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# EXTENDED TO NOVEMBER 15, 20 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.

► Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

For	cale	ndar year 2015 or tax year beginning		, and ending	
Na	me o	of foundation			A Employer identification number
E	&M	SULLIVAN FAMILY FOUR	NDATION, INC.		81-0925377
_		and street (or P O box number if mail is not delivered to		Room/s	
_1	.70	9 A GORNTO ROAD, PMB	322		229-242-1361
		town, state or province, country, and ZIP or fore DOSTA , GA 31601	eign postal code		C If exemption application is pending, check here
		k all that apply: X Initial return	Initial return of a f	former public charity	D 1. Foreign organizations, check here
		Final return	Amended return	,	
		Address change	X Name change		Foreign organizations meeting the 85% test, check here and attach computation
H_	Chec	k type of organization: X Section 501(c)	(3) exempt private foundation		E If private foundation status was terminated
L		ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	lation	under section 507(b)(1)(A), check here
		arket value of all assets at end of year   J   Acc	<b>—</b>	Accrual	F If the foundation is in a 60-month termination
		Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)(B), check here
	<u> </u>		column (d) must be on cash	basis.)	
<u> </u>	art i	(The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investme income	ent (c) Adjusted net for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,000,000.		N/A
	2	Check I if the foundation is not required to attach Schinterest on savings and temporary	B		
	3	cash investments			
	4	Dividends and interest from securities		<del> </del>	
	5a				
		Net rental income or (loss)		<del> </del>	
ue	"	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<del></del>		
Revenue	7	assets on line 6a  Capital gain net income (from Part IV, line 2)		<del> </del>	0.
ď	8	Net short-term capital gain			
	9 10a	Income modifications Gross sales less returns and allowances			
	1 .	Less Cost of goods sold			
	C	Gross profit or (loss)			
	11	Other income			
	12	Total. Add lines 1 through 11	1,000,000.		0.
	13	Compensation of officers, directors, trustees, etc	0.	<del> </del>	0. 0.
	14	Other employee salaries and wages	ļ	<del> </del>	
es		Pension plans, employee benefits	<del></del>	<del> </del>	
Sus	I	Legal fees Accounting fees	_ <del> </del>	<del> </del>	<del> </del>
ă	1	Other professional fees	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Se E	17	Interest	:		
and Administrative Expens	18	Taxes NOV 1	8 2016 4		
ist	19	Depreciation and depletion	\$ 1 × ×		
<u> </u>	20	Occupancy			
Ϋ́	21	Travel, conferences, and meetings	1 1 9 1 9		
and	22	Printing and publications	J R 24 P - 24 P		
gu	23	Other expenses	<u> </u>		
Operating	24	Total operating and administrative	_		
o		expenses Add lines 13 through 23	0.	<del> </del>	0.
_		Contributions, gifts, grants paid	0.	<del> </del>	0.
	26	Total expenses and disbursements.	0.		00.
	27	Add lines 24 and 25 Subtract line 26 from line 12:	<del></del>		
		Excess of revenue over expenses and disbursements	1,000,000.		
	ĺ	Net investment income (if negative, enter -0-)			0.
	1	Adjusted net income (il negative enter -0.)			N/A

Form 990-PF (2015)

