

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                                              |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Name of foundation<br>DANIEL J SULLIVAN FAMILY CHARITABLE FOUNDATION                                                                                                                                                                                                                                           |                                                                                                                                                                                                      | A Employer identification number<br>52-2380006                                                                                                                               |                                                         |
| Number and street (or P O box number if mail is not delivered to street address)<br>200 PATTERSON AVE NO 200                                                                                                                                                                                                   |                                                                                                                                                                                                      | Room/suite                                                                                                                                                                   | B Telephone number (see instructions)<br>(210) 826-7893 |
| City or town, state or province, country, and ZIP or foreign postal code<br>SAN ANTONIO, TX 78209                                                                                                                                                                                                              |                                                                                                                                                                                                      | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |                                                         |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                                      | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |                                                         |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                         |                                                                                                                                                                                                      | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |                                                         |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 1,796,411</b>                                                                                                                                                                                                          | J Accounting method<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis ) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |                                                         |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) |                                                                                                                | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc , received (attach schedule)                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . .                                                                 | 40,752                             | 40,752                    |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                                       | 67,710                             |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____ 663,801                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . .                                                         |                                    | 67,710                    |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____                                                              |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less Cost of goods sold . . . . .                                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 12 <b>Total.</b> Add lines 1 through 11 . . . . .                                                              | 108,462                            | 108,462                   |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc                                                          | 5,000                              | 1,000                     |                         | 4,000                                                       |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                                  | 15,760                             | 7,880                     |                         | 7,880                                                       |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                          | 19,322                             | 19,322                    |                         | 0                                                           |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . .                                                            | 1,594                              | 800                       |                         | 0                                                           |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . .                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                                         | 137                                | 0                         |                         | 137                                                         |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                                  | 140                                | 102                       |                         | 38                                                          |
|                                                                                                                                                                     | 24 <b>Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . .                    | 41,953                             | 29,104                    |                         | 12,055                                                      |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                                 | 153,200                            |                           |                         | 153,200                                                     |
|                                                                                                                                                                     | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25                                                | 195,153                            | 29,104                    |                         | 165,255                                                     |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a <b>Excess of revenue over expenses and disbursements</b>                                                     | -86,691                            |                           |                         |                                                             |
|                                                                                                                                                                     | b <b>Net investment income</b> (if negative, enter -0-)                                                        |                                    | 79,358                    |                         |                                                             |
| c <b>Adjusted net income</b> (if negative, enter -0-) . . .                                                                                                         |                                                                                                                |                                    |                           |                         |                                                             |

