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Form 990-PF

# EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

A Employer Identification number   A Employer Ide	For	calen	dar year 2014 or tax year beginning		, and en	ding		
Comparison and exercise to the section of the comparison of the	Nar	ne of	foundation				A Employer identification	number
Section 49 continues	T	ΗE	PAUL AND KAREN SULLIVA	N FAMILY				
SATURIAN PLACE	C	HA	RITABLE FOUNDATION				45-6965012	
City or from, Sate or province, country, and 2/P or foreign possial code  RATLUIA, HI 96734 6 Cheek all bad sppy: Instal return And the state of the	Nun	iber a	nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
Section 4947(a)(1) nonexempt characters trust and other sections 507(b)(1)(b), check here   1 model return of a former public charity   Amended return   Amen	_					·	(808) 261-	1948
India Ireturn   India Ireturn   Amended return   Remains   Remai				ostal code			C If exemption application is pe	ending, check here
Final return				Initial return of a fo	ormer public ch	narıtv	D 1. Foreign organizations	. check here
Address change   Name change   Name change   Section 50 (10/3) exempt private foundation   Section 4947(2)(1) nonexempt charitable trust   Other travable private foundation   Fill private foundation status was tensor of the following the			''''		, , , , , , , , , , , , , , , , , , ,			
Check type of organization:   X   Section 50 (k/s) exempt private foundation     Section 4947(a)(1) nonexempt charable trust   Other travable private foundation     Tam market value of all assets at end of year   J   Accounting method:   X   Cash   Accrual     If the foundation is an a 6-month on since the first of the first o			<b>=</b> '				2. Foreign organizations med	eting the 85% test,
Section 4947(a)(1) nonexempt charable trust	H C	heck						
Filt the foundation is in a 60-month termination under section 507(b)(1)(8), check here	$\ddot{\Box}$	_			ation		•	
Contributions, gits, grants, etc., received   The functions of virtual to a successor for the function of the functions of	LE			<del> </del>		ıal	, , , ,	•
Part     Analysis of Revenue and Expenses   (a) Adjusted net   (a) Adjusted net   (b) Net investment   (c) Adjusted net   (c)			·			iui		
Part			111 452 (Part I. colu	mn (d) must be on cash l	basis )			(D), CHOCK HOLE
The totals of amoratine in coloratine (b) (c), and (c) may not expresses per books  1 Contributions, gifts, grants, etc., received 2 Chee-Big interest to awongs and temporary 3 interest on awongs and temporary 4 Dividends and interest from securities 5 Gross rents 5 Gross rents 6 She less rent or (c) awong and expresses and expresses as a section of the less than 1 to the			Analysis of Revenue and Expenses	T		roctmont	(a) Adjusted not	(d) Disbursements
1 Contributions, gifts, grants, etc., received 2 Cinces			(The total of amounts in columns (b), (c), and (d) may not					for charitable purposes
Check		1	<del></del>	75 000	,			(Seas i Sasis Silly)
Interest on savings and temporary   18.   18.   18.   STATEMENT 1				, 5, 0001				
Page 20   Page 30   Page		_	Interest on savings and temporary	18		1 8	12	STATEMENT 1
Sa Gross rents   Do Not rental income or (loss)		l .					10.	
Day   Net rental microma or (loss)   6a Net gain or (loss) from sale of assets not on line 10   10   10   10   10   10   10   10								
Section   Control   Cont								<u> </u>
		١ ـ	` ´ <del> </del>					
Net snort-refr capital gain   9   Income modifications   10a and allowances	ë	١.	Gross sales price for all					
Net snort-refr capital gain   9   Income modifications   10a and allowances	Ven				<u> </u>	0.		
9 Income modifications 100 and allowances and disbursements 200 Occupancy 2 Printing and publications 2 Contributions, gifts, grants paid 2 17, 100 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0	8							
10a and allowances			· · · · · · · · · · · · · · · · · · ·					
b Less Cost of goods sold c Gross profit or (loss)  11 Other income 12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 2 c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses and disbursements. Add lines 24 and 25 18, 409.  20 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (frequative, enter-0-)  18.			Gross sales less returns					
C Gross profit or (loss)								
11 Other income   12   Total. Add lines 1 through 11   75,018.   18.   18.   18.								
12   Total Add lines 1 through 11   75,018.   18.   18.								
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees C Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  15 Pension plans, employee benefits 16 Legal fees 17 J 10 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0				75.018.		18.	18.	
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  18.	_		······································					0.
15 Pension plans, employee benefits 16a Legal fees b Accounting fees T Interest 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  1 1, 309. 1,							-	
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b Accounting fees STMT 2 1,309. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Se				· · · · · · · · · · · · · · · · · · ·			
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26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  17,100.  17,100.  17,100.	Ä		•					
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26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  17,100.  17,100.  17,100.	Ë		-		∑ So.	JUN :		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  17,100.  17,100.  17,100.	Ad	21			:			
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26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  17,100.  17,100.  17,100.	lg a				<u> </u>	·		
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  17,100.  17,100.  17,100.	atin	24	•					
26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	per			1,309.		0.	0.	0.
26 Total expenses and disbursements. Add lines 24 and 25	ō	25		17,100.				17,100.
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  18.						•		
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  18.			-	18,409.		0.	0.	17,100.
b Net investment income (if negative, enter -0-)		27	Subtract line 26 from line 12:					
b Net investment income (if negative, enter -0-)		a	Excess of revenue over expenses and disbursements	56,609.				
						18.		
		C	Adjusted net income (if negative, enter -0-)				18.	

