

**2021 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 2021, or tax year beginning

, and ending

72-1282688

STULLER FAMILY FOUNDATION

### Investment Income

Interest	303,615
Dividends	1,871,668
Gross rents	
Capital gain net income	17,518,762
Other income	46

**Total investment income**

19,694,091

### Expenses

Officer compensation	24,000
Salaries / employee benefits	
Other expenses	797,310

**Total expenses**

821,310

**Net investment income**

18,872,781

### Taxes / Credits

Regular tax	262,332
Section 511 tax	
Subtitle A tax	

**Total tax**

262,332

### Payments / Penalties / Application

Estimated tax payments	76,880
Tax withheld	
Other payments	250,000
Estimated tax penalty	10
Overpayment applied to next year's tax	64,538

**Payments / penalty / application**

262,332

**Net tax due**

0

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	9,782,163	
Interest	303,615	303,615
Dividends	1,927,182	1,927,182
Capital gains / losses	17,518,762	1,389,756
Income modifications		
Sale of inventory		
Other income	-181,030	-181,030
<b>Total revenue</b>	<b>29,350,692</b>	<b>3,439,523</b>
Total expenses	4,801,869	
<b>Excess / ANI</b>	<b>24,548,823</b>	

### Next Year's Estimates

1st quarter	
2nd quarter	71,000
3rd quarter	71,000
4th quarter	58,462
<b>Total</b>	<b>200,462</b>

### Miscellaneous Information

Amended return

Return / extended due date 11/15/22

### Balance Sheet

	Beginning	Ending	Differences
Assets	107,406,256	123,999,585	
Liabilities	3,581,719	4,533,910	
Net assets	103,824,537	119,465,675	15,641,138

# Form 990-T Return Summary

For calendar year 2021, 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 \_\_\_\_\_

-181,076

## 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 \_\_\_\_\_

Section 199A Deduction (Trusts Only) \_\_\_\_\_

### Total adjustments

### 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 05/16/22

# 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](http://www.wmddh.com)

November 15, 2022

## 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 12/31/21 shows a total overpayment of \$64,538, all of which is to be credited to your estimated tax liability for the coming year. Do not mail a copy of this return.

Overpayment eliminated according to notice.

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 2022 Form 990-PF estimated tax payment are as follows:

Due Date	Remittance
5/16/22	\$0
6/15/22	\$71,000 Paid
9/15/22	\$71,000 Paid
12/15/22	\$58,462 Not Paid

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 12/31/21 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. Form 8453-TE, Exempt Organization Declaration and Signature for Electronic Filing should be signed and dated by an authorized officer of the organization. The form will be included as an attachment to the electronic file and therefore must be signed and returned before the electronic file is transmitted to the IRS.

Return the signed Form 8453-TE as soon as possible to:

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

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 \$5,520,222 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

# Tax Exempt Entity Declaration and Signature for Electronic Filing

# 2021

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
▶ Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of filer <b>STULLER FAMILY FOUNDATION</b>	EIN or SSN <b>72-1282688</b>
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## Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-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 of 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-). 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 type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) .....	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b _____
6a Form 990-T check here ▶ <input checked="" 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 of Officer or Person Subject to Tax

- 8  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2021 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.

Sign Here ▶	11/15/22	PRESIDENT/TRUSTEE
Signature of officer or person subject to tax	Date	Title, if applicable

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ TRAVIS M. BRINSKO, CPA	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P01259242
	Firm's name (or yours if self-employed), address, and ZIP code	WRIGHT, MOORE, DEHART, DUPUIS & HUTCHINSON			EIN 72-1108576
		PO BOX 80569 LAFAYETTE LA 70598			Phone no. 337-232-3637

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning . . . . . 2021, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

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 VI, line 5)	4b	<u>262,332</u>
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 2021 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 2021 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 2021 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 11/15/22

**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 2021 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 11/15/22