LHA For Paperwork Reduction Act Notice, see instructions

SCANNED NOV 2 1 2016

	111 93	90-PF (2013) F&M SULLIVAN FAMILI FOO	Beginning of year	End o	typer .
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	(a) Book value	1,000,000.	
	1	Savings and temporary cash investments		1,000,000.	2)000,000
		Accounts receivable			
	3	Less: allowance for doubtful accounts	1		
		Pledges receivable			
	"	Less: allowance for doubtful accounts	1		
	5	Grants receivable			
	1 -	Receivables due from officers, directors, trustees, and other			
	6				
	,	disqualified persons Other notes and loans receivable			
	′				
		Less: allowance for doubtful accounts		·-···	
Assets	1	Inventories for sale or use			
Ass	1	Prepaid expenses and deferred charges		<del></del>	<del></del>
		Investments - U.S. and state government obligations			
		Investments - corporate stock			
	ſ	Investments - corporate bonds			<del></del>
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
	Į.	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
		Other assets (describe			<del></del>
	16	Total assets (to be completed by all filers - see the		1 000 000	1 000 000
		instructions. Also, see page 1, item I)	0.	1,000,000.	1,000,000.
		Accounts payable and accrued expenses			
	18	Grants payable		, , , , ,	•
ies	19	Deferred revenue		<del> </del>	
Liabilities	ı	Loans from officers, directors, trustees, and other disqualified persons			
jak	ı	Mortgages and other notes payable			
_	22	Other liabilities (describe			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.		j	
Se.	24	Unrestricted			
alaı	25	Temporarily restricted .			
ã	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
ř		and complete lines 27 through 31.		_	
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ä	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,000,000.	
ž	30	Total net assets or fund balances	0.	1,000,000.	
_	31	Total liabilities and net assets/fund balances	0.	1,000,000.	
Р	art	Analysis of Changes in Net Assets or Fund B	alances		
_				Т	
		net assets or fund balances at beginning of year - Part II, column (a), line	30		^
	•	t agree with end-of-year figure reported on prior year's return)		11	0.
		amount from Part I, line 27a		2	1,000,000.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	1,000,000.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,000,000.
					Form <b>990-PF</b> (2015)

Part IV Capital Gains and Losses for Tax  (a) List and describe the kind(s) of property 2-story brick warehouse; or common stock	sold (e.g., real estate,	t income	(b)	How acquire	ed I			
1a			1 5	How acquire - Purchase - Donation	"   "	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
	<del></del>							
b NONE			$\vdash$					
C								
d								
e								
(e) Gross sales price (f) Depreciation allow (or allowable)		st or other basis expense of sale				(h) Gain or (loss) (e) plus (f) minus (		
a			_					
<u>b</u>								
C								
<u>d</u>				<del></del>				
e		40/04/00						
Complete only for assets showing gain in column (h) and ov					(I) (	Gains (Col. (h) gain k), but not less thar	minus	
(i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69		col. (I), if any		<del></del>		Losses (from col. (	((r	
a		<del></del>					<del></del>	
<u>b</u>						<del></del>		
<u>c</u>						<del></del>	<del> </del>	
<u>d</u>	<del></del>	<del></del>		- <del></del>			<del></del>	
<u>e</u>		<del></del>		<del></del>				
	lso enter in Part I, line enter -0- in Part I, line		}	2				
3 Net short-term capital gain or (loss) as defined in sections 12 if gain, also enter in Part I, line 8, column (c).	22(5) and (6):		7					
If (loss), enter -0- in Part I, line 8	(2) (2) (3)	Tay on Not		3	4 les e e			
Part V Qualification Under Section 4940	<del></del>				tinco	me		
(For optional use by domestic private foundations subject to the	section 4940(a) tax or	net investment ir	come	e.)			N/A	
If section 4940(d)(2) applies, leave this part blank.								
		_					<del></del>	
Was the foundation liable for the section 4942 tax on the distribu	• •		riod?				Yes No	
If "Yes," the foundation does not qualify under section 4940(e). D			ntrion					
1 Enter the appropriate amount in each column for each year;		tore making any e				<del></del>	/d\	
Calendar year (or tax year beginning in)  Adjusted quali	(b) fying distributions	Net value of no	(c) Inchai		ssets	Distribution ratio (col. (b) divided by col. (c))		
2014						<del> </del>	<del></del>	
2013						<del> </del>	<del></del>	
2012		<del></del>				<del> </del>		
2011		<del></del>				<del> </del>		
2010	<del></del>	<u> </u>				<del> </del>		
O. Tatal of hos 4 column (d)						1.1		
2 Total of line 1, column (d)	ha tatal an luna 0 h F	er by the avenher				2		
3 Average distribution ratio for the 5-year base period - divide t	ne total on line 2 by 5,	or by the number	oi ye	ars				
the foundation has been in existence if less than 5 years						3	<del></del>	
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5					4	<del> </del>		
5 Multiply line 4 by line 3				5				
6 Enter 1% of net investment income (1% of Part I, line 27b)				6				
7 Add lines 5 and 6						7		
8 Enter qualifying distributions from Part XII, line 4						8	<del></del>	
	tV/ log th and name	data that nest were	a a 10	V taurata		<u> </u>		
If line 8 is equal to or greater than line 7, check the box in Par See the Part VI instructions.	t vi, line 10, and comp	nete mat part usin	ya i'	n lax raie.				
523521 11-24-15			<del></del> -			F(	orm <b>990-PF</b> (201	