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2014)

סמער	TTARLE	EUINID.	$\Delta$ $\Phi$ $T$ $\Omega$ $D$

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Гр	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
<u>-</u>	qı ı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	54,843.	111,452.	111,452.
	2	Savings and temporary cash investments		" -	
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶	1		
	5	Grants receivable			-
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
¥		Investments - U.S. and state government obligations			
		Investments - corporate stock			
	1	Investments - corporate bonds			
		Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation	1		
	12	Investments - mortgage loans		<u> </u>	
		Investments - other	<del></del>		<u> </u>
	1	Land, buildings, and equipment basis			
	''	Less accumulated depreciation			
	15	Other assets (describe STATEMENT 3)	0.	0.	0.
		Total assets (to be completed by all filers - see the		0.	<del></del>
	"	Instructions. Also, see page 1, item i)	54,843.	111,452.	111,452.
_	17	Accounts payable and accrued expenses	34,043.	111,432.	111,452.
		Grants payable			
,a	19	Deferred revenue			
Liabilities	20				
Ē	21	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable			
Ë	1	Other liabilities (describe )			
	122	Other Habilities (describe			
	22	Total liabilities (add lines 17 through 22)	0.	0.	•
_	23	Foundations that follow SFAS 117, check here	0.	0.	
		•		,	
S	24	and complete lines 24 through 26 and lines 30 and 31.			
ğ		Unrestricted Tomography contracted			
la la	25	Temporarily restricted			
B	26	Permanently restricted  Foundations that do not follow SFAS 117, check here	·		
Ē					
Net Assets or Fund Balance	27	and complete lines 27 through 31.		0	
ets	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	54,843.	111,452.	
et /	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	54,843.	111,452.	
		Total linkills and ask assats found below.	E4 042	111 450	
_	31	Total liabilities and net assets/fund balances	54,843.	111,452.	<del></del>
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	· ·	
		riet assets or fund balances at beginning of year - Part II, column (a), line it agree with end-of-year figure reported on prior year's return)	JU		EV 0V3
		amount from Part I, line 27a		. 1	54,843.
		r increases not included in line 2 (itemize)	• ••	. 2	56,609. 0.
		lines 1, 2, and 3	<del></del>	3	111,452.
		eases not included in line 2 (itemize)		4	
			olumn (h) line 20	5	111,452.
6	ruidi	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumni (u), line 30 .	6	Form <b>990-PF</b> (2014)

