Form **990-EZ**

Extended to November 15, 2019 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

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

Open to Public Inspection

Intern	al Reve	enue Service	do to www.iis.gov/i o/iiissoc2 for iiistractions and the latest iiio/iiis			I Inoposition	
A I	or the	2018 calenda	ir year, or tax year beginning and ending				
8 C	heck if pplicab	ole C N	ame of organization	D E	mployer ide	ntification number	
	Addre	ess change					
	Name		ohn L. Sullivan Ministries	.1	26-24	97078	
	Initial		nber and street (or P.O. box, if mail is not delivered to street address) Room/suit	ET	elephone nu	ımber	
			103 Harrison Ave NW, PMB #113		360-7	54-0833	
	Amer	nded return City	or town, state or province, country, and ZIP or foreign postal code	F G	roup Exemp	otion	
		ation pending O	lympia, WA 98502	JN	umber ►		
G A	ccour	nting Method	X Cash Accrual Other (specify) ▶	H C	heck 🕨	if the organization is	
l V	Vebsit	te: ▶n/a		n	ot required	to attach Schedule B	
J 1	ax-ex	empt status (cl	heck only one) $ X$ 501(c)(3) $-$ 501(c) () \blacktriangleleft (insert no.) $-$ 4947(a)(1) or $-$ 52	7 (F	orm 990, 9	90-EZ, or 990-PF).	
K F	orm o	f organization	X Corporation Trust Association Other				
L A	dd lin	es 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	t II,			
С	olumn		000 or more, file Form 990 instead of Form 990-EZ		▶ \$	121,513.	
Pa	ırt I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructio	ns for Part I		
		Check if the	organization used Schedule O to respond to any question in this Part I			X	
	1	Contributions,	, gifts, grants, and similar amounts received		1	121,513.	
	2	Program serve	ice revenue including gov <u>ernment fees and contracts</u>		2		
	3	Membership d	dues and assessments RECEIVED		3		
	4	Investment inc	come		4		
	5a	Gross amount	t from sale of assets other than inventory σ 5a 5a				
	b	Less cost or o	other basis and sales experies OCT 2 7 2020 9 56		_		
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from the 5a)		5c		
	6	Gaming and fu	undraising events OCDEN LIT				
ō	a	Gross income	from gaming (attach Schedule of greater man , UT				
Revenue		\$15,000)	6a		」		
ě	b		from fundraising events (not including \$ of contributions				
_		from fundraisi	ing events reported on line 1) (attach Schedule G if the sum of such				
		gross income	and contributions exceeds \$15,000)				
	C		xpenses from gaming and fundraising events		4		
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		
	7a		f inventory, less returns and allowances		⊣ ∣		
	b	Less cost of g			⊣ ∣		
	C		r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	<u> </u>	
	8		(describe in Schedule 0)	_	8	101 [10	
	9		a. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	121,513.	
	10		milar amounts paid (list in Schedule 0)		10		
	11	•	to or for members		11	1 577	
es	12	•	r compensation, and employee benefits		12	1,572.	
Expenses	13		ees and other payments to independent contractors		13	1,050.	
Š	14		ent, utilities, and maintenance See Schedule O		14	10,440.	
_	15		cations, postage, and shipping		15	120 006	
	16		es (describe in Schedule 0) See Schedule 0	_	16	120,096.	
	17		es. Add lines 10 through 16			133,158.	
ş	18	-	ficit) for the year (Subtract line 17 from line 9)		18	-11,645.	
Net Assets	19		fund balances at beginning of year (from line 27, column (A))		,,	212 121	
¥.		, -	vith end-of-year figure reported on prior year's return)		19	212,121.	
Ž	20	-	s in net assets or fund balances (explain in Schedule 0) fund balances at end of year. Combine lines 18 through 20		20	200,476.	
	21	iver assets or 1	iuno dalances al end di vear. Combine lines To Un'OUQN 20		1 41 1	∠∪∪, 4±/∪•	

