

EXTENDED TO NOVEMBER 15, 2016

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2015**  
Open to Public  
Inspection**A** For the 2015 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organizationTHOMAS C. & SANDRA S. SULLIVAN FOUNDATION  
C/O CATHOLIC COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1404 EAST NINTH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CLEVELAND, OH 44114

**F** Name and address of principal officerPATRICK GRACE  
SAME AS C ABOVE**D** Employer identification number

01-0779923

**E** Telephone number

216-696-6525

**G** Gross receipts \$

1,149,723.

**H(a)** Is this a group return

for subordinates?

☐ Yes ☒ No**H(b)** Are all subordinates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number

0928

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2003**M** State of legal domicile: OH**Part I Summary****1** Briefly describe the organization's mission or most significant activities SEE SCHEDULE O**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)

3 7

**4** Number of independent voting members of the governing body (Part VI, line 1b)

4 6

**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a)

5 0

**6** Total number of volunteers (estimate if necessary)

6 0

**7a** Total unrelated business revenue from Part VIII, column (C), line 12

7a 0.

**b** Net unrelated business taxable income from Form 990-T, line 34

7b 0.

		Revenue	
		Prior Year	Current Year
<b>8</b>	Contributions and grants (Part VIII, line 1h)	33,813.	11,828.
<b>9</b>	Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	191,967.	204,480.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,780.	216,308.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	228,000.	266,000.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,380.	45,390.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	271,380.	311,390.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<45,600.>	<95,082.>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	4,313,315.	4,036,306.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		4,313,315.	4,036,306.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign**

Signature of officer

Date

**Here**

PATRICK GRACE, BOARD MEMBER

Type or print name and title

**Paid**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

CHRISTOPHER B. ANDERSON

11/8/16

P00226559

**Preparer**

Firm's name

MALONEY + NOVOTNY LLC

Firm's EIN

34-0677006

**Use Only**

Firm's address

1111 SUPERIOR AVE, SUITE 700  
CLEVELAND, OH 44114-2540

Phone no. (216) 363-0100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

532001 12-16-15

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

Form 990 (2015)

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