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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		2013 calendar year, or tax year beginning	and end	ling			
B	Check if applicab	C Name of organization	D Emplo	yer id	lentification number		
	Addre	ess change		_			
	Name	change John L. Sullivan Ministries			197078		
	Initial	Number and street (or P O box, if mail is not delivered to street addres	s)	Room/suite	E Telep		
	Termi	nated 2103 Harrison Ave NW, PMB 2113			36	0-7	701-1044
	Amen	City or town, state or province, country, and ZIP or foreign postal code			F Group	p Exer	nption
	Applica	ation pending Olympia, WA 98502				oer 🕨	
		iting Method X Cash Accrual Other (specify) ▶					if the organization is not
		e: ▶ <u>n/a</u>			i '		attach Schedule B
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert		or 527	(Forn	n 990,	990-EZ, or 990-PF)
		forganization X Corporation Trust Association	Other				
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,	,000 or more, or if tota	al assets (Part	II,		77 050
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	Palanasa	/ Ab	<u> </u>	\$	77,050.
P	art	Revenue, Expenses, and Changes in Net Assets or F		(see the instri	JCTIONS TO	or Pan	
_	T	Check if the organization used Schedule O to respond to any question in this P	ап I			<u>. 1</u>	77,039.
	1	Contributions, gifts, grants, and similar amounts received			-	1	11,039.
	2	Program service revenue including government fees and contracts			-	2	
	3	Membership dues and assessments	See Sched	110 O	-	3	11.
	4	Investment income	1 1	ure o	-	4	11.
	5a	Gross amount from sale of assets other than inventory	5a		-	ı	
	þ	Less cost or other basis and sales expenses	5b		\dashv	-	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	5a)		F	5c	RECEIVED
	6	Gaming and fundraising events					
ine.	а	Gross income from gaming (attach Schedule G if greater than	6a			045	19
Revenue	١.	\$15,000)	of contribution		-	Ò	MAY 1 5 2014
æ	D	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such		3			
			6b			*	OGULN, UV
	١.	gross income and contributions exceeds \$15,000)	6c		\neg	استأ	
	1 .	Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b ai				6d	
	d	Gross sales of inventory, less returns and allowances	7a			-	
	7a b	Less cost of goods sold	7b			- 1	
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenue (describe in Schedule O)			F	8	
	g	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶	9	77,050.
	10	Grants and similar amounts paid (list in Schedule O)				10	
	11	Benefits paid to or for members				11	······································
s	12	Salaries, other compensation, and employee benefits				12	657.
Expenses	13	Professional fees and other payments to independent contractors				13	1,377.
ber	14	Occupancy, rent, utilities, and maintenance	See Sched	lule O		14	3,379.
ũ	15	Printing, publications, postage, and shipping			Γ	15	
	16	Other expenses (describe in Schedule O)	See Sched	lule 0		16	55,270.
	17	Total expenses Add lines 10 through 16			▶	17	60,683.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	16,367.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
ASS		(must agree with end-of-year figure reported on prior year's return)				19	52,939.
Ę	20	Other changes in net assets or fund balances (explain in Schedule O)				20	0.
_	21	Net assets or fund balances at end of year Combine lines 18 through 20			>	21	69,306.
	A F	Paragraph Deduction Set Nation, and the concepts instructions					Form 990-F7 /2013)

332171 11-25-13

2013.03040 John L. Sullivan Ministries FCOJ0091

	1990-LZ (2019) OOMI II. DUTTIVAH PITHISCIT			- 0 -		
Pa	Balance Sheets (see the instructions for Part II)					(77 7)
_	Check if the organization used Schedule O to res	pond to any ques			(B) F	X
		<u> </u>	(A) Beginning of year	+	(B) E	nd of year
22	Cash, savings, and investments	<u> </u>	48,367	_		43,661.
23	Land and buildings Other assets (describe in Schedule O) See Schedule O	<u> -</u>	4,572	23		25,645.
24		<u> </u>	52,939			69,306.
25	Total assets	<u> </u>		25		
26	Total liabilities (describe in Schedule O)	<u> </u>	52,939			0. 69,306.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) Int III Statement of Program Service Accomplishmer	te (see the instru		- 27		· · · · · · · · · · · · · · · · · · ·
Pe				Ū		penses for section
	Check if the organization used Schedule O to res	pond to any ques	stion in this Part III		501(c)(3)	and 501(c)(4)
	t is the organization's primary exempt purpose? See Schedule O					ons and section trusts, optional
mann	nbe the organization's program service accomplishments for each of its three largest program ser, describe the services provided, the number of persons benefited, and other relevant informations.	ation for each program title	<u>.</u>		for others	
28	Continued operation of the orphanag					
	6 children, but has had additional	<u>children on</u>	a temporary			
	basis over the past year.					
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		28a	
	Continued operation of a Spanish sp	eaking chur	ch in a			
	surrounding colonial village.					
						