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

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Pa	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp	oond to any ques					X
			(A) Beginning of yea			(B) E	nd of year
22	Cash, savings, and investments		176,55	6.	22		174,618.
23	Land and buildings				23		
24	Other assets (describe in Schedule O) See Schedule O)	35,56		24		25,858.
25	Total assets		212,12	1.	25		200,476.
26	Total liabilities (describe in Schedule 0)		• • •		26		0.
27			212,12		27		200,476.
Pa	rt III Statement of Program Service Accomplishmer	nts (see the instri	uctions for Part II)		E	xpenses
	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part II	ı 🔀			for section and 501(c)(4)
What	is the organization's primary exempt purpose? See Schedule O						ons; optional for
	be the organization's program service accomplishments for each of its three largest program : r, describe the services provided, the number of persons benefited, and other relevant inform		penses. In a clear and concis	е	otl	ners.)	
28 (Continued operation of the orphanag	e that curi	rently serv	es		T	
	children, but has had additional				-		
_	pasis over the past year.	<u> </u>	- u comporu	- 1	-		
-		rants shock here		\neg	28	ا	
29	Grants \$) If this amount includes foreign g See Schedule 0	rants, check here	<u>. </u>			1	
25	see Benedule o				-		
-					-		
7	Constants C	wanta abaak bara			29		
	Grants) If this amount includes foreign g See Schedule 0	rants, check here		<u> </u>	_ 23	4	-
30	see schedule o				-		
-			 		-		
-		t to the co			مرا ٦		
	Grants \$) If this amount includes foreign g Other program services (describe in Schedule O) See Sche			<u> </u>	_ 30:	4	
	- mor program common (accommon more common co		_		مام	_[
•	Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	_ 31: ► 32	_	0.
32	Total program service expenses (add lines 28a through 31a)						
		mniavage					Tan Daniel II A
<u> Pa</u>	rt IV List of Officers, Directors, Trustees, and Key E				the inst	ructions f	for Part IV)
Pa	Check if the organization used Schedule O to resp	ond to any ques	tion in this Part I	/			
Pa	Check if the organization used Schedule O to resp	oond to any ques (b) Average hours	(c) Reportable	/ (d)	Health	benefits, ons to	(e) Estimated
Pa		ond to any ques	tion in this Part IV	(d)	Health Intributi Iployee Is, and	benefits, ons to benefit deferred	
	Check if the organization used Schedule O to resp	oond to any ques (b) Average hours per week devoted t	(c) Reportable compensation (Form W-2/1099-MISC)	(d)	Health Intributi	benefits, ons to benefit deferred	(e) Estimated amount of other
Rol	Check if the organization used Schedule O to responsive (a) Name and title	(b) Average hours per week devoted t position	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) cc en plai	Health Intributi Iployee Is, and	benefits, ons to benefit deferred sation	(e) Estimated amount of other compensation
Rol	Check if the organization used Schedule O to responsive (a) Name and title poert Warner esident	oond to any ques (b) Average hours per week devoted t	(c) Reportable compensation (Form W-2/1099-MISC)	(d) cc en plai	Health Intributi Iployee Is, and	benefits, ons to benefit deferred	(e) Estimated amount of other compensation
Rol Pro	Check if the organization used Schedule O to responsive to the control of the con	(b) Average hours per week devoted t position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0	(d) cc en plai	Health Intributi Iployee Is, and	benefits, ons to benefit deferred sation	(e) Estimated amount of other compensation
Rol Pro Bro	Check if the organization used Schedule O to responsive (a) Name and title coert Warner esident ad Morrill cretary/Treasurer	(b) Average hours per week devoted t position	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) cc en plai	Health Intributi Iployee Is, and	benefits, ons to benefit deferred sation	(e) Estimated amount of other compensation
Rol Pro Bra Seo Jol	Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (if not paid, enter -0	(d) cc en plai c	Health Intributi Iployee Is, and	benefits, one to benefit deferred section	(e) Estimated amount of other compensation 0.
Roll Pro Bro Jo	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted t position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0	(d) cc en plai c	Health Intributi Iployee Is, and	benefits, ons to benefit deferred sation	(e) Estimated amount of other compensation 0.
Rol Pro Bro Jol Boo Do	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted t position 1.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (if not paid, enter -0	(d) co en plai c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron	(e) Estimated amount of other compensation 0.
Rol Pro Bra Seo Jo Boa Boa Boa	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (if not paid, enter -0	(d) co en plai c	Health Intributi Iployee Is, and	benefits, one to benefit deferred section	(e) Estimated amount of other compensation 0.
Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted t position 1.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (if not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron	(e) Estimated amount of other compensation 0. 0.
Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
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Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
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Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
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Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
Roll Pro Bro Sec Jol Boo Boo Ch:	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit deferred eatron 0.	(e) Estimated amount of other compensation 0. 0.
Roll Programme See John Book Ch. Book C	Check if the organization used Schedule O to response to the country of the count	(b) Average hours per week devoted to position 1.00 1.00 40.00 1.00	(c) Reportable compensation (Form w-2/1099-MISC) (If not paid, enter -0	(d) con plan plan c	Health Intributi Iployee Is, and	benefits, one to benefit benefit deferred sation 0. 0. 0.	(e) Estimated amount of other compensation 0.

