

FEMA 4611-DR - LOUISIANA HURRICANE IDA  
**Return of Private Foundation**  
 or Section 4947(a)(1) Trust Treated as Private Foundation

Form **990-PF**

Department of the Treasury  
 Internal Revenue Service

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For calendar year 2020 or tax year beginning , and ending

Name of foundation <b>STULLER FAMILY FOUNDATION</b>		A Employer identification number <b>72-1282688</b>	
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 82277</b>		Room/suite	B Telephone number (see instructions) <b>337-394-5432</b>
City or town, state or province, country, and ZIP or foreign postal code <b>LAFAYETTE LA 70598</b>		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <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>\$ 107,406,256</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (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)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)	6,370,287			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	248,394	248,394		
	4 Dividends and interest from securities	2,078,811	1,949,373		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,929,952			
	b Gross sales price for all assets on line 6a <b>43,411,550</b>				
	7 Capital gain net income (from Part IV, line 2)		3,929,952		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
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	12,627,444	6,127,719	0		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	93,639	30,000		42,176
	14 Other employee salaries and wages	15,164			15,164
	15 Pension plans, employee benefits	8,642			8,642
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) <b>STMT 1</b>	4,600			
	c Other professional fees (attach schedule) <b>STMT 2</b>	496,370	484,875		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) <b>STMT 3</b>	111,409	29,298		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att. sch.) <b>STMT 4</b>	4,049			4,049
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	733,873	544,173	0	70,031
	25 Contributions, gifts, grants paid	3,646,690			3,811,690
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	4,380,563	544,173	0	3,881,721	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	8,246,881				
b <b>Net investment income</b> (if negative, enter -0-)		5,583,546			
c <b>Adjusted net income</b> (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2020)

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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing			
	2 Savings and temporary cash investments	2,117,088	2,775,470	2,775,470
	3 Accounts receivable <b>u</b>			
	Less: allowance for doubtful accounts <b>u</b>			
	4 Pledges receivable <b>u</b>			
	Less: allowance for doubtful accounts <b>u</b>			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (att. schedule) <b>u</b>			
	Less: allowance for doubtful accounts <b>u</b>	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) SEE STMT 5	76,145,047	89,460,713	89,460,713
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis <b>u</b>			
Less: accumulated depreciation (attach sch.) <b>u</b>				
12 Investments – mortgage loans				
13 Investments – other (attach schedule) SEE STATEMENT 6	11,006,101	15,170,073	15,170,073	
14 Land, buildings, and equipment: basis <b>u</b>				
Less: accumulated depreciation (attach sch.) <b>u</b>				
15 Other assets (describe <b>u</b> SEE STATEMENT 7 )	39,141			
16 <b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	89,307,377	107,406,256	107,406,256	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	2,209,400	2,044,400	
	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 <b>u</b> SEE STATEMENT 8 )	1,506,223	1,537,319	
23 <b>Total liabilities</b> (add lines 17 through 22)	3,715,623	3,581,719		
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> <b>u</b> <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <b>u</b> <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	85,591,754	103,824,537	
29 <b>Total net assets or fund balances</b> (see instructions)	85,591,754	103,824,537		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions)	89,307,377	107,406,256		

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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 29 (must agree with end-of-year figure reported on prior year's return)	1	85,591,754
2 Enter amount from Part I, line 27a	2	8,246,881
3 Other increases not included in line 2 (itemize) <b>u</b> SEE STATEMENT 9	3	9,986,320
4 Add lines 1, 2, and 3	4	103,824,955
5 Decreases not included in line 2 (itemize) <b>u</b> SEE STATEMENT 10	5	418
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	103,824,537

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE WORKSHEET				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>			2	3,929,952
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			3	-303,744

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**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.**

1 Reserved				
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved	
Reserved				
Reserved				
Reserved				
Reserved				
Reserved				
2 Reserved				2
3 Reserved				3
4 Reserved				4
5 Reserved				5
6 Reserved				6
7 Reserved				7
8 Reserved				8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: ..... (attach copy of letter if necessary—see instructions)	
b	Reserved	1 77,611
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2 0
3	Add lines 1 and 2	3 77,611
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4 0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5 77,611
6	Credits/Payments:	
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a 72,500
b	Exempt foreign organizations – tax withheld at source	6b
c	Tax paid with application for extension of time to file (Form 8868)	6c 82,100
d	Backup withholding erroneously withheld	6d
7	Total credits and payments. Add lines 6a through 6d	7 154,600
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8 109
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10 76,880
11	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <b>u</b> 76,800 <b>Refunded</b> <b>u</b>	11 80