| Part II Balance Sheets      |                                                                                                                                                | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                |                                                          |           |           |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------|-----------|
|                             |                                                                                                                                                | Beginning of year<br>(a) Book Value                                                                                               | End of year<br>(b) Book Value (c) Fair Market Value      |           |           |
| Assets                      | 1                                                                                                                                              | Cash—non-interest-bearing . . . . .                                                                                               | 13,732                                                   | 9,592     | 9,592     |
|                             | 2                                                                                                                                              | Savings and temporary cash investments . . . . .                                                                                  | 117,012                                                  | 24,017    | 24,017    |
|                             | 3                                                                                                                                              | Accounts receivable ▶ <u>950</u>                                                                                                  |                                                          |           |           |
|                             |                                                                                                                                                | Less allowance for doubtful accounts ▶ _____                                                                                      | 1,028                                                    | 950       | 950       |
|                             | 4                                                                                                                                              | Pledges receivable ▶ _____                                                                                                        |                                                          |           |           |
|                             |                                                                                                                                                | Less allowance for doubtful accounts ▶ _____                                                                                      |                                                          |           |           |
|                             | 5                                                                                                                                              | Grants receivable . . . . .                                                                                                       |                                                          |           |           |
|                             | 6                                                                                                                                              | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                                                          |           |           |
|                             | 7                                                                                                                                              | Other notes and loans receivable (attach schedule) ▶ _____                                                                        |                                                          |           |           |
|                             |                                                                                                                                                | Less allowance for doubtful accounts ▶ _____                                                                                      |                                                          |           |           |
|                             | 8                                                                                                                                              | Inventories for sale or use . . . . .                                                                                             |                                                          |           |           |
|                             | 9                                                                                                                                              | Prepaid expenses and deferred charges . . . . .                                                                                   | 464                                                      |           |           |
|                             | 10a                                                                                                                                            | Investments—U S and state government obligations (attach schedule)                                                                | 508,383                                                  | 532,004   | 522,935   |
|                             | b                                                                                                                                              | Investments—corporate stock (attach schedule) . . . . .                                                                           | 1,003,650                                                | 1,018,534 | 1,070,212 |
|                             | c                                                                                                                                              | Investments—corporate bonds (attach schedule) . . . . .                                                                           | 199,338                                                  | 171,467   | 168,705   |
|                             | Liabilities                                                                                                                                    | 11                                                                                                                                | Investments—land, buildings, and equipment basis ▶ _____ |           |           |
|                             |                                                                                                                                                | Less accumulated depreciation (attach schedule) ▶ _____                                                                           |                                                          |           |           |
| 12                          |                                                                                                                                                | Investments—mortgage loans . . . . .                                                                                              |                                                          |           |           |
| 13                          |                                                                                                                                                | Investments—other (attach schedule) . . . . .                                                                                     |                                                          |           |           |
| 14                          |                                                                                                                                                | Land, buildings, and equipment basis ▶ _____                                                                                      |                                                          |           |           |
|                             |                                                                                                                                                | Less accumulated depreciation (attach schedule) ▶ _____                                                                           |                                                          |           |           |
| 15                          |                                                                                                                                                | Other assets (describe ▶ _____)                                                                                                   |                                                          |           |           |
| 16                          |                                                                                                                                                | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                 | 1,843,607                                                | 1,756,564 | 1,796,411 |
| 17                          |                                                                                                                                                | Accounts payable and accrued expenses . . . . .                                                                                   | 50                                                       | 380       |           |
| 18                          |                                                                                                                                                | Grants payable . . . . .                                                                                                          |                                                          |           |           |
| Net Assets or Fund Balances | 19                                                                                                                                             | Deferred revenue . . . . .                                                                                                        |                                                          |           |           |
|                             | 20                                                                                                                                             | Loans from officers, directors, trustees, and other disqualified persons                                                          |                                                          |           |           |
|                             | 21                                                                                                                                             | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                                                          |           |           |
|                             | 22                                                                                                                                             | Other liabilities (describe ▶ _____)                                                                                              |                                                          |           |           |
|                             | 23                                                                                                                                             | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                      | 50                                                       | 380       |           |
|                             | <b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                                   |                                                          |           |           |
|                             | 24                                                                                                                                             | Unrestricted . . . . .                                                                                                            |                                                          |           |           |
|                             | 25                                                                                                                                             | Temporarily restricted . . . . .                                                                                                  |                                                          |           |           |
|                             | 26                                                                                                                                             | Permanently restricted . . . . .                                                                                                  |                                                          |           |           |
|                             | <b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b><br><b>and complete lines 27 through 31.</b>   |                                                                                                                                   |                                                          |           |           |
| 27                          | Capital stock, trust principal, or current funds . . . . .                                                                                     | 1,843,557                                                                                                                         | 1,756,184                                                |           |           |
| 28                          | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                                 | 0                                                                                                                                 | 0                                                        |           |           |
| 29                          | Retained earnings, accumulated income, endowment, or other funds                                                                               | 0                                                                                                                                 | 0                                                        |           |           |
| 30                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                          | 1,843,557                                                                                                                         | 1,756,184                                                |           |           |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                     | 1,843,607                                                                                                                         | 1,756,564                                                |           |           |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |                                                                                                                                                          |   |           |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 1,843,557 |
| 2 | Enter amount from Part I, line 27a . . . . .                                                                                                             | 2 | -86,691   |
| 3 | Other increases not included in line 2 (itemize) ▶ _____                                                                                                 | 3 | 0         |
| 4 | Add lines 1, 2, and 3 . . . . .                                                                                                                          | 4 | 1,756,866 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____                                                                                                       | 5 | 682       |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                    | 6 | 1,756,184 |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                  |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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. . . . .  | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> NONE                                                | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>▶</b> RUTH EILENE BUTLER SULLIVAN Telephone no <b>▶</b> (210) 490-2222                                                                                               |           |            |           |