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Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			_
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	: V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		Х
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	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	<u> </u>		
55 a	on lines 2, 6a, and 7a, among others)?	35a		x
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
		330		<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	05.		_▼
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	. :		. ,
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			اـــِــا
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			الــــــــــــــــــــــــــــــــــــ
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			1
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9 39a N/A			{
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			l i
	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			لــــا
	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? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $lacksquare$			
е	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
	List the states with which a copy of this return is filed WA	4 0	022	
42 a	The organization's books are in care of ► Brad Morrill Located at ► 220 "C" Street SW, Tumwater, WA Telephone no. ► 360-75			
		021		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	X
	account)?	420		
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		$\frac{x}{x}$
C	If "Yes," enter the name of the foreign country	120		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43		N/A		_
	and enter the amount of tax-oxempt interest roceived of accretion during the tax year			
			Yes	No
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			,
776	Form 990-EZ	44a		<u>x</u> ,
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	<u> </u>		
J	of Form 990-EZ	44b		<u>x</u> ,
r	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
u	in Schedule 0	44d		
45.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		<u> </u>	<u> </u>
J	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		l,
		Form 9	90-EZ	(2018)
				•

Form 990-EZ (2	2018) John L. Sullivan Min	<u>istries</u>			26-24970)78	P	age 4
40 5 4 11				_4		Y	'es	No
	rganization engage, directly or indirectly, in political campai omplete Schedule C. Part I	ign activities on behalf of	or in oppositio	in to candidates for pu	iplic office,	46	-	x
	Section 501(c)(3) Organizations Only				1			
	All section 501(c)(3) organizations must answer que	stions 47-49b and 52,	and complet	e the tables for line	s 50 and 51			
	Check if the organization used Schedule O to respo	nd to any question in	this Part VI				.	<u> </u>
47 Did the e	reconstant and account labeling activities or have a section E	EO1/h) alastian in affact d	uring the toy u	oor? If "Voo " complete	Cob C Boot II F	47 Y	'es	No X
	rganization engage in lobbying activities or have a section 5 janization a school as described in section 170(b)(1)(A)(ii)			ear in res, complete	Soli. G, Fait II	48	\dashv	$\frac{x}{x}$
	rganization make any transfers to an exempt non-charitable				-	49a		X
b If "Yes," w	vas the related organization a section 527 organization?					49b		
-	this table for the organization's five highest compensated		ficers, director	s, trustees, and key e	mployees) who ea	ich rece	ived n	nore
tnan \$100	0,000 of compensation from the organization. If there is no (a) Name and title of each employee	- ·	age hours	(C) Reportable	(d) Health benefits	T (e) F	stıma	
	(a) Name and this of each employee	per week	devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amou	nt of c	other
	NONE	pos	ition		plans, and deferred compensation	comp	oensa	tion
				 		+		—
						<u> </u>		
				-		+		—
						-		
	nber of other employees paid over \$100,000							
	this table for the organization's five highest compensated ion. If there is none, enter "None" NONE	independent contractors	who each rece	ived more than \$100,	000 of compensa	tion fron	n the	
	ion If there is none, enter "None" NONE lame and business address of each independent contractor	r	(b	Type of service	(c) C	Compens	ation	
(-,/			<u></u>	***		<u> </u>		
		<u> </u>						
								
