

2022 Exempt Org. Return

prepared for:

STULLER FAMILY FOUNDATION

PO BOX 82277

LAFAYETTE, LA 70598

Wright Moore Dehart Dupuis & Hutchinson, LLC

100 Petroleum Drive

Lafayette, LA 70508

Form 990-PF Return Summary

For calendar year 2022, or tax year beginning

, and ending

72-1282688

STULLER FAMILY FOUNDATION

Investment Income

Interest	1,165,415
Dividends	1,461,573
Gross rents	
Capital gain net income	2,294,223
Other income	-16,049

Total investment income

4,905,162

Expenses

Officer compensation	
Salaries / employee benefits	
Other expenses	785,154

Total expenses

785,154

Net investment income

4,120,008

Taxes / Credits

Regular tax	57,268
Section 511 tax	
Subtitle A tax	

Total tax

57,268

Payments / Penalties / Application

Estimated tax payments	142,000
Tax withheld	
Other payments	
Estimated tax penalty	49
Overpayment applied to next year's tax	84,732

Payments / penalty / application

57,219

Net tax due

49

Interest on late payments

Failure to file penalty

Failure to pay penalty

Additions to tax

Balance due

Refund

Revenue / Expenses per Books

Adjusted Net Income

Total contributions	11,371,212	
Interest	1,165,415	1,165,415
Dividends	1,487,549	1,487,549
Capital gains / losses	2,294,255	
Income modifications		
Sale of inventory		
Other income	-176,149	-176,149
Total revenue	16,142,282	2,476,815
Total expenses	7,000,431	
Excess / ANI	9,141,851	

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return

Return / extended due date 11/15/23

Balance Sheet

	Beginning	Ending	Differences
Assets	123,999,585	117,088,768	
Liabilities	4,533,910	5,853,927	
Net assets	119,465,675	111,234,841	-8,230,834

Form 990-T Return Summary

For calendar year 2022, or tax year beginning

, and ending

72-1282688

STULLER FAMILY FOUNDATION

Income & Losses (Form 990-T, Sch A) # of Schedules 1

Income from all activities _____
Losses from all activities -147,690

Unrelated business taxable income from all trades _____

Income Adjustments (Form 990-T, Part I)

Disallowed fringe benefits _____
Charitable contributions _____
Net operating loss (prior to 2018) _____
Specific deduction 1,000
Section 199A Deduction (Trusts Only) _____

Total adjustments _____ (1,000)

Unrelated business taxable income _____

Taxes & Credits (Form 990-T, Part II and III)

Regular tax _____
Other tax: Proxy AMT Facilities _____

Tax Due _____

Foreign tax credit and other credits _____
General business credits _____
Prior year minimum tax credit _____

Total nonrefundable credits _____

Other taxes _____

Total tax _____

COPY

Payments & Penalties

Estimated tax payments and Tax withheld _____
Paid with extension _____
Refundable credits and other payments _____

Payments _____

Net tax due _____

Estimated tax penalty _____
Interest on late payments _____
Failure to file penalty _____
Failure to pay penalty _____

Penalties _____

Balance due _____

Total overpayment _____

Overpayment applied to next year's tax _____

Refund _____

Next Year's Estimates

1st quarter _____
2nd quarter _____
3rd quarter _____
4th quarter _____
Total _____

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/23

WRIGHT, MOORE, DEHART, DUPUIS & HUTCHINSON, L.L.C.

Certified Public Accountants
100 Petroleum Drive, 70508
P.O. Box 80569 • Lafayette, Louisiana 70598-0569
(337) 232-3637 • Fax (337) 235-8557
www.wmddh.com

November 14, 2023

CONFIDENTIAL

STULLER FAMILY FOUNDATION
PO BOX 82277
LAFAYETTE, LA 70598

Dear Matt:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990-PF for the tax year ended 12/31/22 shows a total overpayment of \$84,683, all of which is to be credited to your estimated tax liability for the coming year. Do not mail a copy of this return.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Wright, Moore, DeHart, Dupuis & Hutchinson
PO Box 80569
Lafayette, LA 70598

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Your required 2023 Form 990-PF estimated tax payment are as follows:

Due Date	Remittance
5/15/23	\$0
6/15/23	\$0
9/15/23	\$0
12/15/23	\$0

Each payment should be made by a method of Electronic Funds Transfer (EFT). Contact the EFTPS Financial Agent of the United States Treasury and direct the Agent to initiate a withdrawal from your account.