Part VII-A Statements Regarding Activities		
	Yes	No
1a		X
b		X
c		X
d		
e		
2		X
3		X
4a		X
b		
5		X
6		
7	X	
8a		
b	X	
9		X
10		X

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

		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions <span style="float: right;">N/A</span>		
12	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 <span style="float: right;">SEE STATEMENT 11</span>	X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.STULLERFOUNDATION.ORG</u>	X	
14	The books are in care of <u>STULLER FAMILY FOUNDATION</u> Telephone no. <u>337-394-5432</u> 302 RUE LOUIS XIV Located at <u>LAFAYETTE</u> LA ZIP+4 <u>70508</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>		
16	At any time during calendar year 2020, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <u></u>		X

**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.**

		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <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 checked="" type="checkbox"/> Yes <input 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	If any answer is "Yes" to 1a(1)–(6), did any 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 Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? <span style="float: right;">N/A</span>	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
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 all years listed, answer "No" and attach statement – see instructions.) <span style="float: right;">N/A</span>	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
3a	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	If "Yes," did it have excess business holdings in 2020 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) <span style="float: right;">N/A</span>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2020?	4b	X

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

		Yes	No
<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 any 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	N/A	<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/> u		
<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?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
<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? If "Yes" to 6b, file Form 8870.		<b>6b</b>	X
<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?	N/A	<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(s) 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**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(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 STATEMENT 12				

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

(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				

**Total number of other employees paid over \$50,000** 0

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

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
UBS FINANCIAL SERVICES 1000 HARBOR BLVD WEEHAWKEN NJ 07086	INVEST ADVISORY	446,643
<b>Total</b> number of others receiving over \$50,000 for professional services		<b>u</b> 0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

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**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
<b>Total.</b> Add lines 1 through 3	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	77,096,500
b	Average of monthly cash balances	1b	3,329,909
c	Fair market value of all other assets (see instructions)	1c	15,170,073
d	<b>Total</b> (add lines 1a, b, and c)	1d	95,596,482
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	95,596,482
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	1,433,947
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	94,162,535
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	4,708,127

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	4,708,127
2a	Tax on investment income for 2020 from Part VI, line 5	2a	77,611
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	77,611
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,630,516
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,630,516
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,630,516

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	3,881,721
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	370,000
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	4,251,721
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	4,251,721

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				4,630,516
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			3,188,373	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f <b>Total</b> of lines 3a through e				
4 Qualifying distributions for 2020 from Part XII, line 4: <b>u</b> \$ <u>4,251,721</u>				
a Applied to 2019, but not more than line 2a			3,188,373	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2020 distributable amount				1,063,348
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				3,567,168
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions)				
9 <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

COPY

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2020, (b) 2019, (c) 2018, (d) 2017, (e) Total. Rows include 2a (Adjusted net income), 2b (85% of line 2a), 2c (Qualifying distributions from Part XII), 2d (Amounts included in line 2c not used directly for active conduct of exempt activities), 2e (Qualifying distributions made directly for active conduct of exempt activities), 3 (Alternative tests: Assets, Endowment, Support), and 4 (Gross investment income).

COPY

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.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) MATTHEW G STULLER SR

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. N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 13

b The form in which applications should be submitted and information and materials they should include: NO APPLICATION FORMAT

c Any submission deadlines: FEBRUARY 18, JUNE 17, SEPTEMBER 16

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: SEE STATEMENT 14

**Part XV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
<b>a</b> Paid during the year SEE ATTACHED SEE ATTACHED SEE ATTACHED LA 70518	NONE	501(C)(3)	GENERAL	3,276,690
SEE ATTACHED SEE ATTACHED SEE ATTACHED LA 70518	NONE	501(C)(3)	SEE ATTACHED	535,000
<p style="font-size: 48px; opacity: 0.5;">COPY</p>				
<b>Total</b>			<b>u 3a</b>	3,811,690
<b>b</b> Approved for future payment SEE ATTACHED SEE ATTACHED SEE ATTACHED LA 70518	NONE	501(C)(3)	SEE ATTACHED	370,000
<b>Total</b>			<b>u 3b</b>	370,000