d Total nun	nber of other independent contractors each receiving over S	 \$100,000		•	<u></u>			—
	rganization complete Schedule A? Note: All section 501(c)(ach a			_		
	d Schedule A					Yes	<u> </u>	<u> No</u>
	s of perjury, I declare that I have examined this return, inclu nd complete. Declaration of preparer (other than officer) is					ge and b i	clict,	it is
irue, correct, ac	nd complete. Declaration of preparer (other than officer) is	based on an imormation	or writeri prepa	Tel has any knowledg	10/14	70	7.0	
Sign	Signature of officer				Date	1	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
Here	Brad Morrill, Treasurer							
	Type or print name and title Print/Type preparer's name Preparer's	cianatura	Date	Check	if PTIN			
	Print/Type preparer's name Preparer's	1 .	Date	self- emplo	_			
Paid	David A. Coates, CPA	and a loster, CPA	10/07		P000	0041	44	
Preparer Use Only	Firm's name ▶ Frost & Company,				▶ 27-513	3761	6	
OGC OTHY	Firm's address ▶ 676 Woodland Squa	are Loop SE	-	Phone no.	(360) 7	786-	808	30
Manufic 100	Lacey, WA 98503	auctions.			<u> </u>	Yes		No
May the IRS di	scuss this return with the preparer shown above? See instr	UCHUNS				orm 990)-EZ (
					•		'-	/

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

26-2497078

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ)) 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 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). 6 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. 🔟 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

g Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1.10 support (see instructions) support (see instructions) organization above (see instructions)) Total

f Enter the number of supported organizations

100 00 WOW Support took I was significant and	_
stop here. The organization qualifies as a publicly supported organization	-
b 33 1/3% support test - 2017. 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 - 2018. 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 VI how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶
b 10% -facts-and-circumstances test - 2017. 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 VI 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	<u> </u>
Schedule A (Form 990 or 990-EZ)) 201

832022 10-11-18

Pa	rt III Support Schedule for C)rganizations	Described in	Section 509(a)(2)		
	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under	Part II If the rganii	zation fails to
	qualify under the tests listed be	elow, please comp	olete Part II)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,					X	
	merchandise sold or services per-				/		
	formed, or facilities furnished in any activity that is related to the				/		
	organization's tax-exempt purpose						
3	Gross receipts from activities that		•				
	are not an unrelated trade or 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				X		
	the organization without charge			/			
6	Total. Add lines 1 through 5			/			
	Amounts included on lines 1, 2, and		-	/			
	3 received from disqualified persons			/			
t	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			/			
	Add lines 7a and 7b			1			
	Public support. (Subtract line 7c from line 6.)			7			
	ction B. Total Support			/			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b		1				
	Net income from unrelated business		<i>f</i>				
	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	/					
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11 and 12)						
	First five years. If the Form 990 is for	the organization's	s first second thu	d fourth or fifth t	ax vear as a secti	on 501(c)(3) organiz	zation.
•	check this box and stop here	Jan	5 mot, 5555ma, m.	2, 100111, 01 11111	,		▶□
Sec	ction C. Computation of Publi	ic/Support Pe	rcentage				
	Public support percentage for 2018 (I	, , , , , , , , , , , , , , , , , , , ,		column (fl)		15	%
	Public support percentage from 2017		· ·			16	%
	ction D. Computation of Inves					<u> </u>	·
	Investment income percentage/for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	<u> </u>
	33 1/3% support tests - 2018. If the			on line 14, and line	e 15 is more than		
136	more than 33 1/3%, check this box a						▶□
	33 1/3% support tests - 2017. If the						and
L.	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						
	23 10-11-18	., ald flot offect a	<u></u>	<u></u>		nedule A (Form 990	or 990-EZ) 2018
	_ /					4	,

Yes No

Part IV Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

1	Are all of the organization's supported organizations listed by name in the organization's governing	1	ļ	l
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			<u> </u>
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		'	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	l	l	
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		<u> </u>	<u> </u>
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		ļ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		_	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			'
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	<u>5a</u>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	1	l	l