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.**

Open to Public Inspection

**For calendar year 2021 or tax year beginning** , **and ending**

Name of foundation <b>STULLER FAMILY FOUNDATION</b>		<b>A Employer identification number</b> 72-1282688
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 82277</b>	Room/suite	<b>B Telephone number (see instructions)</b> 337-394-5432
City or town, state or province, country, and ZIP or foreign postal code <b>LAFAYETTE LA 70598</b>		<b>C</b> If exemption application is pending, check here ▶ <input type="checkbox"/>
<b>G</b> 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		<b>D</b> 1. Foreign organizations, check here ..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>123,999,585</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) .....	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule) .....	9,782,163			
	<b>2</b> Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	303,615	303,615		
	<b>4</b> Dividends and interest from securities .....	1,927,182	1,871,668		
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	17,518,762			
	<b>b</b> Gross sales price for all assets on line 6a .....	59,900,523			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		17,518,762		
	<b>8</b> Net short-term capital gain .....			0	
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) (attach schedule) .....					
<b>11</b> Other income (attach schedule) <b>STMT 1</b> .....	-181,030	46			
<b>12 Total.</b> Add lines 1 through 11 .....	29,350,692	19,694,091	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	60,346	24,000		36,346
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....	4,154			4,154
	<b>16a</b> Legal fees (attach schedule) .....				
	<b>b</b> Accounting fees (attach schedule) <b>STMT 2</b> .....	15,200			
	<b>c</b> Other professional fees (attach schedule) <b>STMT 3</b> .....	886,811	758,496		126,000
	<b>17</b> Interest .....	1,523	1,523		
	<b>18</b> Taxes (attach schedule) (see instructions) <b>STMT 4</b> .....	299,623	37,291		
	<b>19</b> Depreciation (attach schedule) and depletion .....				
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....				
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses (att. sch.) <b>STMT 5</b> .....	1,645			1,645
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	1,269,302	821,310	0	168,145
	<b>25</b> Contributions, gifts, grants paid .....	3,532,567			2,760,717
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	4,801,869	821,310	0	2,928,862	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	24,548,823				
<b>b Net investment income</b> (if negative, enter -0-) .....		18,872,781			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			0		



<b>Part II Balance Sheets</b> 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
<b>Assets</b>	1 Cash – non-interest-bearing			
	2 Savings and temporary cash investments	2,775,470	9,221,204	9,221,204
	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			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) <b>SEE STMT 6</b>	89,460,713	88,223,139	88,223,139
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach sch.) ▶			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule) <b>SEE STATEMENT 7</b>	15,170,073	26,555,242	26,555,242
	14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach sch.) ▶			
15 Other assets (describe ▶ )				
16 <b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	107,406,256	123,999,585	123,999,585	
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable	2,044,400	2,816,250	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ <b>SEE STATEMENT 8</b> )	1,537,319	1,717,660	
	23 <b>Total liabilities</b> (add lines 17 through 22)	3,581,719	4,533,910	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> ▶ <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> ▶ <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	103,824,537	119,465,675	
29 <b>Total net assets or fund balances</b> (see instructions)	103,824,537	119,465,675		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions)	107,406,256	123,999,585		

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<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
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	103,824,537
2 Enter amount from Part I, line 27a	2	24,548,823
3 Other increases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 9</b>	3	121,666
4 Add lines 1, 2, and 3	4	128,495,026
5 Decreases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 10</b>	5	9,029,351
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	119,465,675

**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) <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>		2	17,518,762
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	1,389,756

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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	262,332
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	262,332
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	262,332
6	Credits/Payments:			
a	2021 estimated tax payments and 2020 overpayment credited to 2021	6a		76,880
b	Exempt foreign organizations – tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		250,000
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	326,880
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	10
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	64,538
11	Enter the amount of line 10 to be: <b>Credited to 2022 estimated tax</b> 64,538 <b>Refunded</b>		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 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.		X
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? If "Yes," attach a detailed description of the activities.		X
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? If "Yes," attach the statement required by General Instruction T.		X
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 General Instruction G? 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 2021 or the tax year beginning in 2021? 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 SEE STATEMENT 11	X	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW.STULLERFOUNDATION.ORG	X	
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 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X

**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
<b>1a</b> 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? .....	<b>1a(1)</b>	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	<b>1a(2)</b>	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	<b>1a(3)</b>	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	<b>1a(4)</b>	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)? .....	<b>1a(5)</b>	X
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	<b>1a(6)</b>	X
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	<b>1b</b>	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		<input type="checkbox"/>
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	<b>1d</b>	N/A
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	<b>2a</b>	X
If "Yes," list the years ► 20 ....., 20 ....., 20 ....., 20 .....		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement – see instructions.) .....	<b>2b</b>	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20 ....., 20 ....., 20 ....., 20 .....		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	<b>3a</b>	X
<b>b</b> If "Yes," did it have excess business holdings in 2021 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 2021.) .....	<b>3b</b>	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	<b>4a</b>	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	<b>4b</b>	X

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

	Yes	No
<b>5a</b> During the year did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		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>b</b> If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		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.**

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(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12				

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

**Part 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."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	94,462,802
<b>b</b>	Average of monthly cash balances	<b>1b</b>	3,357,551
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	26,555,242
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	124,375,595
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	124,375,595
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	<b>4</b>	1,865,634
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	<b>5</b>	122,509,961
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	<b>6</b>	6,125,498