	1990-PF (2015) P&M SULLIVAN FAMILY FOUNDATION, INC.  Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	81- 948 ·	0925 - see i	377 nstru	ıctio	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	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).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	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.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
a	2015 estimated tax payments and 2014 overpayment credited to 2015					
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	_ 7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶	11				
	rt VII-A Statements Regarding Activities				132	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in			Yes	No
	any political campaign?			<u>1a</u>	ļ	<u>X</u>
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities					7.7
	Did the foundation file Form 1120-POL for this year?	•		1c		<u>X</u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			i		
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$					v
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u> _
	If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	-				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		!	3		<b>x</b> _
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u>x</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-1	,	5		X
	If "Yes," attach the statement required by General Instruction T.		j			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	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 state	law				
	remain in the governing instrument?		ſ	6		X
	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		Ì	7	X	
		•				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	GA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S'	<u>rmt</u>	1	10	X	

Form 990-PF (2015) P&M SULLIVAN FAMILY FOUL			<u>81-09253</u>	<u>77_</u>	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	ued)	,	
5a During the year did the foundation pay or incur any amount to:					·
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y	es X No		-
(2) Influence the outcome of any specific public election (see section 4955);		ectly,			
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	• •				- 1
4945(d)(4)(A)? (see instructions)		T y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational nurnoses, or				-
the prevention of cruelty to children or animals?	,,		es X No		ŧ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify up	Inder the excentions described	<del></del>		1	
section 53.4945 or in a current notice regarding disaster assistance (see instr		in riogulations	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check	•	• • •			_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		unod			
		<del></del>	es 🔲 No	1	
expenditure responsibility for the grant?		N/A 10	s no		
If "Yes," attach the statement required by Regulations section 53.494				ı	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		
a personal benefit contract?		L Y(	ľ		7
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		}	6b	<u> </u>
If "Yes" to 6b, file Form 8870.		٠		1	
7a At any time during the tax year, was the foundation a party to a prohibited tax		. Ц Ү	es X No		+-
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	anagers, Highly	y		
List all officers, directors, trustees, foundation managers and their		·			<del></del>
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) E	xpense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	accou	ınt, other
	to position	enter-0-)	compensation	allov	wances
PATRICK K. SULLIVAN	PRESIDENT				
1273 N.E. CHERRY LAKE CIRCLE			_		_
MADISON, FL 32340	5.00	0.	0.	· 	0.
MECHELLE SULLIVAN	_SECRETARY/TRE	EASURER			
1273 N.E. CHERRY LAKE CIRCLE		1	_	Í	
MADISON, FL 32340	5.00	0.	0.	<u></u>	0.
				ļ	
			·		
2 Compensation of five highest-paid employees (other than those in	<del>, , , , , , , , , , , , , , , , , , , </del>	enter "NONE."			
(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) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deterred compensation	allov	vances
NONE					
	1				
	]				
	1				
	1				
Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·		<b></b>		
777,77	<del> </del>		Form	990-P	F (2015)
					/

Form 990-PF (2015) P&M SULLIVAN FAMILY FOUNDATION, INC		0925377 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NO		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information and other beneficiaries served, conferences convened, research papers produced,		Expenses
N/A		
2		
}		
		•
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
N/A		
All other program-related investments. See instructions.		
An other program-related investments. See insudetions.		
otal. Add lines 1 through 3	. <b>&gt;</b>	0.
		Form <b>990-PF</b> (2015)

4940(e) reduction of tax in those years.

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	0.
t	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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.