Reminders for estimated federal tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

Your Form 990-T for the tax year ended 12/31/22 shows no balance due.

Your Form 990-T is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return.

Your electronically filed 990-T is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Wright, Moore, DeHart, Dupuis & Hutchinson
PO Box 80569
Lafayette, LA 70598

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE for Form 990-T has been received by this office.**

Illinois Filing Instructions

The filing fee for the tax year ended 12/31/22 is \$15. Form AG990-IL must be signed and dated by two officers of the organization. Include a check payable to the Illinois Charity Bureau Fund and write "E.I.N. 72-1282688, for the tax year ended 12/31/22" on the check. Mail the return by June 30, 2023 to:

Office of the Illinois Attorney General
Charitable Trust Bureau
100 W. Randolph Street, 11th floor
Chicago, IL 60601-3175

Illinois 990T Filing Instructions

Form IL-990-T for the tax year ended 12/31/22 shows a total overpayment of \$5,244, which is to be refunded in its entirety. The return should be signed and dated by an officer representing the organization. Mail the return by November 15, 2023 to:

Illinois Department of Revenue
P.O. Box 19009
Springfield, IL 62794-9009

Indiana Form NP-20 Filing Instructions

Your Form NP-20 for the tax year ended 12/31/22 shows no balance due. The return should be signed and dated by an officer representing the organization. Mail the return AS SOON AS POSSIBLE to:

Indiana Department of Revenue
Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481

Indiana Form IT-20NP Filing Instructions

Your Form IT-20NP for the tax year ended 12/31/22 shows a total overpayment of \$850 which is to be refunded in its entirety. The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return AS SOON AS POSSIBLE to:

Indiana Department of Revenue
P.O. Box 7228
Indianapolis, IN 46207-7228

Massachusetts Form M-990T Filing Instructions

Form M-990T for the tax year ended 12/31/22 shows a total overpayment of \$588, which is to be refunded in its entirety. The return should be signed and dated on Page 1 by an officer representing the organization. Mail the return AS SOON AS POSSIBLE to:

Massachusetts Department of Revenue
P.O. Box 7067
Boston, MA 02204

Minnesota Form M4NP Filing Instructions

Form M4NP for the tax year ended 12/31/22 shows a balance due of \$1,661. Include Form PV4NP and a check payable to the Minnesota Revenue. Write "E.I.N. 72-1282688 , Form M4NP for the year ended 12/31/22" on the check.

The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return AS SOON AS POSSIBLE to:

Minnesota Revenue
Mail Station 1257
St. Paul, MN 55146-1257

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

Your private foundation return (990-PF) has \$4,920,542 of undistributed income in the current year. This amount must be distributed in full next year.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

TRAVIS M. BRINSKO, CPA

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 2022, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury
Internal Revenue Service

Name of filer

STULLER FAMILY FOUNDATION

EIN or SSN

72-1282688

Name and title of officer or person subject to tax **MICHAEL G DEHART**
PRESIDENT/TRUSTEE

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	57,268
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WRIGHT, MOORE, DEHART, DUPUIS & HUTCHI to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 11/14/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72199312345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature TRAVIS M. BRINSKO, CPA Date 11/14/23

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning ... 2022, and ending ... 20

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury Internal Revenue Service

Name of filer

STULLER FAMILY FOUNDATION

EIN or SSN

72-1282688

Name and title of officer or person subject to tax MICHAEL G DEHART PRESIDENT/TRUSTEE

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number (1a-10a), Description (Form type and check here), and Amount (b Total revenue, tax, balance due, etc.). Line 6a is checked.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize WRIGHT, MOORE, DEHART, DUPUIS & HUTCHI to enter my PIN 12345 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date 11/14/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72199312345 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature TRAVIS M. BRINSKO, CPA Date 11/14/23

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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 for instructions and the latest information.