- designated in the organization's organizing document?

 c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

9a 9b 9c 10a

5b

5c

6

7

10h

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI) See instruction
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting ord	ianization (see

Schedule A (Form 990 or 990-EZ) 2018

ect	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions			•				
7	Total annual distributions. Add lines 1 through 6		•					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI) See instructions							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(1)	(ii)	(iii)				
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI) See instructions	-						
3	Excess distributions carryover, if any, to 2018	1						
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
<u>i</u>	Carryover from 2013 not applied (see instructions)							
J	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2018 from Section D,							
	line 7 \$	·						
a	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount			<u> </u>				
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2018, if							
	any Subtract lines 3g and 4a from line 2 For result greater							
	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2018 Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c							
8	Breakdown of line 7	····		ř				
а	Excess from 2014	•		h ii e				
b	Excess from 2015							
C	Excess from 2016							
d	Excess from 2017		* '	· ·				
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 201	g John L. S	ullivan 1	Ministries		26-249/0/8 Page 8
Part VI	Supplemental Infor	mation. Provide the provide the provide the provided the	ne explanations r a, 6, 9a, 9b, 9c, 1 /, Section E. lines	equired by Part II, line 1 1a, 11b, and 11c, Part 3 1c, 2a, 2b, 3a, and 3b,	IV, Section B, lines 1 Part V. line 1. Part V.	17b, Part III, line 12, and 2, Part IV, Section C, Section B. line 1e. Part V.
	(oce mandenons)					
					·····	
	 					
					 	
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		····			<u> </u>	
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			-			

SCHEDULE 0

(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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 26 – 2497078

John L. Sullivan Ministries		26-	-2497078
Form 990-EZ, Part I, Line 14, Occupancy, Rent, 1	Utilities,	and	Maintenance:
Description of Expenses:			Amount:
Depreciation			9,707.
Other Expenses			733.
Total to Form 990-EZ, line 14			10,440.
Form 990-EZ, Part I, Line 16, Other Expenses:		_	
Description of Other Expenses:			Amount:
Bank service charges			_733.
Contributions			70,143.
Housing allowance			37,557.
Travel, meals and entertainment			5,215.
Office expense/ minor equipment purchases			126.
Automobile expenses			5,007.
Licenses and permits			40.
Telephone			193.
Program expense		~ ~	400.
Advertising			615.
Equipment			67.
Total to Form 990-EZ, line 16			120,096.
Form 990-EZ, Part II, Line 24, Other Assets:			
Description	Beg. of	Year	End of Year
Loan	17,0	000.	17,000.
Other Depreciable Assets	18,5	565.	8,858.
Total to Form 990-EZ, line 24 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	35 , ! Sched		25,858. orm 990 or 990-EZ) (2018)
·		•	• • • •

832211 10-10-18

social service agency) and SPAZ (the local SPCA) to bring a free vet

18

2018.06030 John L. Sullivan Ministries FCOJ0091

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number John L. Sullivan Ministries 26-2497078 clinic to the communities and free sterilizations for their pets. The senior's home Casa Maria Asilo continues to benefit from our efforts. This place was derelict and dirty before God put it on their hearts to bring improvements and now so much has changed. We had a great month!! Beginning with a community outreach. With face painting. We also performed a drama, preached the Gospel, and distributed food and donations. We were blessed to take the seniors to the beach again. We were also able to take a group of 30 children from the hills to the water park in Ixtapa. Soccer continues to be a tremendous opportunity for outreach, discipleship and fellowship. We are able to bless kids with equipment and training! We finished a 5 day VBS in Zihuantanejo and it was very good. We are in the process of changing our children's programs because of the new church built in Las Mesas, the Colonia in the North hill area of Zihuantanejo. We started a project called Angel Tree. We gave gifts to kids whose fathers are in prison. This opened doors to the gospel and God's paternity to children in poor areas. We give Cokes and a New Testament to local police (Pops for Cops) it has blessed us and given us grace before our authorities. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,

or indirectly, on a personal benefit contract.