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

## Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	<del></del>	<del></del>		
line 7				270.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			<u> </u>	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012				
d From 2013				
e From 2014	,			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 0.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
	0.			<u> </u>
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2015 (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	0.			
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		0.		
assessed . d Subtract line 6c from line 6b. Taxable		<u>0.</u>	<del></del>	<del></del>
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line	··			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract			<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				270.
7 Amounts treated as distributions out of				2700
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 2010				
not applied on line 5 or line 7	0.			
• • • • • • • • • • • • • • • • • • • •				<del></del>
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011 b Excess from 2012				
c Excess from 2012				
d Excess from 2014				
e Excess from 2015		ļ		
523581 11-24-15				Form <b>990-PF</b> (2015)

	LIVAN FAMIL				25377 Rage 10
Part XIV   Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	r 2015, enter the date of t	he ruling	▶ └		
<b>b</b> Check box to indicate whether the found		g foundation described		4942(j)(3) or 49	)42( <sub>I</sub> )(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	141,0040	/a) Tatal
income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed			<u> </u>		
b 85% of line 2a			ļ		
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			<del> </del>	<del>- </del>	<del></del>
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			<u> </u>		
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		·		<del></del>	
(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 listed	:				
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				<u> </u>	
Part XV Supplementary Info		•	if the foundation	n had \$5,000 or me	ore in assets
at any time during t	he year-see instr	uctions.)		· · · · · · · · · · · · · · · · · · ·	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 2					
<b>b</b> List any managers of the foundation wh			(or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	St.			
NONE			<del></del>		<del></del>
2 Information Regarding Contribut					
Check here 🕨 🗶 if the foundation of					
the foundation makes gifts, grants, etc.	<del>`</del>			<del></del>	1 a.
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	ications should be addre	ssed:	
				<del> </del>	
<b>b</b> The form in which applications should t	e submitted and informat	ion and materials they sl	nould include:		
c Any submission deadlines:				.———	<del></del>
d Any restrictions or limitations on award	e cuph as hy assersables	ll areas charitable fields	kinds of institutions or	other factors	
a Any restrictions or initiations on award	o, ouch as by geographica	ii ai cas, chai nabic ncius,	ando or montulono, ur	omor idolois.	
					<del></del>

Part XVI-A Analysis of Income-Producing Ac	ctivities
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nter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
	(a) Business	(d) tnuomA	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	711100111	code	- Allount	
a					
b	<u> </u>		<del> </del>		<del></del>
c	<del></del>				
d					
e					<del></del>
f			$\rightarrow$		
g Fees and contracts from government agencies	<b></b>				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	<del></del>				
Dividends and interest from securities					
Net rental income or (loss) from real estate:	<del></del>				
a Debt-financed property	ļ				
b Not debt-financed property	<u> </u>		-		
Net rental income or (loss) from personal					
property	<b> </b>				
Other investment income	<b></b>				
3 Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0		0.	
Total. Add line 12, columns (b), (d), and (e)				13	
See worksheet in line 13 instructions to verify calculations.)				<del></del>	

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	,

VALDOSTA, GA 31605

#### 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.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	P&M SULLIVAN FAMILY FOUNDATION, INC.   81-0925377
Organization type	(check one):
Filers of:	Section:
Form 990 or 990-E2	Z 501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt chantable trust treated as a private foundation
	501(c)(3) taxable private foundation
	201(0)(0) taxable private roundation
	nization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> In 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 5 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 09(a)(1) 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 ontributor, 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, is 990-EZ, line 1. Complete Parts I and II.
year, total	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for attion of cruelty to children or animals. Complete Parts I, II, and III.
year, conti is checked purpose. [	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.
but it must answer	ization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), "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 not meet the filing requirements of 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) (2015)

Name of organization

Employer identification number

P&M	SULLIVAN	FAMILY	FOUNDATION,	INC.	81-0925377

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PATRICK AND MECHELLE SULLIVAN  1273 N.E. CHERRY LAKE CIRCLE  MADISON, FL 32340	\$\\$\\$\	Person X Payroll
(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 Oncash 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 )

Employer identification number

## P&M SULLIVAN FAMILY FOUNDATION, INC.

81-0925377

Part II N	oncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(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
-		·	
	<del></del>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)			
No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\$	990, 990-EZ, or 990-PF) (2

LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 1 ORM 990-PF PART VII-A, LINE 10

AME OF CONTRIBUTOR

ADDRESS

ATRICK AND MECHELLE SULLIVAN

1273 N.E. CHERRY LAKE CIRCLE

MADISON, FL 32340

'ORM 990-PF PART XV - LINE 1A STATEMENT LIST OF FOUNDATION MANAGERS

IAME OF MANAGER

'ATRICK K. SULLIVAN **IECHELLE SULLIVAN**