Located at **▶** 200 PATTERSON AVE APT 200 SAN ANTONIO TXZIP+4 **▶** 78209

|           |                                                                                                                                                                                                     |           |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/>                                               |           |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>                                                                                        |           |            |           |
| <b>16</b> | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . | <b>16</b> | <b>Yes</b> | <b>No</b> |
|           | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>                                                           |           |            |           |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                              |           |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                      |           |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |           |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                       |           |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                             |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . <input type="checkbox"/>                                                                                                                                                                                                                                             | <b>1b</b> |            | <b>No</b> |
| <b>c</b>  | 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 2018? . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                              | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>a</b>  | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                         |           |            |           |
|           | If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                          |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . . | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> |            | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?                                                                                                                                                                                                                                                                       | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|           |                                                                                                                                                                                                                                           |                                     |                                        |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|
|           |                                                                                                                                                                                                                                           | <b>Yes</b>                          | <b>No</b>                              |
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                             |                                     |                                        |
|           | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                 | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |
|           | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                                       | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |
|           | (3) Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                        | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |
|           | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.                                                                                                  | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |
|           | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                                     | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.             | <b>5b</b>                           |                                        |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                       | <input checked="" type="checkbox"/> |                                        |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d) | <input type="checkbox"/> Yes        | <input type="checkbox"/> No            |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                           | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If "Yes" to 6b, file Form 8870                                                                                              | <b>6b</b>                           | <b>No</b>                              |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                      | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                   | <b>7b</b>                           |                                        |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?                                                                                     | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| See Additional Data Table                                                                                                           |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | (b) Title, and average hours per week devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                           |                                           |                                                                       | <b>0</b>                              |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

|                                                                                                                                                                                                    |          |               |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| <b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶ |          |               |          |          |           |
| <b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)          |          |               |          |          |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                                                      | Tax year | Prior 3 years |          |          | (e) Total |
|                                                                                                                                                                                                    | (a) 2018 | (b) 2017      | (c) 2016 | (d) 2015 |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .                                                                    |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .                                   |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .                                                                         |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                                                 |          |               |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

|                                                                                                                                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1 Information Regarding Foundation Managers:</b>                                                                                                                                                                                                                                                                                         |  |
| <b>a</b> 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) )<br>RUTH EILENE BUTLER SULLIVAN                                                         |  |
| <b>b</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                                                                                                        |  |
| <b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>                                                                                                                                                                                                                                                |  |
| Check here <input checked="" type="checkbox"/> 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions. |  |
| <b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed                                                                                                                                                                                                                    |  |
| <b>b</b> The form in which applications should be submitted and information and materials they should include                                                                                                                                                                                                                               |  |
| <b>c</b> Any submission deadlines                                                                                                                                                                                                                                                                                                           |  |
| <b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors                                                                                                                                                                                               |  |

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3a</b>                         |        |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3b</b>                         |        |