	RITABLE FOUNDAT		. Imaarra			4	15-696	5012	Page 3
	and Losses for Tax on ribe the kind(s) of property sold (	<del></del>	income	<b>(b)</b> Ho	w acquired Purchase	(c) Date	acquired	(d) Dat	e sold
	rehouse; or common stock, 200			D-0	'urchase Donation		day, yr.)	(mo., da	
la									
b NO	NE							-	
<u>c</u>				ļ					
<u>d</u>	<del>_</del>			<u> </u>					
<u>e</u>	(0.D	1 (10)		<u> </u>		- (1)			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) us (f) minus (		
<u>a</u>									
<u>b</u>									
d						<del></del>			
e		-		_					
	ng gain in column (h) and owned	by the foundation	on 12/31/69	-		(I) Gains (	(Col. (h) gain	miniis	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any			òl. (k), but	t not less than s (from col. (	n -0-) <b>or</b>	
a	,			$\neg \uparrow$			-		
b									
C		1							-
d									
e									
2 Capital gain net income or (net ca	upital loss) { If gain, also e If (loss), ente	nter in Part I, line r -0- in Part I, line	7 7	}	2				
Net short-term capital gain or (los	ss) 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  Part V   Qualification U	Inder Section 4940(e)	ton Doduced	Tay on No		3				
f section 4940(d)(2) applies, leave the Nas the foundation liable for the sec f "Yes," the foundation does not qua	tion 4942 tax on the distributable			eriod?				Yes	X No
1 Enter the appropriate amount in	each column for each year; see th	ne instructions be	fore making any e	entries.				-	
(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying	distributions	Net value of no	(c) oncharita	ible-use asse	ts	Dıstrıb (col. (b) dıv	(d) oution ratio vided by col	. (c))
2013		5,000.				0.			0000
2012		5,000.				0.		.0	0000
2011									
2010									
2009	<u></u>						<del> </del>		
2 Total of line 1, column (d)						2		.0	0000
3 Average distribution ratio for the the foundation has been in existe		tal on line 2 by 5,	or by the number	r of years	S	3		. 0	0000
4 Enter the net value of noncharitat	ole-use assets for 2014 from Part	t X, line 5				4			
5 Multiply line 4 by line 3						5			0
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6			0
7 Add lines 5 and 6	· · · · ·					7			0
	<b></b>	•				·	1	4 0	
B Enter qualifying distributions from	•					. 8		17	,100
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI,	line 1b, and comp	lete that part usir	ng a 1%	tax rate.				

## THE PAUL AND KAREN SULLIVAN FAMILY

	n 990-PF (2014) CHARITABLE FOUNDATION		6965			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	r 4948	- see	nstru	ctior	1S)
18	à Exempt operating foundations described in section 4940(d)(2), check here ▶ 📖 and enter "N/A" on line 1.					-
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		1			
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1				0.
	of Part I, line 27b					
(	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		1			i
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
ä	a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a					i
t	Exempt foreign organizations - tax withheld at source					1
(	Tax paid with application for extension of time to file (Form 8868)	7]				
(	1 Backup withholding erroneously withheld 6d					i
7	Total credits and payments. Add lines 6a through 6d	7	-	•- •		0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10				
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax	<b>▶</b> 11				
Pa	art VII-A Statements Regarding Activities					
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	ene in			Yes	No
	any political campaign?			1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defini	tion)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi	shed or				
	distributed by the foundation in connection with the activities					:
(	Did the foundation file Form 1120-POL for this year?			1c		X
(	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$	).				,
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					,
	managers. ▶ \$ 0 •					!
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
48	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
t	olf "Yes," has it filed a tax return on Form 990-T for this year?	ı	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					ı
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	tate law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part	XV		7	X	
88	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					
	HI					
t	olf the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for	calendar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

Form **990-PF** (2014)

# THE PAUL AND KAREN SULLIVAN FAMILY

	990-PF.(2014) CHARITABLE FOUNDATION	45-6965	012	F	<sup>2</sup> age <b>5</b>
Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	rrvileges?			
	If "Yes," attach statement (see instructions)		12	i	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A				
14	The books are in care of ▶ PAUL D. SULLIVAN Telephone no.	▶(808)	261-	-19	48
	Located at ▶53 KAILUANA PLACE, KAILUA, HI	ZIP+4 ▶96	734		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the year	15	N/	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16	ļ	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name	e of the			
	foreign country			- 1	1
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		<u> </u>	1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	es X No	1 1		i
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1 1		į
	a disqualified person?	'es X No	1	- 1	Í
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	'es 🗶 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	es X No	1 1	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available				1
	for the benefit or use of a disqualified person)?	es X No	1 1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				,
		es X No	1 1	- 1	t t
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1 1	- 1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		_
	Organizations relying on a current notice regarding disaster assistance check here	ightharpoons			
C	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 2014?		10	- 1	X
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)):				
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ng			
	before 2014?	'es X No	í l		
	If "Yes," list the years > , , , , ,				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	:t			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac	n			
	statement - see instructions.)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	<b>&gt;</b>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	'es 🔲 No		I	
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons at	ter		1	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to (				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule (	-		į	
	Form 4720, to determine if the foundation had excess business holdings in 2014.)		3ь		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e that	$\Box$		
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b	1	X