Open to Public Inspection

For calendar year **2022** or tax year beginning , and ending

Name of foundation STULLER FAMILY FOUNDATION		A Employer identification number 72-1282688
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 82277	Room/suite	B Telephone number (see instructions) 337-394-5432
City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE LA 70598		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) \$ 117,003,946	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	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) ...	11,371,212			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,165,415	1,165,415		
	4 Dividends and interest from securities	1,487,549	1,461,573		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10 STMT 1	2,294,255			
	b Gross sales price for all assets on line 6a 75,386,046				
	7 Capital gain net income (from Part IV, line 2)		2,294,223		
	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) STMT 2	-176,149	-16,049			
12 Total. Add lines 1 through 11	16,142,282	4,905,162	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	109,615			109,615
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	13,736			13,736
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) STMT 3	10,200			
	c Other professional fees (attach schedule) STMT 4	727,876	688,667		12,900
	17 Interest	48,166	42,681		
	18 Taxes (attach schedule) (see instructions) STMT 5	121,073	53,806		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att. sch.) STMT 6	1,721			1,721
	24 Total operating and administrative expenses. Add lines 13 through 23	1,032,387	785,154	0	137,972
	25 Contributions, gifts, grants paid	5,968,044			3,468,044
26 Total expenses and disbursements. Add lines 24 and 25	7,000,431	785,154	0	3,606,016	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	9,141,851				
b Net investment income (if negative, enter -0-)		4,120,008			
c Adjusted net income (if negative, enter -0-)			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	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	9,221,204	4,362,598	4,362,598
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	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 (att. schedule)			
	Less: allowance for doubtful accounts	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges		84,732	
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) SEE STMT 7	88,223,139	51,340,743	51,340,743
	c Investments – corporate bonds (attach schedule) SEE STMT 8		21,523,715	21,523,715
	11 Investments – land, buildings, and equipment: basis			
Less: accumulated depreciation (attach sch.)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule) SEE STATEMENT 9	26,555,242	39,776,980	39,776,890	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach sch.)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	123,999,585	117,088,768	117,003,946	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	2,816,250	4,315,574	
	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 SEE STATEMENT 10)	1,717,660	1,538,353	
23 Total liabilities (add lines 17 through 22)	4,533,910	5,853,927		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <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	119,465,675	111,234,841	
29 Total net assets or fund balances (see instructions)	119,465,675	111,234,841		
30 Total liabilities and net assets/fund balances (see instructions)	123,999,585	117,088,768		

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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	119,465,675
2 Enter amount from Part I, line 27a	2	9,141,851
3 Other increases not included in line 2 (itemize) SEE STATEMENT 11	3	13,703
4 Add lines 1, 2, and 3	4	128,621,229
5 Decreases not included in line 2 (itemize) SEE STATEMENT 12	5	17,386,388
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	111,234,841

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.				(i) 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) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	2,294,223
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	-2,103,893

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Part V 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)		1	57,268
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	57,268
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	57,268
6	Credits/Payments:			
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a		142,000
b	Exempt foreign organizations – tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	142,000
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	49
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	84,683
11	Enter the amount of line 10 to be: Credited to 2023 estimated tax 84,732 Refunded		11	

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		X
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ (2) On foundation managers. \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	N/A	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions.		
LA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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	N/A	
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	X	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address WWW.STULLERFOUNDATION.ORG		
14 The books are in care of STULLER FAMILY FOUNDATION Telephone no. 337-394-5432 302 RUE LOUIS XIV		
Located at LAFAYETTE LA ZIP+4 70508		
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		15
16 At any time during calendar year 2022, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-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?		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(1)	
	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. 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.)	1a(6)	X
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	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2022?	1d	X
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 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2022? If "Yes," list the years 20 , 20 , 20 , 20	2a	X
b Are there any years listed in 2a for which the foundation is not 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.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 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 2022.)	3b	N/A
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 2022?	4b	X



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

	Yes	No
5a 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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d 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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 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?		X

Part VII 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 14				

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 VII 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."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entry for UBS FINANCIAL SERVICES with compensation of 497,385 and a total of 0 for others.

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities and Expenses. Includes a large 'COPY' watermark across the table.

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

Table with 2 columns: Description of investments and Amount. Includes a total line for lines 1 through 3.