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

| <b>(a)</b> Name and address                        | Title, and average hours per week<br><b>(b)</b> devoted to position | <b>(c)</b> Compensation (If not paid, enter -0-) | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | Expense account,<br><b>(e)</b> other allowances |
|----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------|
| RUTH EILENE BUTLER SULLIVAN                        | PRESIDENT<br>5 00                                                   | 5,000                                            | 0                                                                            | 0                                               |
| 200 PATTERSON AVE APT 200<br>SAN ANTONIO, TX 78209 |                                                                     |                                                  |                                                                              |                                                 |
| JAMES W GORMAN                                     | DIRECTOR<br>0 25                                                    | 0                                                | 0                                                                            | 0                                               |
| 7373 BROADWAY<br>SAN ANTONIO, TX 78209             |                                                                     |                                                  |                                                                              |                                                 |
| RUTH EILENE SULLIVAN                               | DIRECTOR<br>0 25                                                    | 0                                                | 0                                                                            | 0                                               |
| 645 GRANDVIEW<br>SAN ANTONIO, TX 78209             |                                                                     |                                                  |                                                                              |                                                 |
| DANIEL J SULLIVAN V                                | DIRECTOR<br>0 25                                                    | 0                                                | 0                                                                            | 0                                               |
| 6302 GRANDVILLIERS<br>CORPUS CHRISTI, TX 78414     |                                                                     |                                                  |                                                                              |                                                 |
| VINCENT P SULLIVAN                                 | TREASURER,<br>SECRETARY<br>0 25                                     | 0                                                | 0                                                                            | 0                                               |
| 121 ROUTT<br>SAN ANTONIO, TX 78209                 |                                                                     |                                                  |                                                                              |                                                 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment             |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                            | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                                  |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |         |
| ARCHBISHOP'S APPEAL<br>PO BOX 34150<br>SAN ANTONIO, TX 782654150                                                     | NONE                                                                                                      | PC                             | 2018 ARCHBISHOP'S APPEAL         | 1,000   |
| BRISCOE WESTERN ART MUSEUM<br>210 W MARKET ST<br>SAN ANTONIO, TX 78206                                               | NONE                                                                                                      | PC                             | WILDCATTER MEMBERSHIP RENEWAL    | 500     |
| CEASAR KLEBERG WILDLIFE RESEARCH<br>700 UNIVERSITY BLVD MSC 218<br>KINGVILLE, TX 78363                               | NONE                                                                                                      | PC                             | SUSTAINING CONTRIBUTOR           | 1,000   |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 153,200 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CHILDREN'S HOSPITAL OF SAN ANTONIO<br>100 N E LOOP 410 SUITE 706<br>SAN ANTONIO, TX 782164738            | NONE                                                                                                      | PC                             | SUSTAINING SUPPORT               | 1,000   |
| HEMISFAIR CONSERVANCY<br>P O BOX 1262<br>SAN ANTONIO, TX 782951262                                       | NONE                                                                                                      | PC                             | SUSTAINING SUPPORT               | 1,000   |
| KLRNP O BOX 9<br>SAN ANTONIO, TX 782910009                                                               | NONE                                                                                                      | PC                             | GREEN ROOM                       | 25,000  |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 153,200 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                    |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                   | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                    |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                    |         |
| MCNAY ART MUSEUMP O BOX 6069<br>SAN ANTONIO, TX 782090069                                                | NONE                                                                                                      | PC                             | SUSTAINING MEMBERSHIP                                                              | 550     |
