons be Amouts included on lines 1, 2, and 3 received from disqualified persons be Amouts included on lines 1, 2, and 3 received from other than discussified seems that exceed the greater of \$5,000 or 1% of the amounts in line 10 for the year or Add lines 7 and 77 by Public support (specified from the second from interest the greater of \$5,000 or 1% of the amounts in line 10 for the year or Add lines 7 and 70 by Public support (specified from the second from interest of the property of the organization of Public Support Percentage 15 Public support percentage from 2011 Schedule A, Part III, line 15 in the property of th				1]	•	
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf to the organization without charge 6 Total. Add lines 1 through 5 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by the services of the ser					1		
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2012 DEPRECIATION AND AMORTIZATION REPORT

•	Ending Accumulated Depreciation	1,400.	978.	2,378.	tion, GO Zone
	Current Year Deduction	700.	.069	1,390.	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense				nercial Revita
	Beginning Accumulated Depreciation	700.	288.	988.	Bonus, Comn
	Basis For Depreciation	3,500.	3,450.	6,950.	ITC, Salvage,
	Reduction In Basis	***			*
2	Section 179 Expense			*****	
990-EZ	Bus % Excl				posed
	Unadjusted Cost Or Basis	3,500.	3,450.	.056,3	(D) - Asset disposed
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	Life Ooc>	5.00	5.00		
	Method				
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	Date Acquired	06/01/10	07/31/11		
Form 990-EZ Page 1	Description	Yellow van	2 Saturn	* Total 990-EZ Pg 1 Depr	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization 26-2497078 John L. Sullivan Ministries Form 990-EZ, Part I, Line 4, Other Investment Income: Amount: Description of Property: 15. Interest income Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance: Description of Expenses: Amount: 1,390. Depreciation 56. Other Expenses 1,446. Total to Form 990-EZ, line 14 Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: 628. Bank service charges 28,958. Contributions 19,800. Housing allowance

Housing allowance 19,800.

Licenses and permits 10.

Travel, meals and entertainment 1,476.

Office expense 1,184.

Total to Form 990-EZ, line 16 52,056.

Description Beg. of Year End of Year Other Depreciable Assets 5,962. 4,572.

Form 990-EZ, Part III, Primary Exempt Purpose - Provides an ordained minister to provide pastorial services to Zihuatanejo, Mexico and

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Form 990-EZ, Part II, Line 24, Other Assets:

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No_1545-0047
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Open to Public
Ingraction

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 26-2497078 John L. Sullivan Ministries Teaching children English and the Bible. Provide surrounding areas. outreach to all needy people. Form 990-EZ, Part III, Line 30, Program Service Accomplishments: Three ongoing programs teaching children English and the Two programs were combined into one program and Bible. Also one of these programs another program was started. has been combined into a community church. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.