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Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be F	<b>lequirea</b> (contint	ıed)		
5a During the year did the foundation pay or incur any amount to:					$T^{-}$
`(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); (	or to carry on, directly or indire				1 !
any voter registration drive?			s X No		1 !
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Ye	s X No		1.
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				1
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f				,
the prevention of cruelty to children or animals?		Ye	s X No		1 '
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	Į	.	1 ,
section 53.4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check l	nere				Ţ ,
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption (	from the tax because it maintai	ned			
expenditure responsibility for the grant?	N	'/A Ye	s No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		ļ.	ł	;
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		1 .
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			Γ		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	l	í
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	nagers, Highly	1		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their					
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex	cpense nt, other
``	to position	enter -0-)	and deferred compensation	allow	ances
PAUL D. SULLIVAN	CO-TRUSTEE				
53 KAILUANA PLACE	]				
KAILUA, HI 96734	1.00	0.	0.		0.
KAREN L. SULLIVAN	CO-TRUSTEE				
53 KAILUANA PLACE					
KAILUA, HI 96734	1.00	0.	0.	1	0.
TOM SULLIVAN	DIRECTOR				
53 KAILUANA PLACE					
KAILUA, HI 96734	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those in	· · · · · · · · · · · · · · · · · · ·	enter "NONE."	(4)	1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	opense nt, other ances
	devoted to position	(0)	compensation	allow	ances
NONE					
	1			1	
	]				
		<u> </u>			
Total number of other employees paid over \$50,000			<b></b>		0
-			Form	990-PI	(2014)

## THE PAUL AND KAREN SULLIVAN FAMILY

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>D</b> 0
Part IX-A Summary of Direct Charitable Activities		-
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the duced, etc.	Expenses
2		
3		
4		
Part IX-B   Summary of Program-Related Investments	<u></u>	
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.  3		

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Total. Add lines 1 through 3

5 –	69	65	01	2	Page	8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndatio	ns, see instructions )
<del>1</del>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;	Γ	
	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	0.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
	Minimum investment return. Enter 5% of line 5	6	0.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certa	ain
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	income tax for 2014. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
Pa	rt XII Qualifying Distributions (see instructions)		
1 .	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	17,100.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 .	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3Ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	17,100.
5	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ncome. Enter 1% of Part I, line 27b	5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17,100.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifie	s for the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				0.
2 Undistributed income, if any, as of the end of 2014			· - · · · · · · · · · · · · · · · · · ·	
a Enter amount for 2013 only			0.	
b Total for prior years:				
, ,		0.		ı
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
<b>b</b> From 2010				
c From 2011				
dFrom 2012 5,000.				
e From 2013 5 , 000 .				
f Total of lines 3a through e	10,000.	_		
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 17,100.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</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 2014 distributable amount				0.
e Remaining amount distributed out of corpus	17,100.			
5 Excess distributions carryover applied to 2014 (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	27,100.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
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		0.		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	27,100.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012 5 , 000 .				
d Excess from 2013 5,000.				
e Excess from 2014 17,100.				
23581 11-24-14				Form <b>990-PF</b> (2014)

THE PAUL AND KAREN SULLIVAN FAMILY CHARITABLE FOUNDATION Form 990-PF (2014) 45-6965012 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 2014, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2014 (b) 2013 (c) 2012 (d) 2011(e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities 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(i)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see 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 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🔣 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 or e-mail address 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:

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution Name and address (home or business) any foundation manager recipient or substantial contributor a Paid during the year DETROIT CATHOLIC CENTRAL HIGH SCHOOL 501(C)3 EDUCATION-THE PAUL '61 27225 WIXOM ROAD AND KAREN SULLIVAN NOVI MI 48374 FAMILY CHARITABLE FOUNDATION SCHOLARSHIP IS AWARDED BASED UPON 5,000. THE CARTER CENTER 501(C)3 HUMANITARIAN-THE ONE COPENHILL 453 FREEDOM PARKWAY CARTER CENTER HAS ATLANTA, GA 30307 HELPED TO IMPROVE LIFE FOR PROPUR IN 80 COUNTRIES BY RESOLVING 5,000. TEACH FOR AMERICA - HAWAII 501(C)3 TO BUILD THE MOVEMENT 500 ALA MOANA BOULEVARD, SUITE 3-400 TO ELIMINATE HONOLULU, HI 96813 EDUCATIONAL INEQUITY BY ENLISTING OUR NATION'S MOST 1,000. WORLD ASSISTANCE FOR CAMBODIA 501(C)3 CONTRIBUTION TOWARD 4-1-7-605, HIROO, SHIBUYA-KU SUPPORT OF THE TOKYO, JAPAN 150-0012 BEATRICE & RALPH LAU SCHOOL IN CAMBODIA. 1,000. GLOBAL GOODS PARTNERS 501(C)3 TO SUPPORT THE MAASAI 115 WEST 30TH STREET, SUITE 400 WOMEN DEVELOPMENT NEW YORK, NY 10001 ORGANIZATION (MWEDO) IN TANZANIA. 1,000. CONTINUATION SHEET(S) SEE Total ▶ 3a 17,100. **b** Approved for future payment THE CARTER CENTER 501(C)3 HUMANITARIAN-THE ONE COPENHILL, 453 FREEDOM PARKWAY CARTER CENTER HAS ATLANTA, GA 30307 HELPED TO IMPROVE LIFE POR PEOPLE IN 80 COUNTRIES BY RESOLVING 5,000. Total 5,000. **▶** 3b

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Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided 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
•			10000		
	<del></del>		1		
			1		
·			<del> </del> -		
			+		
f		<del></del>	+		
g Fees and contracts from government agencies	<del>.                                      </del>		+		
! Membership dues and assessments	' <del></del>		+		
Interest on savings and temporary cash			+		
investments					18
Dividends and interest from securities		<u> </u>	$\vdash$		
Net rental income or (loss) from real estate:			+		
a Debt-financed property	<del></del>		<del>  -</del>		
b Not debt-financed property	<del></del>		+		
Net rental income or (loss) from personal	<u> </u>	<u>-</u> .	+		
property					
Other investment income	<del> </del> -		+		
Gain or (loss) from sales of assets other	<del></del>		+		<del> </del>
than inventory					
Net income or (loss) from special events			+		
Gross profit or (loss) from sales of inventory	<del></del>		+		
Other revenue:		<u> </u>	+		
a					
b			+		- · ·
			+		
^		i			
· ·					
C			<u> </u>		
c d		0.		0.	18
c d e Subtotal. Add columns (b), (d), and (e)		0.	•	0.	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	ations.)	0.	,		
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculate.			•	13	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			•	13	18 18
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculated and the columns (b).  Part XVI-B Relationship of Activities	vities to the Acc	omplishment of E	xemp	13 ot Purposes	18
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	-PF (2014) CHARI	AUL AND KAREN TABLE FOUNDATE	ION			45-6965012		age 13
Part X	Information Re Exempt Organ	egarding Transfers To nizations	o and Transact	tions an	id Relationships With	1 Noncharitable	ə	
1 Did		rectly engage in any of the follo	wing with any other o	rganization	described in section 501(c) of		Yes	No
		:)(3) organizations) or in section			· ·		T	
<b>a</b> Trar	isfers from the reporting found:	lation to a noncharitable exempt	t organization of:				_ '	]]
(1)	Cash					1a(1)	<u>                                     </u>	X
(2)	Other assets					1a(2)	'	X
	er transactions:						.[!	
(1)	Sales of assets to a noncharita	ble exempt organization				1b(1)	<u>/</u> '	X
(2)	Purchases of assets from a no	ncharitable exempt organization	n			1b(2)	Д'	X
(3)	Rental of facilities, equipment,	or other assets				1b(3)		X
(4)	Reimbursement arrangements	;				1b(4)		X
(5)	Loans or loan guarantees					1b(5)	_	X
		embership or fundraising solicit				1b(6)	<u>/'</u>	X
		ailing lists, other assets, or paid				10	<u> </u>	X
	· ·	Yes," complete the following s					sets,	
		foundation. If the foundation rec		arket value	in any transaction or sharing a	rrangement, show in		
		other assets, or services receive			*			
(a)Line no	(b) Amount involved		table exempt organizati	ion	(d) Description of transfers, tra	ansactions, and sharing ar	Tangeme	ents
		N/A	<u>A</u>					
					ļ			
		<u> </u>						
		<u> </u>						
	Ţ							
ın se		ctly affiliated with, or related to, or er than section 501(c)(3)) or in s nedule.		pt organizat	itions described	Yes	X	☐ No
	(a) Name of org		(b) Type of orga	nization	(c) Description	on of relationship		
•	N/A							
-								
		-						
		-						
		<del></del>	+	$\overline{}$				
$\overline{}$	Under penalties of parjury, I declare	that I have examined this return, incl	luding accompanying sch	edules and st	tatements, and to the best of my kno	owledge May the IRS	discuss	this
Sign Here	and belief, it is the correct, and con	entre to Sectaration of preparer (other	er than taxpayer) is based of		CO-TRUSTEE	return with the shown below	he prepar v (see ins	arer