| OPERA SAN ANTONIOP O BOX 12449<br>SAN ANTONIO, TX 78212                                                  | NONE                                                                                                      | PC                             | DONATION TOWARD<br>UNIVERSITY OF THE INCARNATE<br>WORD STUDENTS ATTENDING<br>OPERA | 5,000   |
| SAN ANTONIO BOTANICAL GARDEN<br>P O BOX 6569<br>SAN ANTONIO, TX 782090569                                | NONE                                                                                                      | PC                             | UNDERWRITING THE VALET<br>PARKING FOR THE ANNUAL<br>GALA                           | 2,500   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                                                    | 153,200 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                 | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                  |         |
| SAN ANTONIO MUSEUM OF ART<br>200 WEST JONES AVE<br>SAN ANTONIO, TX 78215                                 | NONE                                                                                                      | PC                             | THE MUESEUM BALL - GOYA LEVEL                    | 12,500  |
| SAN ANTONIO MUSEUM OF ART<br>200 WEST JONES AVE<br>SAN ANTONIO, TX 78215                                 | NONE                                                                                                      | PC                             | DESTINATION MAINE-<br>UNDERWRITING VALET PARKING | 3,000   |
| SAN ANTONIO MUSEUM OF ART<br>200 WEST JONES AVE<br>SAN ANTONIO, TX 78215                                 | NONE                                                                                                      | PC                             | DIRECTOR'S CIRCLE<br>MEMBERSHIP                  | 25,000  |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                  | 153,200 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                      |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution     | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                      |         |
| SAN ANTONIO SYMPHONY P O BOX 658<br>SAN ANTONIO, TX 782930658                                            | NONE                                                                                                      | PC                             | DONATION TOWARD THE 2018-2019 SEASON | 10,000  |
| SOUTHERN BROOKS VOL FIRE DEPARTMENT<br>P O BOX 57<br>FALFURRIAS, TX 78353                                | NONE                                                                                                      | PC                             | SUSTAINING GIFTS                     | 2,000   |
| SOUTHWEST SCHOOL OF ART & CRAFT<br>300 AUGUSTA STREET<br>SAN ANTONIO, TX 782121216                       | NONE                                                                                                      | PC                             | SUSTAINING MEMBERSHIP                | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                      | 153,200 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ST PETER PRINCE OF THE APOSTLES<br>111 BARILLA PLACE<br>SAN ANTONIO, TX 78209                            | NONE                                                                                                      | PC                             | ANNUAL GIFT                      | 2,600   |
| TEXAS BIOMEDICAL FORUM<br>P O BOX 6648<br>SAN ANTONIO, TX 78209                                          | NONE                                                                                                      | PC                             | MEMBERSHIP PATRON                | 100     |
| TEXAS BIOMEDICAL RESEARCH INST<br>P O BOX 760549<br>SAN ANTONIO, TX 782450549                            | NONE                                                                                                      | PC                             | SUSTAINING MEMBERSHIP            | 3,450   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 153,200 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| THE ISABEL O'NEIL FOUNDATION<br>315 EAST 91ST STREET<br>NEW YORK, NY 101285301                           | NONE                                                                                                      | PC                             | ANNUAL GIFT                      | 7,000   |
| TOBIN CENTER<br>115 AUDITORIUM CIRCLE<br>SAN ANTONIO, TX 78205                                           | NONE                                                                                                      | PC                             | CAPITAL CAMPAIGN PLEDGE          | 40,000  |
| TRINITY125 MICHIGAN AVE NE<br>WASHINGTON, DC 200171004                                                   | NONE                                                                                                      | PC                             | SUSTAINING GIFT                  | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 153,200 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                             |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution            | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                             |         |
| UNITED WAY OF SAN ANTONIO & BEXAR COUNTY<br>P O BOX 898<br>SAN ANTONIO, TX 782930898                     | NONE                                                                                                      | PC                             | ANNUAL GIFT                                 | 5,000   |
| UT HEALTH SAN ANTONIO<br>7703 FLOYD CURL DR<br>SAN ANTONIO, TX 782299674                                 | NONE                                                                                                      | PC                             | CABINET PARTNERS CIRCLE MEMBERSHIP          | 1,500   |
| UT HEALTH SAN ANTONIO<br>7703 FLOYD CURL DR<br>SAN ANTONIO, TX 782299674                                 | NONE                                                                                                      | PC                             | PEGGY AND LOWRY MAYS PATIENT CARE ENDOWMENT | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                             | 153,200 |