Part IX 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	72,701,319
b	Average of monthly cash balances	1b	7,467,054
c	Fair market value of all other assets (see instructions)	1c	32,798,197
d	Total (add lines 1a, b, and c)	1d	112,966,570
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	112,966,570
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,694,499
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	111,272,071
6	Minimum investment return. Enter 5% (0.05) of line 5	6	5,563,604

Part X 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 IX, line 6	1	5,563,604
2a	Tax on investment income for 2022 from Part V, line 5	2a	57,268
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	57,268
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,506,336
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	5,506,336
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XI, line 1	7	5,506,336

Part XI 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	3,606,016
b	Program-related investments – total from Part VIII-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	2,500,000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	6,106,016

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				5,506,336
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			5,520,222	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
4 Qualifying distributions for 2022 from Part XI, line 4: \$ <u>6,106,016</u>				
a Applied to 2021, but not more than line 2a			5,520,222	
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 2022 distributable amount				585,794
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
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 2021. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				4,920,542
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 2017 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

COPY

Part XIII Private Operating Foundations (see instructions and Part VI-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 2022, 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)

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test – enter:					
(1) Total gross support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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Part XIV 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 15

b The form in which applications should be submitted and information and materials they should include:
SEE ATTACHED.

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 16

Part XIV 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
a Paid during the year SEE ATTACHED SEE ATTACHED SEE ATTACHED LA 70518	NONE	501(C)(3)	GENERAL	3,468,044
SEE ATTACHED SEE ATTACHED SEE ATTACHED LA 70518	NONE	501(C)(3)	SEE ATTACHED	1,000,676
<p style="font-size: 48px; opacity: 0.5;">COPY</p>				
Total				3a 4,468,720
b Approved for future payment SEE ATTACHED SEE ATTACHED SEE ATTACHED LA 70518	NONE	501(C)(3)	SEE ATTACHED	2,500,000
Total				3b 2,500,000

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal, 13 Total.

COPY

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

1 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?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d 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.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content includes 'N/A' and a large 'COPY' watermark.

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 [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content includes '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: TRAVIS M. BRINSKO, CPA
Date:
Title: PRESIDENT/TRUSTEE

Paid Preparer Use Only: Print/Type preparer's name: TRAVIS M. BRINSKO, CPA; Preparer's signature: TRAVIS M. BRINSKO, CPA; Date:
Firm's name: WRIGHT, MOORE, DEHART, DUPUIS & HUTCHINSON; PTIN: P01259242; Firm's address: PO BOX 80569, LAFAYETTE, LA 70598; Firm's EIN: 72-1108576; Phone no.: 337-232-3637

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2022

For calendar year 2022, or tax year beginning _____, and ending _____

Name

Employer Identification Number

STULLER FAMILY FOUNDATION

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) PIEDMONT PARTNERS K-1	P		
(2) ARROWMARK LIFE SCIENCE K-1	P		
(3) ARROWMARK GLOBAL OPPORTUNITY K-1	P		
(4) CORE INDUSTRY PARTNERS FUND II K-1	P		
(5) CRESCENT CREDIT SOLUTIONS K-1	P		
(6) PIEDMONTPARTNERS K-1	P		
(7) ARROWMARK LIFE SCIENCE FUND K-1	P		
(8) ARROWMARK GLOBAL OPPORTUNITY K-1	P		
(9) CRESSET REAL ESTATE LOGISTICS K-1	P		
(10) PIEDMONT PARTNERS K-1	P		
(11) PIEDMONT PARTNERS K-1	P		
(12) SEE ATTACHED FIDELITY 0118	P		
(13) SEE ATTACHED FIRST HORIZON 2190	P		
(14) SEE ATTACHED FIRST HORIZON 2190	P		
(15) SEE ATTACHED UBS 96062	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) 47,594			47,594
(2)		240,406	-240,406
(3)		10,473	-10,473
(4) 243,513			243,513
(5) 1			1
(6) 3,339			3,339
(7)		136,673	-136,673
(8)		741	-741
(9) 9,158			9,158
(10) 4,726			4,726
(11) 3,172			3,172
(12) 2,009,262		1,978,743	30,519
(13) 652,121		660,461	-8,340
(14) 665,209		683,630	-18,421
(15) 439,553		466,825	-27,272

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(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)			47,594
(2)			-240,406
(3)			-10,473
(4)			243,513
(5)			1
(6)			3,339
(7)			-136,673
(8)			-741
(9)			9,158
(10)			4,726
(11)			3,172
(12)			30,519
(13)			-8,340
(14)			-18,421
(15)			-27,272