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....			14	248,394	
4 Dividends and interest from securities .....			14	2,078,811	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....					
8 Gain or (loss) from sales of assets other than inventory .....			14	3,929,952	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue: a _____					
b DEFERRED INCOME PYMTS .....			14		
c OTHER INCOME .....			14		
d PIEDMONT PARTNERS, LP .....			14		
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....			0	6,257,157	0
13 Total. Add line 12, columns (b), (d), and (e) .....				13	6,257,157



(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

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

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:			
<b>(1)</b>	Cash			X
<b>(2)</b>	Other assets			X
<b>b</b>	Other transactions:			
<b>(1)</b>	Sales of assets to a noncharitable exempt organization			X
<b>(2)</b>	Purchases of assets from a noncharitable exempt organization			X
<b>(3)</b>	Rental of facilities, equipment, or other assets			X
<b>(4)</b>	Reimbursement arrangements			X
<b>(5)</b>	Loans or loan guarantees			X
<b>(6)</b>	Performance of services or membership or fundraising solicitations			X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees			X
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign Here**

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

Signature of officer or trustee	Date
_____	_____
	Title: <u>PRESIDENT/TRUSTEE</u>

May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--

<b>Paid Preparer Use Only</b>	Print/Type preparer's name TRAVIS M. BRINSKO, CPA	Preparer's signature TRAVIS M. BRINSKO, CPA	Date 01/25/22	Check <input type="checkbox"/> if self-employed
	Firm's name ,, WRIGHT, MOORE, DEHART, DUPUIS & HUTCHINSON	PTIN *****	Firm's EIN ,, 72-1108576	
	Firm's address ,, PO BOX 80569 LAFAYETTE, LA 70598	Phone no. 337-232-3637		

Form **990-PF** | **Capital Gains and Losses for Tax on Investment Income** | **2020**  
 For calendar year 2020, or tax year beginning , and ending

Name **STULLER FAMILY FOUNDATION** | Employer Identification Number **72-1282688**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) UBS 96062	P		
(2) UBS 96062	P		
(3) UBS 96072	P		
(4) UBS 96072	P		
(5) UBS 96074	P		
(6) UBS 96075	P		
(7) UBS 96075	P		
(8) UBS 96076	P		
(9) UBS 96076	P		
(10) UBS 96076	P		
(11) UBS 96078	P		
(12) UBS 96078	P		
(13) UBS 96079	P		
(14) UBS 96079	P		
(15) UBS 96152	P		

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 97,417		173,898	-76,481
(2) 977,260		1,081,357	-104,097
(3) 4,968,764		4,786,636	182,128
(4) 4,299,288		3,717,579	581,709
(5) 55,238		168,922	-113,684
(6) 2,034,958		1,987,518	47,440
(7) 3,495,869		2,800,762	695,107
(8) 28,112		34,416	-6,304
(9) 1,730,936		1,586,014	144,922
(10) 473			473
(11) 543,747		535,416	8,331
(12) 856,702		826,025	30,677
(13) 147,353		147,458	-105
(14) 7,404,357		8,208,471	-804,114
(15) 22,717		30,959	-8,242

COPY

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(1)			-76,481
(2)			-104,097
(3)			182,128
(4)			581,709
(5)			-113,684
(6)			47,440
(7)			695,107
(8)			-6,304
(9)			144,922
(10)			473
(11)			8,331
(12)			30,677
(13)			-105
(14)			-804,114
(15)			-8,242

<b>Form 990-PF</b>	<b>Capital Gains and Losses for Tax on Investment Income</b>	<b>2020</b>
For calendar year 2020, or tax year beginning _____, and ending _____		