Phone no. 808-531-3400 Form **990-PF** (2014)

P00037058

Firm's EIN ► 20-5325889

Paid

Preparer

**Use Only** 

STE. 1900

Preparer's signature

Signature of officer or trustee

Print/Type preparer's name

ACCUITY LLP

Firm's name ► ACCUITY LLP

Firm's address ▶ 999 BISHOP STREET,

HONOLULU, HI 96813

Check

self- employed

Title

JUN - 4 2015

Date

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 ·

OMB No 1545-0047

Name of the organization

THE PAUL AND KAREN SULLIVAN FAMILY CHARITABLE FOUNDATION

**Employer identification number** 

45-6965012

Organiz	ation type (check or	16).
Filers of	:	Section:
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	□ 527 political organization □ 4947(a)(1) nonexempt chantable trust treated as a private foundation □ 4947(a)(1) nonexempt chantable trust treated as a private foundation □ 501(c)(3) taxable private foundation □ ck if your organization is covered by the General Rule or a Special Rule. □ ce. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions □ a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions □ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	· ·	
General	Rule	
X		
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE PAUL AND KAREN SULLIVAN FAMILY CHARITABLE FOUNDATION

**Employer identification number** 

45-6965012 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL D. & KAREN L. SULLIVAN  53 KAILUANA PLACE  KAILUA, HI 96734	\$75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b> \$</b>	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions) 990. 990-EZ, or 990-PF) (2014

Name of organization

Employer identification number

# THE PAUL AND KAREN SULLIVAN FAMILY CHARITABLE FOUNDATION

45-6965012

D 4 11	Managal Dagas	(see instructions). Use duplicate copies of Part II if additional space is needed.
Dart II	Noncash Probem	( (coo instructions). He aduplicate conies of Part II if additional space is pooded
rastii :	140110uSII I IODCI U	- 13CC IIISTIUCTIONS). USE UUDIICATE CODICS OF FAIT II II AUDITIONAL SDACE IS NECUCU.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
423453 11-05	5-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

Name of org		PANTIV	Employer identification number
	AUL AND KAREN SULLIVAN TABLE FOUNDATION	RAMILY.	45-6965012
Part III	Exclusively religious, charitable, etc., continue year from any one contributor. Complete	ributions to organizations described i	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or I	less for the year (Enterthis info once)
(a) No.	Use duplicate copies of Part III if addition	al space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
raiti			
}		(a) Transfer of eift	
:		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		· · · · · · · · · · · · · · · · · · ·	
ŀ		(e) Transfer of gift	
		(e) transier or gift	,
ļ	Transferee's name, address, a	Relationship of transferor to transferee	
		·	·
	<del></del>		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
}		(e) Transfer of gift	
		(c) Transier or give	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 601 (1)			
!			
}		(e) Transfer of gift	<b>I</b>
		(2)ioioi oi girt	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
			<del></del>

# THE PAUL AND KAREN SULLIVAN FAMILY CHARITABLE FOUNDATION

45-6965012

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
IVING CLASSROOMS FOUNDATION		501(C)3	- TO SUPPORT GEM	
302 S. CAROLINE STREET	Į.		(GIRLS' EMPOWERMENT	
BALTIMORE, MD 21231			MISSION) PROGRAM WHICH	
			IS DEDICATED TO	
			IMPACTING THE LIVES OF	1,100
TEACH FOR ALL		501(C)3	TO EXPAND EDUCATIONAL	
315 WEST 36TH STREET 8TH FLOOW			OPPORTUNITY FOR	
NEW YORK, NY 10018			CHILDREN AROUND THE	
·			WORLD.	1,000
HONOLULU POLICE COMMUNITY FOUNDATION		501(C)3	FOSTERING THE	
		P01(C/3	l i	
6650 HAWAII KAI DRIVE, SUITE 250			RELATIONSHIP BETWEEN	
HONOLULU, HI 96825			THE HONOLULU POLICE	
			DEPARTMENT AND THE	
			COMMUNITY;	2,000
	<del></del> -			
	<u> </u>			
		<del>-</del>		
		1		
Total from continuation sheets		<u> </u>		4,100
TOTAL HOW COMMUNATION SHEETS				4,100

## Part XV. Supplementary Information

3a ,Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - DETROIT CATHOLIC CENTRAL HIGH SCHOOL

EDUCATION-THE PAUL '61 AND KAREN SULLIVAN FAMILY CHARITABLE FOUNDATION

SCHOLARSHIP IS AWARDED BASED UPON FINANCIAL NEED. PREFERENCE IS GIVEN

TO A MINORITY STUDENT.