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

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2022

For calendar year 2022, or tax year beginning _____, and ending _____

Name

Employer Identification Number

STULLER FAMILY FOUNDATION

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) SEE ATTACHED UBS 96062	P		
(2) SPDR GOLD SHARES ETF PRINCIPAL	P		
(3) VANGUARD ULTRA SHORT TERM	P		
(4) SEE ATTACHED UBS 96072	P		
(5) SEE ATTACHED UBS 96072	P		
(6) SEE ATTACHED UBS 96075	P		
(7) SEE ATTACHED UBS 96075	P		
(8) SEE ATTACHED UBS 96076	P		
(9) SEE ATTACHED UBS 96076	P		
(10) SEE ATTACHED UBS 96078	P		
(11) SEE ATTACHED UBS 96078	P		
(12) SEE ATTACHED UBS 96079	P		
(13) SEE ATTACHED UBS 96079	P		
(14) SEE ATTACHED UBS 96152	P		
(15) SEE ATTACHED 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) 3,563,246		4,456,428	-893,182
(2) 2,895		2,895	
(3) 1,893,883		1,902,591	-8,708
(4) 2,416,952		2,368,152	48,800
(5) 2,967,291		3,287,114	-319,823
(6) 4,456,080		4,532,726	-76,646
(7) 3,439,862		2,878,758	561,104
(8) 566,828		683,956	-117,128
(9) 2,566,633		2,905,218	-338,585
(10) 151,790		158,687	-6,897
(11) 640,687		671,480	-30,793
(12) 436,811		476,253	-39,442
(13) 12,427,966		13,404,581	-976,615
(14) 1,364,036		1,579,412	-215,376
(15) 8,491,347		6,870,064	1,621,283

COPY

(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)			-893,182
(2)			
(3)			-8,708
(4)			48,800
(5)			-319,823
(6)			-76,646
(7)			561,104
(8)			-117,128
(9)			-338,585
(10)			-6,897
(11)			-30,793
(12)			-39,442
(13)			-976,615
(14)			-215,376
(15)			1,621,283

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

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2022

For calendar year 2022, or tax year beginning _____, and ending _____

Name

Employer Identification Number

STULLER FAMILY FOUNDATION

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) SEE ATTACHED UBS 96155	P		
(2) SEE ATTACHED UBS 96155	P		
(3) SEE ATTACHED UBS 96267	P		
(4) SEE ATTACHED UBS 96267	P		
(5) SEE ATTACHED UBS 96313	P		
(6) SEE ATTACHED UBS 96313	P		
(7) CAPITAL GAIN DIVIDENDS			
(8)			
(9)			
(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) 1,307,599		1,434,830	-127,231
(2) 7,476,082		5,280,752	2,195,330
(3) 76,784		130,991	-54,207
(4) 364,895		268,188	96,707
(5) 6,757,241		8,302,607	-1,545,366
(6) 9,937,320		7,318,156	2,619,164
(7) 2,138			2,138
(8)			
(9)			
(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)			-127,231
(2)			2,195,330
(3)			-54,207
(4)			96,707
(5)			-1,545,366
(6)			2,619,164
(7)			2,138
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Description	Whom Sold	Date Acquired	Date Sold	How Received		Expense	Depreciation	Net Gain / Loss
				Sale Price	Cost			
PIEDMONT PARTNERS K-1 UBTI				PURCHASE				
				\$ 32	\$	\$	\$	\$ 32
TOTAL				<u>\$ 32</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 32</u>

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	\$ 2,011	\$ 2,011	\$
K-1 RECAP 4797	18,606	18,606	
K-1 RECAP OTHER PORTFOLIO	11,350	11,350	
K-1 RECAP SECTION 988	-48,220	-48,220	
K-1 RECAP 4797 UBTI	204		
SECURITIES LITIGATION INCOME	204	204	
CORE INDUSTRIAL PARTNERS	-147,894		
PIEDMONT PARTNERS	-16,165		
CRESSET REAL ESTATE LOGISTICS	3,755		
TOTAL	<u>\$ -176,149</u>	<u>\$ -16,049</u>	<u>\$ 0</u>

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL & PROFESSIONAL	\$ 10,200	\$	\$	\$
TOTAL	<u>\$ 10,200</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements

Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BROKERAGE FEES	\$ 526,779	\$ 526,779	\$	\$
K-1 PORTFOLIO DEDUCTIONS	170,197	170,197		
MANAGEMENT FEES	18,000			
EXPENSES RELATED TO TE INCOME COMMUNITY ANALYST	12,900	-8,309		12,900
TOTAL	\$ 727,876	\$ 688,667	\$ 0	\$ 12,900

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN TAXES - 1099S	\$ 53,735	\$ 53,735	\$	\$
FEDERAL TAX	57,268			
K-1 RECAP FOREIGN TAXES	71	71		
STATE TAXES PAID - K-1S	9,999			
TOTAL	\$ 121,073	\$ 53,806	\$ 0	\$ 0

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
MEALS	412			412
WEBSITE HOSTING	340			340
OFFICE SUPPLIES	709			709
SUBSCRIPTION	260			260
TOTAL	\$ 1,721	\$ 0	\$ 0	\$ 1,721

Federal Statements

Statement 7 - 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	\$ 88,223,139	\$ 51,340,743	MARKET	\$ 51,340,743
TOTAL	<u>\$ 88,223,139</u>	<u>\$ 51,340,743</u>		<u>\$ 51,340,743</u>

Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SEE ATTACHED	\$	\$ 21,523,715	MARKET	\$ 21,523,715
TOTAL	<u>\$ 0</u>	<u>\$ 21,523,715</u>		<u>\$ 21,523,715</u>

Statement 9 - 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	\$ 26,555,242	\$ 39,776,980	MARKET	\$ 39,776,890
TOTAL	<u>\$ 26,555,242</u>	<u>\$ 39,776,980</u>		<u>\$ 39,776,890</u>

Federal Statements

Statement 10 - 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	185,452	0
ACCRUED SALARIES	25,985	25,985
DUE TO FMS		6,145
TOTAL	<u>\$ 1,717,660</u>	<u>\$ 1,538,353</u>

Statement 11 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
NONDIVIDEND DISTRIBUTIONS	\$ 13,703
TOTAL	<u>\$ 13,703</u>

Statement 12 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount
K-1 NON DEDUCTIBLE EXPENSES	\$ 165
UNREALIZED LOSS ON ASSETS	17,386,223
TOTAL	<u>\$ 17,386,388</u>

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Statement 13 - Form 990-PF, Part VI-A, Line 12 - Distribution Information

Description

CONTRIBUTIONS AND GRANTS TO THE COMMUNITY FOUNDATION OF ACADIANA ARE TREATED AS QUALIFYING DISTRIBUTIONS.
 DONATIONS TO COMMUNITY FOUNDATION OF ACADIANA (CFA) STULLER FAMILY FOUNDATION FUND WERE ALLOCATED TO:
 FLORIDA DISASTER RELIEF TO SEND TO FLORIDA NATIONAL DISASTER RESPONDERS
 SOLA GIVING DAY TO ASSIST WITH CFA GIVING DAY OPERATING EXPENSE
 LAFAYETE CIVIC CUP TO FUND CIVIC CUP RECOGNITION
 STULLER FAMILY FOUNDATION DAF - TO BE USED ON GENERAL COMMUNITY NEEDS

Federal Statements

Statement 14 - Form 990-PF, Part VII, 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	1.00	0	0	0
WILLIAM P MILLS 302 RUE LOUIS XIV LAFAYETTE LA 70508	TRUSTEE	1.00	0	0	0
CATHARINE O STULLER 302 RUE LOUIS XIV LAFAYETTE LA 70508	TRUSTEE	1.00	0	0	0
MICHAEL G DEHART 302 RUE LOUIS XIV LAFAYETTE LA 70508	PRESIDENT/TR	3.00	0	0	0
CHARLES LAGRANGE 302 RUE LOUIS XIV LAFAYETTE LA 70508	EXECUTIVE DI	40.00	109,615	13,736	412
ALEXANDRA GRAHAM STULLER 302 RUE LOUIS XIV LAFAYETTE LA 70508	TRUSTEE	1.00	0	0	0
MATTHEW STULLER JR 302 RUE LOUIS XIV LAFAYETTE LA 70508	TRUSTEE	1.00	0	0	0
LAUREN STULLER 302 RUE LOUIS XIV LAFAYETTE LA 70508	TRUSTEE	1.00	0	0	0

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Statement 15 - Form 990-PF, Part XIV, Line 2a - Name, Address and Email for Applications

Description

CHARLES LAGRANGE 337-394-5432
 302 RUE LOUIS XIV LAFAYETTE LA 70508
 CHUCK_LEGRANGE@STULLER.COM

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

Description

SEE ATTACHED.