**TY 2018 Accounting Fees Schedule**

**Name:** DANIEL J SULLIVAN FAMILY  
CHARITABLE FOUNDATION

**EIN:** 52-2380006

| Category                             | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|--------------------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| LOWREY POWELL STEVEN &<br>MANGUM P C | 15,760 | 7,880                    |                        | 7,880                                       |

**TY 2018 Investments Corporate Bonds Schedule**

**Name:** DANIEL J SULLIVAN FAMILY  
CHARITABLE FOUNDATION

**EIN:** 52-2380006

**Investments Corporate Bonds Schedule**

| <b>Name of Bond</b>              | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|----------------------------------|-------------------------------|--------------------------------------|
| HONEYWELL INTL 1.40% 25K         | 24,980                        | 24,684                               |
| AMERICAN HONDA FIN MTN 2% 35,000 | 34,951                        | 34,592                               |
| PEPSICO INC 2.5% 25,000          | 25,023                        | 24,688                               |
| BOEING CAP 4.7% 25,000           | 25,629                        | 25,311                               |
| WALT DISNEY CO 2.45% 25,000      | 24,958                        | 24,472                               |
| BURLINGTON NORTH 3.05 35,000     | 35,926                        | 34,958                               |

**TY 2018 Investments Corporate Stock Schedule**

**Name:** DANIEL J SULLIVAN FAMILY  
CHARITABLE FOUNDATION  
**EIN:** 52-2380006

Investments Corporation Stock Schedule

| Name of Stock                     | End of Year Book Value | End of Year Fair Market Value |
|-----------------------------------|------------------------|-------------------------------|
| ACTIVISION BLIZZARD INC 189 SHS   | 12,534                 | 8,802                         |
| ADOBE SYSTEMS INC 174 SHS         | 17,474                 | 39,366                        |
| ALIBABA GROUP HOLDING LTD 82 SHS  | 15,565                 | 11,240                        |
| AMERICAN INTL GROUP INC 546 SHS   | 21,751                 | 21,518                        |
| AMGEN INC 147 SHS                 | 27,021                 | 28,616                        |
| BANK OF AMERICA 944 SHS           | 14,366                 | 23,260                        |
| BANK OF MONTREAL 524 SHS          | 34,144                 | 34,243                        |
| BP PLC 603 SHS                    | 23,755                 | 22,866                        |
| CHEVRON CORPORATION 250 SHS       | 25,515                 | 27,198                        |
| CHIPOTLE MEXICAN GRILL INC 38 SHS | 12,278                 | 16,408                        |
| CITIGROUP INC 371 SHS             | 24,298                 | 19,314                        |
| CYRUSONE INC 250 SHS              | 12,305                 | 13,220                        |
| DELTA AIR LINES INC 362 SHS       | 18,201                 | 18,064                        |
| EATON CORP 284 SHS                | 18,411                 | 19,499                        |
| EDWARDS LIFESCIENCES CORP 282 SHS | 31,279                 | 43,194                        |
| ELECTRONIC ARTS INC 113 SHS       | 9,194                  | 8,917                         |
| FLOOR & DECOR HLDGS INC 358 SHS   | 18,328                 | 9,272                         |
| GENERAL MOTORS COMPANY 235 SHS    | 8,694                  | 7,861                         |
| GLAXOSMITHKLINE PLC 430 SHS       | 16,901                 | 16,430                        |
| INGREDION INC 179 SHS             | 18,065                 | 16,361                        |
| INTERNATIONAL PAPER CO 541 SHS    | 25,058                 | 21,835                        |
| ISHARES CORE S & P 1068 SHS       | 65,813                 | 74,034                        |
| JEFFERIES FINANCIAL GROUP 843 SHS | 18,357                 | 14,634                        |
| JUNIPER NETWORKS INC 400 SHS      | 11,431                 | 10,764                        |
| KAR AUCTION SVS INC 346 SHS       | 18,220                 | 16,511                        |
| KROGER CO 558 SHS                 | 15,762                 | 15,345                        |
| LAUDER ESTEE CO 133 SHS           | 10,447                 | 17,303                        |
| MARATHON PETROLUEM CORP 338 SHS   | 15,000                 | 19,945                        |
| MEDTRONICS PLD 158 SHS            | 14,559                 | 14,372                        |
| MERCK & CO INC 305 SHS            | 19,343                 | 23,305                        |