Name **STULLER FAMILY FOUNDATION** Employer Identification Number **72-1282688**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) UBS 96152	P		
(2) UBS 96155	P		
(3) UBS 96155	P		
(4) UBS 96267	P		
(5) UBS 96267	P		
(6) UBS 96313	P		
(7) UBS 96313	P		
(8) PIEDMONT K-1 OTHER INCOME LTCG	P		
(9) CAPITAL GAIN DIVIDENDS			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 3,021,348		1,291,852	1,729,496
(2) 2,304,054		2,756,837	-452,783
(3) 2,937,559		3,385,209	-447,650
(4) 99,334		80,009	19,325
(5) 2,749,945		1,254,464	1,495,481
(6) 889,246		906,299	-17,053
(7) 4,690,481		3,721,497	968,984
(8) 336			336
(9) 56,056			56,056
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

COPY

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
(1)			1,729,496
(2)			-452,783
(3)			-447,650
(4)			19,325
(5)			1,495,481
(6)			-17,053
(7)			968,984
(8)			336
(9)			56,056
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

## Federal Statements

**Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL & PROFESSIONAL	\$ 4,600	\$	\$	\$
TOTAL	\$ 4,600	\$ 0	\$ 0	\$ 0

**Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BROKERAGE FEES	\$ 446,642	\$ 446,642	\$	\$
LEGAL & PROFESSIONAL				
K-1 PORTFOLIO DEDUCTIONS	15,282	15,282		
MANAGEMENT FEES				
EXPENSES RELATED TO TE INCOME		-11,495		
K-1 INVESTMENT EXPENSES	34,446	34,446		
TOTAL	\$ 496,370	\$ 484,875	\$ 0	\$ 0

**Statement 3 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN TAXES	\$ 29,298	\$ 29,298	\$	\$
FEDERAL TAX	82,111			
TOTAL	\$ 111,409	\$ 29,298	\$ 0	\$ 0

**Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
MILEAGE	934			934
WEBSITE HOSTING	935			935
TELEPHONE				



## Federal Statements

**Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EDUCATION/TRAINING	\$	\$	\$	\$
OFFICE SUPPLIES	87			87
BANK CHARGES	168			168
WEBSITE DESIGN	1,925			1,925
TOTAL	\$ 4,049	\$ 0	\$ 0	\$ 4,049

**Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEE ATTACHED SCHEDULE	\$ 76,145,047	\$ 89,460,713	MARKET	\$ 89,460,713
TOTAL	\$ 76,145,047	\$ 89,460,713		\$ 89,460,713

**Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
PARTNERSHIPS - HEDGE FUNDS	\$ 11,006,101	\$ 15,170,073	MARKET	\$ 15,170,073
TOTAL	\$ 11,006,101	\$ 15,170,073		\$ 15,170,073

## Federal Statements

**Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets**

Description	Beginning of Year	End of Year	Fair Market Value
PREPAID TAXES	\$ 39,141	\$	\$
TOTAL	\$ 39,141	\$ 0	\$ 0

**Statement 8 - Form 990-PF, Part II, Line 22 - Other Liabilities**

Description	Beginning of Year	End of Year
MANAGEMENT FEE PAYABLE	\$ 1,506,223	\$ 1,506,223
FEDERAL INCOME TAX PAYABLE		5,111
ACCRUED SALARIES		25,985
TOTAL	\$ 1,506,223	\$ 1,537,319

**Statement 9 - Form 990-PF, Part III, Line 3 - Other Increases**

Description	Amount
UNREALIZED GAIN ON ASSETS	\$ 9,939,274
NONDIVIDEND DISTRIBUTIONS	47,046
TOTAL	\$ 9,986,320

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**Statement 10 - Form 990-PF, Part III, Line 5 - Other Decreases**

Description	Amount
PENALTIES	\$ 418
TOTAL	\$ 418

**Statement 11 - Form 990-PF, Part VII-A, Line 12 - Distribution Information**

## Description

CONTRIBUTIONS TO COMMUNITY FOUNDATION OF ACADIANA WERE NOT SEPARATELY IDENTIFIED AS A DONOR ADVISED FUND. THESE WERE TREATED AS QUALIFYING DISTRIBUTIONS.

DONATIONS TO CFA'S STULLER FAMILY FOUNDATION FUND WERE SPECIFICALLY ALLOCATED TO PROUD LOUISIANA, LLC TO ELIMINATE CHRONIC BLIGHT AND THE PROLIFERATION OF LITTER AND TO PROMOTE AND INVEST IN BEAUTIFICATION INITIATIVES IN LAFAYETTE PARISH AND OTHER QUALIFIED PUBLIC CHARITIES.