Form 990-PF, Part XIV, Line 2c - Submission Deadlines

Description

FEBRUARY 18, JUNE 17, SEPTEMBER 16

Statement 16 - Form 990-PF, Part XIV, 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 GRANTEEES 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 TO ARRIVE
 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 NOT FUND:
 *AMATEUR SPORTS TEAMS
 *POLITICAL ORGANIZATIONS
 *PRIVATE INDIVIDUALS

Statement 17 - Form 990-PF, Part XV-A, Line 11 - Other Revenue

Description

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
OTHER INCOME					
		\$	14	\$ 2,011	\$
K-1 RECAP 4797			14	18,606	

Statement 17 - Form 990-PF, Part XV-A, Line 11 - Other Revenue (continued)

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
K-1 RECAP OTHER PORTFOLIO		\$	14	\$ 11,350	\$
K-1 RECAP SECTION 988			14	-48,220	
K-1 RECAP 4797 UBTI	900099	204			
SECURITIES LITIGATION INCOM			14	204	
CORE INDUSTRIAL PARTNERS	900099	-147,894			
PIEDMONT PARTNERS			14	-16,165	
CRESSET REAL ESTATE LOGISTI			14	3,755	
TOTAL		\$ <u>-147,690</u>		\$ <u>-28,459</u>	\$ <u>0</u>

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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to 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 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

STULLER FAMILY FOUNDATION

Employer identification number

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	\$ 11,371,212	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.)
	<p style="text-align: center; font-size: 48px; opacity: 0.5;">COPY</p>	\$	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

STULLER FAMILY FOUNDATION

Employer identification number

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	\$ 5,010,762	08/31/22
1	SECURITIES	\$ 6,360,450	12/14/22
	<p style="text-align: center; font-size: 48px; opacity: 0.5;">COPY</p>	\$	
		\$	
		\$	
		\$	
		\$	

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) STULLER FAMILY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 82277 City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE LA 70598	D Employer identification number 72-1282688 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 117,088,768			

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to: Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of **STULLER FAMILY FOUNDATION** Telephone number **337-394-5432**

Part I Total Unrelated Business Taxable Income			
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1		0
2 Reserved	2		
3 Add lines 1 and 2	3		
4 Charitable contributions (see instructions for limitation rules)	4		
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5		
6 Deduction for net operating loss. See instructions	6		0
7 Total of unrelated business taxable income before specified deduction and section 199A deduction. Subtract line 6 from line 5	7		0
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8		1,000
9 Trusts. Section 199A deduction. See instructions	9		
10 Total deductions. Add lines 8 and 9	10		1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11		0

Part II Tax Computation			
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1		0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2		0
3 Proxy tax. See instructions	3		
4 Other tax amounts. See instructions	4		
5 Alternative minimum tax (trusts only)	5		
6 Tax on noncompliant facility income. See instructions	6		
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7		0

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
			PRESIDENT/TRUSTEE		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TRAVIS M. BRINSKO, CPA	TRAVIS M. BRINSKO, CPA			P01259242
	Firm's name	Firm's EIN		Firm's address	
WRIGHT, MOORE, DEHART, DUPUIS & HUTCHINSON	72-1108576		LAFAYETTE, LA 70598		
PO BOX 80569	Phone no.		337-232-3637		
LAFAYETTE, LA 70598					

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization STULLER FAMILY FOUNDATION	B Employer identification number 72-1282688
C Unrelated business activity code (see instructions) 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business UNRELATED BUSINESS ACTIVITY

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1	5 -147,894		-147,894
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) SEE STMT 2	12 204		204
13 Total. Combine lines 3 through 12	13 -147,690		-147,690

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Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income			
1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	0
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement)		14	
15 Total deductions. Add lines 1 through 14		15	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-147,690
17 Deduction for net operating loss. See instructions		17	
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-147,690

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes Yes/No checkboxes for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Includes description of property (A-D), and a grid for rent received or accrued (2a-2c) and deductions (4). Includes Total deductions (5) and a large 'COPY' watermark.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Includes description of debt-financed property (A-D), and a grid for gross income (2), deductions (3a-3c), average acquisition debt (4), and average adjusted basis (5). Includes percentage calculations (6) and Total gross income (8), Total allocable deductions (10), and Total dividends-received deductions (11).