**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.)

<b>1</b>	Minimum investment return from Part IX, line 6	<b>1</b>	6,125,498
<b>2a</b>	Tax on investment income for 2021 from Part V, line 5	<b>2a</b>	262,332
<b>b</b>	Income tax for 2021. (This does not include the tax from Part V.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	262,332
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	5,863,166
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	5,863,166
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XI, line 1	<b>7</b>	5,863,166

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	<b>1a</b>	2,928,862
<b>b</b>	Program-related investments – total from Part VIII-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	981,250
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	<b>4</b>	3,910,112

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

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				5,863,166
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			3,567,168	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f <b>Total</b> of lines 3a through e				
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <u>3,910,112</u>				
a Applied to 2020, but not more than line 2a			3,567,168	
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 2021 distributable amount				342,944
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				5,520,222
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 2016 not applied on line 5 or line 7 (see instructions)				
9 <b>Excess distributions carryover to 2022.</b> Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

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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 2021, 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) 2021	(b) 2020	(c) 2019	(d) 2018	
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 13

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 14

**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
<b>a</b> Paid during the year SEE ATTACHED SEE ATTACHED SEE ATTACHED LA 70518	NONE	501(C)(3)	GENERAL	2,551,317
SEE ATTACHED SEE ATTACHED SEE ATTACHED LA 70518	NONE	501(C)(3)	SEE ATTACHED	209,400
<p style="font-size: 48pt; opacity: 0.5;">COPY</p>				
<b>Total</b> ..... <span style="float: right;">▶ <b>3a</b></span>				2,760,717
<b>b</b> Approved for future payment SEE ATTACHED SEE ATTACHED SEE ATTACHED LA 70518	NONE	501(C)(3)	SEE ATTACHED	981,250
<b>Total</b> ..... <span style="float: right;">▶ <b>3b</b></span>				981,250

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Interest on savings, Dividends, Net rental income, Gain on sales, and Subtotal.

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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.

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. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

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

b If "Yes," complete the following schedule. 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: [Signature] Date: [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: [Date]; Check [ ] if self-employed; Firm's name: WRIGHT, MOORE, DEHART, DUPUIS & HUTCHINSON; Firm's address: PO BOX 80569, LAFAYETTE, LA 70598; PTIN: P01259242; Firm's EIN: 72-1108576; Phone no.: 337-232-3637

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

Form **990-PF**

**2021**

For calendar year 2021, 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) ARROWMARK LIFE K-1 OTHER INCOME	P		
(2) PIEDMONT PARTNERS K-1	P		
(3) UBS 96062	P		
(4) UBS 96062	P		
(5) UBS 96062	P		
(6) UBS 96072	P		
(7) UBS 96072	P		
(8) UBS 96075	P		
(9) UBS 96075	P		
(10) UBS 96076	P		
(11) UBS 96076	P		
(12) FIRST HORIZON 2190	P		
(13) FIRST HORIZON 2190	P		
(14) FIRST HORIZON 8748	P		
(15) FIRST HORIZON 8748	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) 81,499			81,499
(2) 107			107
(3) 639,000		637,718	1,282
(4) 91,757		93,256	-1,499
(5) 1,464		1,464	
(6) 6,418,067		6,084,248	333,819
(7) 6,261,193		5,836,318	424,875
(8) 5,492,678		4,515,859	976,819
(9) 4,942,678		2,759,178	2,183,500
(10) 242,668		277,648	-34,980
(11) 2,128,215		1,371,590	756,625
(12) 144,264		144,723	-459
(13) 24,206		24,504	-298
(14) 203,835		204,084	-249
(15) 1,339		1,339	

**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)			81,499
(2)			107
(3)			1,282
(4)			-1,499
(5)			
(6)			333,819
(7)			424,875
(8)			976,819
(9)			2,183,500
(10)			-34,980
(11)			756,625
(12)			-459
(13)			-298
(14)			-249
(15)			

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

Form **990-PF**

**2021**

For calendar year 2021, 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) UBS 96078	P		
(2) UBS 96078	P		
(3) UBS 96079	P		
(4) UBS 96079	P		
(5) UBS 96079	P		
(6) UBS 96152	P		
(7) UBS 96152	P		
(8) UBS 96155	P		
(9) UBS 96155	P		
(10) UBS 96267	P		
(11) UBS 96267	P		
(12) UBS 96313	P		
(13) UBS 96313	P		
(14) CAPITAL GAIN DIVIDENDS			
(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) 542,627		532,335	10,292
(2) 568,109		556,823	11,286
(3) 30,218		27,391	2,827
(4) 9,385,146		8,770,850	614,296
(5) 1,528,985		1,261,397	267,588
(6) 152,442		122,214	30,228
(7) 6,391,719		2,442,035	3,949,684
(8) 48,963		47,129	1,834
(9) 2,473,972		1,229,940	1,244,032
(10) 327,106		340,021	-12,915
(11) 5,318,457		2,341,794	2,976,663
(12) 95,689		94,133	1,556
(13) 6,287,249		2,663,770	3,623,479
(14) 76,871			76,871
(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)			10,292
(2)			11,286
(3)			2,827
(4)			614,296
(5)			267,588
(6)			30,228
(7)			3,949,684
(8)			1,834
(9)			1,244,032
(10)			-12,915
(11)			2,976,663
(12)			1,556
(13)			3,623,479
(14)			76,871
(15)			