## Federal Statements

Statement 12 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,  
Etc.

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
MATTHEW G STULLER SR 302 RUE LOUIS XIV LAFAYETTE LA 70508	TRUSTEE	0.00	0	0	0
WILLIAM P MILLS 302 RUE LOUIS XIV LAFAYETTE LA 70508	TRUSTEE	0.00	0	0	0
CATHARINE O STULLER 302 RUE LOUIS XIV LAFAYETTE LA 70508	TRUSTEE	0.00	0	0	0
MICHAEL G DEHART 302 RUE LOUIS XIV LAFAYETTE LA 70508	PRESIDENT/TR	8.00	30,000	0	0
SCOTT BRAZDA 223 MAPLEWOOD DRIVE LAFAYETTE LA 70503	EXECUTIVE DIR	35.00	63,639	1,878	0
ALEXANDRA GRAHAM 302 RUE LOUIS XIV LAFAYETTE LA 70508	TRUSTEE	0.00	0	0	0

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**Statement 13 - Form 990-PF, Part XV, Line 2a - Name, Address and Email for Applications**

## Description

STEVEN RAMOS 337-394-5432  
 302 RUE LOUIS XIV LAFAYETTE LA 70508  
 STEVEN\_RAMOS@STULLER.COM

**Form 990-PF, Part XV, Line 2b - Application Format and Required Contents**

## Description

NO APPLICATION FORMAT

**Form 990-PF, Part XV, Line 2c - Submission Deadlines**

## Description

FEBRUARY 18, JUNE 17, SEPTEMBER 16

**Statement 14 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations**

## Description

WITHIN SIX PARISHES--- LAFAYETTE, IBERIA, ST. MARTIN,  
 ST. LANDRY, VERMILION AND ACADIA-- THE STULLER FAMILY  
 FOUNDATION PARTNERS WITH A NUMBER OF 501(C)(3) NONPROFIT  
 ORGANIZATIONS IN A VARIETY OF INTERESTS INCLUDING  
 HUMANITARIAN, YOUTH, RELIGIOUS AND EDUCATION.  
 LETTERS OF INQUIRY FROM PROSPECTIVE GRANTEE ARE  
 NOT REQUIRED, BUT MAY BE HELPFUL IN DETERMINING IF YOUR  
 ORGANIZATION AND/OR PROJECT IS A GOOD FIT WITH THE MISSION  
 OF THE STULLER FAMILY FOUNDATION. YOU MAY ALSO SEND US  
 SUCH QUESTIONS BY PHONE OR EMAIL.  
 AFTER WE RECEIVE YOUR GRANT PROPOSAL, AND YOU HAVE  
 COMPLETED A DONORSENSE PROFILE WITH COMMUNITY FOUNDATION  
 OF ACADIANA, WE WILL SOMETIMES SCHEDULE A SITE VISIT OR  
 CONTACT YOU WITH ADDITIONAL QUESTIONS IN ORDER DERIVE  
 FURTHER INFORMATION ABOUT YOUR ORGANIZATION AND PROJECT.  
 EDUCATIONAL ISSUES ARE QUITE IMPORTANT TO THE STULLER  
 FAMILY FOUNDATION, AND OUR HISTORY REFLECTS A STRONG  
 INVESTMENT IN THE DEVELOPMENT OF ACADIANA'S CHILDREN,  
 PARTICULARLY THOSE WHO ATTEND CHRISTIAN-BASED SCHOOLS.  
 THERE ARE ONLY THREE ITEMS WE WILL ABSOLUTELY NOT FUND:  
 \*AMATEUR SPORTS TEAMS  
 \*POLITICAL ORGANIZATIONS  
 \*PRIVATE INDIVIDUALS

Schedule of Contributors

2020

u Attach to Form 990, Form 990-EZ, or Form 990-PF.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

STULLER FAMILY FOUNDATION

72-1282688

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

COPY

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

STULLER FAMILY FOUNDATION

72-1282688

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PLATINUM BUSINESS INVESTMENT COMPANY PO BOX 8227 LAFAYETTE LA 70598	\$ 6,370,287	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	COPY	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

STULLER FAMILY FOUNDATION

72-1282688

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES	\$ 6,370,287	10/20/20
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

COPY