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		29a	
30	See Schedule O					
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	Ш	30a	
31	Other program services (describe in Schedule O)		_	$\overline{}$	_	
	(O4 C	rants, check here	•		31a	
	(Grants \$) If this amount includes foreign g	ranto, ontook note				Λ
32	Total program service expenses (add lines 28a through 31a)			▶	32	0.
32	Total program service expenses (add lines 28a through 31a) ort IV List of Officers, Directors, Trustees, and Key E	mployees (list each o			32	
32	Total program service expenses (add lines 28a through 31a)	mployees (list each o	tion in this Part IV		32 Instructions fi	or Part IV)
32	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	mployees (list each o pond to any ques (b) Average hours	tion in this Part IV	(d) He	instructions for	or Part IV) (e) Estimated
32	Total program service expenses (add lines 28a through 31a) ort IV List of Officers, Directors, Trustees, and Key E	mployees (list each o	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Head control employed	instructions for alth benefits, abutions to byee benefit and deferred	or Part IV)
32 Pe	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	mployees (list each o pond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms	(d) Head control employed	alth benefits, noutions to byee benefit	(e) Estimated amount of other
32 Ре	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title an Sobba	mployees (list each o pond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head control employed	alth benefits, buttons to byce benefit and deferred pensation	(e) Estimated amount of other compensation
Jo Pr	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title an Sobba esident	mployees (list each o pond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Head control employed	instructions for alth benefits, abutions to byee benefit and deferred	(e) Estimated amount of other
Jo Pr Ro	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title an Sobba esident bert Wohlers	mployees (list each o pond to any ques (b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head control employed	alth benefits, ibutions to yoe benefit and deferred pensation	(e) Estimated amount of other compensation
Jo Pr Ro Vi	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title an Sobba esident bert Wohlers ce President & Secretary	mployees (list each o pond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head control employed	alth benefits, buttons to byce benefit and deferred pensation	(e) Estimated amount of other compensation
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Jo Pr Ro Vi Gr Tr	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title an Sobba esident bert Wohlers ce President & Secretary eg Carras easurer	mployees (list each o pond to any ques (b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head control employed	alth benefits, ibutions to yoe benefit and deferred pensation	(e) Estimated amount of other compensation
Jo Pr Ro Vi Gr Tr Jo	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title an Sobba esident bert Wohlers ce President & Secretary eg Carras easurer hn L. Sullivan	mployees (list each o pond to any ques (b) Average hours per week devoted to position 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Head control employed	alth benefits, routions to byse benefit and deferred pensation O •	(e) Estimated amount of other compensation 0 . 0 .
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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			
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		X		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended					
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х		
35 a	5a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported					
	on lines 2, 6a, and 7a, among others)?	35a		Х		
b	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/			
	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	1		,		
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х		
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		Х		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions					
	Did the organization file Form 1120-POL for this year?	37b	•	Х		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1				
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A					
39	Section 501(c)(7) organizations Enter	1				
	Initiation fees and capital contributions included on line 9 N/A	1				
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1				
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1				
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the					
_	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?		Ì '			
	If "Yes," complete Schedule L, Part I	40b		Х		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	100				
•	or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the					
-	organization • 0.					
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If "Yes," complete Form 8886-T	40e	•	Х		
41	List the states with which a copy of this return is filed WA					
42 a	The organization's books are in care of ▶ Greg Carras Telephone no ▶ 360-70	1-1	044			
		850				
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		X		
	If "Yes," enter the name of the foreign country					
	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					
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				
			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		Х		
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	Х		
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	Х		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation					
	ın Schedule O	440				
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X		
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section					
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<u> </u>	<u> </u>		
		Form 9	90-EZ	(2013)		