NAME OF RECIPIENT - THE CARTER CENTER

HUMANITARIAN-THE CARTER CENTER HAS HELPED TO IMPROVE LIFE FOR PEOPLE IN

80 COUNTRIES BY RESOLVING CONFLICTS; ADVANCING DEMOCRACY AND HUMAN

RIGHTS; PREVENTING DISEASES; AND IMPROVING MENTAL HEALTH CARE.

NAME OF RECIPIENT - TEACH FOR AMERICA - HAWAII

TO BUILD THE MOVEMENT TO ELIMINATE EDUCATIONAL INEQUITY BY ENLISTING OUR NATION'S MOST PROMISING FUTURE LEADERS IN THE EFFORT.

NAME OF RECIPIENT - LIVING CLASSROOMS FOUNDATION

- TO SUPPORT GEM (GIRLS' EMPOWERMENT MISSION) PROGRAM WHICH IS

DEDICATED TO IMPACTING THE LIVES OF ECONOMICALLY DISADVANTAGED GIRLS

WHO HAVE LIMITED ACCESS TO PERSONAL ENRICHMENT OR HIGHER EDUCATION

ASSISTANCE.

NAME OF RECIPIENT - HONOLULU POLICE COMMUNITY FOUNDATION

FOSTERING THE RELATIONSHIP BETWEEN THE HONOLULU POLICE DEPARTMENT AND

THE COMMUNITY; STRENGTHENING THE SERVICES, ORGANIZATION AND PERFORMANCE

OF THE HONOLULU POLICE DEPARTMENT FOR THE BENEFIT OF ALL PERSONS

RESIDING IN THE CITY AND COUNTY OF HONOLULU; AND ADVANCING THE

EDUCATION OF OUR YOUTH AND THE COMMUNITY.

# THE PAUL AND KAREN SULLIVAN FAMILY CHARITABLE FOUNDATION

45-6965012

Part XV. Supplementary Information
3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - THE CARTER CENTER
HUMANITARIAN-THE CARTER CENTER HAS HELPED TO IMPROVE LIFE FOR PEOPLE IN
80 COUNTRIES BY RESOLVING CONFLICTS; ADVANCING DEMOCRACY AND HUMAN
RIGHTS; PREVENTING DISEASES; AND IMPROVING MENTAL HEALTH CARE.

FORM '990-PF INTEREST ON SAVIN	IGS AND	TEM	PORARY	CASH	IN	VESTMENTS	STATEMEN	т 1
SOURCE		(A) REVENUE PER BOOKS				VESTMENT	NET INCOME	
MORGAN STANLEY					18.			
TOTAL TO PART I, LINE 3		18.		18.		18.		
FORM 990-PF	ACCOU	JNTI	NG FEES	3			STATEMEN	т 2
DESCRIPTION	(A) EXPENSI PER BOO	es Oks	(I NET II MENT I	3) NVEST INCOM	- <b>E</b>	(C) ADJUSTEI NET INCOM	(D CHARI ME PURP	) TABLE OSES
ACCOUNTING FEES	1,3	309.	,		0.		0.	0.
TO FORM 990-PF, PG 1, LN 16B	1,3	309.			0.		0.	0.
FORM 990-PF	ОТІ	HER I	ASSETS	<u> </u>			STATEMEN	т 3
DESCRIPTION	BI YR	EGIN BOO	NING OI K VALUI	F E	ND BOO	OF YEAR K VALUE	FAIR MAR VALUE	
INVESTMENT IN JTR ENTERPRISES	rrc		(	<del>.</del>		0.		0.
TO FORM 990-PF, PART II, LINE	15		(	  		0.		0.
	PART XV						STATEMEN	т 4

NAME OF MANAGER

PAUL D. SULLIVAN KAREN L. SULLIVAN