## Investments Corporation Stock Schedule

| Name of Stock                     | End of Year Book Value | End of Year Fair Market Value |
|-----------------------------------|------------------------|-------------------------------|
| MICHELIN 600 SHS                  | 12,810                 | 11,760                        |
| MICROSOFT CORP 335 SHS            | 19,312                 | 34,026                        |
| NCR CORP NEW 435 SHS              | 11,800                 | 10,040                        |
| OCCIDENTAL PETROLEUM CORP 344 SHS | 23,701                 | 21,115                        |
| PEABODY ENERGY CORP 308 SHS       | 12,563                 | 9,388                         |
| PRA HEALTH SCIENCES INC 179 SHS   | 12,650                 | 16,461                        |
| QURATE RETAIL INC 501 SHS         | 11,013                 | 9,780                         |
| RAYTHEON CO 177 SHS               | 25,299                 | 27,143                        |
| SAP SE 189 SHS                    | 19,526                 | 18,815                        |
| SALESFORCE.COM INC 120 SHS        | 17,266                 | 16,436                        |
| SPDR GOLD TRUST 466 SHS           | 56,353                 | 56,502                        |
| SYSCO CORP 678 SHS                | 36,470                 | 42,483                        |
| T-MOBILE US INC 417 SHS           | 19,151                 | 26,525                        |
| TENCENT HLDGS LTD 225 SHS         | 10,129                 | 8,881                         |
| ULTA BEAUTY INC 42 SHS            | 11,861                 | 10,283                        |
| UTILITIES SELECT SECTOR 961 SHS   | 48,558                 | 50,856                        |
| VEREIT INC 1504 SHS               | 11,273                 | 10,754                        |
| VERIZON COMMUNICATIONS 364 SHS    | 17,386                 | 20,464                        |
| VODAFONE GROUP 824 SHS            | 25,815                 | 15,887                        |
| WALMART INC 74 SHS                | 6,403                  | 6,893                         |
| WERNER ENTERPRISES INC 407 SHS    | 15,126                 | 12,023                        |

**TY 2018 Investments Government Obligations Schedule**

**Name:** DANIEL J SULLIVAN FAMILY  
CHARITABLE FOUNDATION

**EIN:** 52-2380006

**US Government Securities - End  
of Year Book Value:**

24,871

**US Government Securities - End  
of Year Fair Market Value:**

24,984

**State & Local Government  
Securities - End of Year Book  
Value:**

507,133

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

497,951

**TY 2018 Other Decreases Schedule**

**Name:** DANIEL J SULLIVAN FAMILY  
CHARITABLE FOUNDATION

**EIN:** 52-2380006

| Description                                                | Amount |
|------------------------------------------------------------|--------|
| EATON CORP - PRIOR YEAR ADJUSTMENT FOR RETURN OF PRINCIPAL | 682    |

**TY 2018 Other Expenses Schedule**

**Name:** DANIEL J SULLIVAN FAMILY  
CHARITABLE FOUNDATION

**EIN:** 52-2380006

**Other Expenses Schedule**

| Description  | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|--------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| BANK FEE     | 42                                   | 4                        |                        | 38                                          |
| SPR GOLD FEE | 98                                   | 98                       |                        | 0                                           |

**TY 2018 Other Professional Fees Schedule**

**Name:** DANIEL J SULLIVAN FAMILY  
CHARITABLE FOUNDATION

**EIN:** 52-2380006

| <b>Category</b>              | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| FROST BANK CUSTODIAL FEES    | 1,864         | 1,864                            |                                | 0                                                    |
| SOUTH TEXAS MONEY MANAGEMENT | 17,458        | 17,458                           |                                | 0                                                    |

**TY 2018 Taxes Schedule**

**Name:** DANIEL J SULLIVAN FAMILY  
CHARITABLE FOUNDATION

**EIN:** 52-2380006

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---------------------------------------------|
| FOREIGN TAXES | 800    | 800                      |                        | 0                                           |
| EXCISE TAX    | 794    | 0                        |                        | 0                                           |