orm 990-EZ (2	<u> 2013) John L. Sullivan Ministri</u>	.es		<u> 26-2497(</u>) 7 <u>8</u>	ļ	Page 4
•						Yes	No
	ganization engage, directly or indirectly, in political campaign activitie	es on behalf of or in opposition	n to candidates for p	ublic office?			
	omplete Schedule C, Part I				46	_	<u>X</u>
	Section 501(c)(3) organizations only			50 154			
	All section 501(c)(3) organizations must answer questions 47	·	e the tables for line	es 50 and 51.			
	Check if the organization used Schedule O to respond to any	question in this Part VI			$\overline{}$	Yes	No
17 Did the er	ganization engage in lobbying activities or have a section 501(h) elec	ation in officet during the tay w	aar2 if "Vac " complet	sch C Partii	47	163	X
	anization engage in loopying activities of have a section 301(ii) election a school as described in section 170(b)(1)(A)(ii)? If "Yes," or		car in 165, complet	o son o, rantin	48		X
-	rganization make any transfers to an exempt non-charitable related or			<u> </u>	49a		X
	ras the related organization a section 527 organization?	igamzation ·		<u> </u>	49b		
	this table for the organization's five highest compensated employees	s (other than officers, director	s, trustees and kev er	nolovees) who ea		eived i	nore
	0,000 of compensation from the organization. If there is none, enter "I		-,	, ,,,,,			
	(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefits	. (e)	Estim	ated
		per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	1	unt of	
	NONE	position	·	plans, and deferred compensation	, cor	npens	ation
					1		
		_					
					↓		
		1	1				
		1					
					<u> </u>		
51 Complete	nber of other employees paid over \$100,000 this table for the organization's five highest compensated independe ion. If there is none, enter "None"	ent contractors who each rece	ived more than \$100	,000 of compensa	ation fr	om the)
	lame and business address of each independent contractor	(b)	Type of service	(c)	Compe	nsatio	<u> </u>
							
	- Anna						
							
d Total num	nber of other independent contractors each receiving over \$100,000		•				
	rganization complete Schedule A? Note All section 501(c)(3) organiz	zations and 4947(a)(1) nonex	empt	-			
charitable	trusts must attach a completed Schedule A			▶ 🖸	X Ye	s \square	No
Under penalties of	of penjury, I declare that I have examined this return including accompanying sche parer (other than officer) is based on a subformation of which preparer has any known	edules and statements, and to the l	pest of my knowledge and	belief, it is true, cor	rect, an	comp	lete
0.00				5/9/1	4		
Sign /	Signature of officer			Date	1		
Here	Greg Carras, Treasurer						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			
Paid		Ctor	self- emplo	· 1			
Preparer	David A. Coates, CPA	1000 VY 1/29	9/14	P00			
Use Only	Firm's name ▶ Frost & Company, P.S.		Firm's Elf				
Too Only	Firm's address ▶ P O Box 7609		Phone no	(360)	<u> 786</u>	- 80	80
	Olympia, WA 98507-760)9		···	2 1		
May the IRS di	scuss this return with the preparer shown above? See instructions			▶ <u>L</u> ;	Ye		<u>No</u>
					arm Q	an-F7	(2013)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number Name of the organization 26-2497078 John L. Sullivan Ministries Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The 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)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 public described in 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, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated c Type III · Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 9 Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iv) is the organization (vi) Is the (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col in col (i) listed in your organization in col (described on lines 1-9 support organization (i) organized in the governing document? (i) of your support? above or IRC section US? (see instructions)) Yes Yes **Total**