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A []
B []
C []
D []

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for: 2 Gross advertising income, 3 Direct advertising costs by periodical, 4 Advertising gain (loss), 5 Readership costs, 6 Circulation income, 7 Excess readership costs, 8 Excess readership costs allowed as a deduction.

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Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1) through (4) and a Total row.

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

Form **990-T****Schedule A Loss Carryover Calculation****2022**Description **UNRELATED BUSINESS ACTIVITY**

Name

STULLER FAMILY FOUNDATION

Taxpayer Identification Number

72-1282688Unincorporated Business Income Tax Code: **900099** Activity: **OTHER UNRELATED BUSINESS ACTIVIT**

Each activity may carryforward losses after 2018

1	Activity income	1	-147,690
2	Activity deductions	2	
3	Activities income or loss, after deductions	3	-147,690
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7	Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4)	7	
8	If line 3 is less than zero, enter that amount here as a positive number	8	147,690
9	Total loss carried forward to 2023 (Add lines 7 and 8)	9	147,690

Electronic Filing includes the report of additional amounts for this activity

E1	Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1
E2	Prior year activity losses included on Schedule A, Line 17	E2

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Federal Statements

Unrelated Business Activity

Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
CORE INDUSTRIAL PARTNERS	\$ -147,894	\$	\$ -147,894
TOTAL	\$ -147,894	\$ 0	\$ -147,894

Unrelated Business Activity

Statement 2 - Schedule A (990T), Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
K-1 RECAP 4797 UBTI	\$ 204
TOTAL	\$ 204

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Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **STULLER FAMILY FOUNDATION** Employer identification number **72-1282688**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	57,268
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	57,268
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	262,332
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	57,268

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

COPY

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	05/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	14,317	14,317	14,317	14,317
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions		71,000	71,000	
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
12 Enter amount, if any, from line 18 of the preceding column			42,366	99,049
13 Add lines 11 and 12		71,000	113,366	99,049
14 Add amounts on lines 16 and 17 of the preceding column		14,317		
15 Subtract line 14 from line 13. If zero or less, enter -0-	0	56,683	113,366	99,049
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		0	0	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	14,317	0	0	0
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column		42,366	99,049	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19 SEE WORKSHEET			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 365 x 4% (0.04)	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 365 x 5% (0.05)	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 365 x 6% (0.06)	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 7% (0.07)	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x *%	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x *%	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x *%	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 366 x *%	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				38 \$ 49

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Name STULLER FAMILY FOUNDATION	Employer Identification Number 72-1282688
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	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>05/15/22</u>	<u>06/15/22</u>	<u>09/15/22</u>	<u>12/15/22</u>
Amount of underpayment	<u>14,317</u>	_____	_____	_____

Prior year overpayment applied _____

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	<u>06/15/22</u>	<u>09/15/22</u>	_____	_____
Amount of payment	_____	<u>71,000</u>	<u>71,000</u>	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	5/15/22	6/15/22	14,317	31	4.00	49
TOTAL PENALTY						49
						=====

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Form **990-W**
 (Worksheet)
 Department of the Treasury
 Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable
 Income for Tax-Exempt Organizations**
 (and on Investment Income for Private Foundations)

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
 ▶ Keep for your records. Do not send to the Internal Revenue Service.

2022

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	57,268
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero of the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	57,268
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	57,268

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		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	05/15/23	06/15/23	09/15/23	12/15/23
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12				57,300
13	2021 Overpayment. See instructions	13				57,300
14	Payment due (Subtract line 13 from line 12)	14				

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Name
STULLER FAMILY FOUNDATION

Taxpayer Identification Number
72-1282688

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A	A. _____
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities		B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6		C. _____
D. Pre-2018 Applied (Sum of B and C)		D. _____
E. Pre-2018 Remaining (Line A minus Line D)		E. _____
F. Pre-2018 Net Operating Losses Expiring this Year		F. _____
G. Pre-2018 Net Operating Losses Carried Forward		G. _____

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income		16. _____	_____

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Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. UNRELATED BUSINESS ACTIVITY	900099	1. -147,690
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. -147,690