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

	edule A (Form 990 or 990-EZ) 2013 art II- Support Schedule for C (Complete only if you checked	the box on line	5, 7, or 8 of Part I o	or if the organization			
	fails to qualify under the tests	listed below, ple	ase complete Part	III.)	_		
Se	ction A. Public Support				·	· · · · · · · · · · · · · · · · · · ·	,.
Cale	indar year (or fiscal year beginning in) 🕨 📙	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	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	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ► 🏻	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			<u> </u>	<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			ļ			
10	Other income. Do not include gain			1	1		
	or loss from the sale of capital						ļ
	assets (Explain in Part IV.)			ļ	ļ		
11	Total support. Add lines 7 through 10				<u> </u>	<u> </u>	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop						▶
	ction C. Computation of Publi					Т	
14	Public support percentage for 2013 (ii	ne 6. column (f)	divided by line 11.	column (f))		14	9

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		9
	, some support personnel of the control of the cont			
	Dublic augment percentage from 2012 Schodule A. Part II. line 14	15	ı	9

15 Public support percentage from 2012 Schedule A, Part II, line 14

16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	▶
1.00 4/00/	

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

100% of the part of sixty and sixty and the stop of the part of the

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude 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	1					
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513			_			
4 Tax revenues levied for the organ-						
ization'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 1, 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 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		<u> </u>				<u> </u>
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	J			- 		▶□
Section C. Computation of Publ	c Support Pe	ercentage				
15 Public support percentage for 2013 (I			column (f))		15	9/
16 Public support percentage from 2012					16	9/
Section D. Computation of Inves			·			
17 Investment income percentage for 20					17	9/
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2013. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2012. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						▶□
23 Private logituation. If the organization	C.C. HOL DINGER		.,,		hedule A (Form 9)	90 or 990-EZ) 201

1111 990 OL 990-I	EZ) 2013 JOH	<u>п ь. su</u>	TITVall I	<u>Ministri</u>	.es		<u> 26-249707</u>	8 Page
upplementa	l Information	1. Provide the	explanations r	equired by Par	t II, line 10; Par	t II, line 17a or 1	7b, and Part III, lin	e 12.
so complete thi	s part for any ad	ditional inforn	nation (See ins	tructions).		<u> </u>		
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	applementa io complete this	applemental Information to complete this part for any additional to the second	Jpplemental Information. Provide the complete this part for any additional information.	Jpplemental Information. Provide the explanations recomplete this part for any additional information. (See instance)	upplemental Information. Provide the explanations required by Paraso complete this part for any additional information. (See instructions).	ipplemental Information. Provide the explanations required by Part II, line 10; Par io complete this part for any additional information. (See instructions).	ipplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 to complete this part for any additional information (See instructions).	upplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line to complete this part for any additional information. (See instructions).

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No 1545-0047 Open to Public Inspection

Name of the organization

John L. Sullivan Ministries

Employer identification number 26-2497078

John L. Sullivan Ministries	20-2497070
Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
Interest income	11.
Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilitie	es, and Maintenance:
Description of Expenses:	Amount:
Depreciation	2,995.
Other Expenses	384.
Total to Form 990-EZ, line 14	3,379.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Bank service charges	742.
Contributions	17,885.
Housing allowance	25,800.
Travel, meals and entertainment	6,561.
Office expense	1,074.
Program supplies	659.
Automobile expenses	2,549.
Total to Form 990-EZ, line 16	55,270.
Form 990-EZ, Part II, Line 24, Other Assets:	
Description Beg.	of Year End of Year
Other Depreciable Assets	4,572. 25,645.

Form 990-EZ, Part III, Primary Exempt Purpose - Provides an ordained

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

Schedule O (Form 990 or 990-EZ) (2013)

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Employer identification number 26-2497078

John L. Sullivan Ministries	26-2497078
minister to provide pastorial services to Zihuatanejo, Me	xico and
surrounding areas. Teaching children English and the Bib	le. Provide
outreach to all needy people.	
Form 990-EZ, Part III, Line 30, Program Service Accomplis	hments:
Three ongoing programs teaching children English and the	
Bible. Two programs were combined into one program and	
another program was started. Also one of these programs	
has been combined into a community church.	
Form 990-EZ, Part V, Information Regarding Personal Benef	it Contracts:
The organization did not, during the year, receive any fu	nds, directly,
or indirectly, to pay premiums on a personal benefit cont	ract.
The organization, did not, during the year, pay any premi	ums, directly,
or indirectly, on a personal benefit contract.	