## Federal Statements

**Statement 1 - Form 990-PF, Part I, Line 11 - Other Income**

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	\$ 46	\$ 46	\$
CORE INDUSTRIAL PARTNERS	-181,076		
TOTAL	\$ -181,030	\$ 46	\$ 0

**Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL & PROFESSIONAL	\$ 15,200	\$	\$	\$
TOTAL	\$ 15,200	\$ 0	\$ 0	\$ 0

**Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BROKERAGE FEES	\$ 711,191	\$ 711,191	\$	\$
K-1 PORTFOLIO DEDUCTIONS	49,620	49,620		
MANAGEMENT FEES	126,000			126,000
EXPENSES RELATED TO TE INCOME		-2,315		
TOTAL	\$ 886,811	\$ 758,496	\$ 0	\$ 126,000

**Statement 4 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN TAXES	\$ 37,291	\$ 37,291	\$	\$
FEDERAL TAX	262,332			
TOTAL	\$ 299,623	\$ 37,291	\$ 0	\$ 0

## Federal Statements

### Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
MILEAGE	149			149
MEALS	482			482
WEBSITE HOSTING	705			705
OFFICE SUPPLIES	309			309
TOTAL	<u>\$ 1,645</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,645</u>

### Statement 6 - 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	\$ 89,460,713	\$ 88,223,139	MARKET	\$ 88,223,139
TOTAL	<u>\$ 89,460,713</u>	<u>\$ 88,223,139</u>		<u>\$ 88,223,139</u>

### Statement 7 - 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	\$ 15,170,073	\$ 26,555,242	MARKET	\$ 26,555,242
TOTAL	<u>\$ 15,170,073</u>	<u>\$ 26,555,242</u>		<u>\$ 26,555,242</u>



## Federal Statements

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

Description	Beginning of Year	End of Year
MANAGEMENT FEE PAYABLE	\$ 1,506,223	\$ 1,506,223
FEDERAL INCOME TAX PAYABLE	5,111	185,452
ACCRUED SALARIES	25,985	25,985
TOTAL	\$ <u>1,537,319</u>	\$ <u>1,717,660</u>

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

Description	Amount
NONDIVIDEND DISTRIBUTIONS	\$ 42,384
CORE INDUSTRIAL K-1 BOOK TO TAX	69,757
ARROWMARK GLOBAL K-1 BOOK TO TAX	9,525
TOTAL	\$ <u>121,666</u>

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

Description	Amount
PENALTIES	\$ 109
K-1 NON DEDUCTIBLE EXPENSES	29
UNREALIZED LOSS ON ASSETS	8,842,418
ARROWMARK LIFE K-1 BOOK TO TAX	186,795
TOTAL	\$ <u>9,029,351</u>

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

## Description

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

DONATIONS TO CFA'S STULLER FAMILY FOUNDATION FUND WERE ALLOCATED TO PROUD LOUISIANA, LLC TO ELIMINATE CHRONIC BLIGHT AND THE PROLIFERATION OF LITTER AND TO PROMOTE AND INVEST IN BEAUTIFICATION INITIATIVES IN LAFAYETTE PARISH AND OTHER QUALIFIED PUBLIC CHARITIES. DONATIONS WERE ALSO ALLOCATED TO LOVE OUR SCHOOLS TO SUPPORT EDUCATIONAL GROWTH AND ACHIEVEMENT THROUGH SCHOOL IMPROVEMENTS, PURCHASES OF SUPPLIES, AND ADDING RESOURCE OFFICERS.

## Federal Statements

Statement 12 - 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	24,000	0	0
CHARLES LAGRANGE 302 RUE LOUIS XIV LAFAYETTE LA 70508	EXECUTIVE DI	40.00	36,346	565	0
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

COPY

**Statement 13 - 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 14 - 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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

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: STULLER FAMILY FOUNDATION
Employer identification number: 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 of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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	\$ 9,782,163	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	COPY	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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	\$ 9,782,163	09/30/21
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

COPY

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

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>STULLER FAMILY FOUNDATION</b>	<b>D Employer identification number</b> 72-1282688
<b>B</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	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 82277</b>	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>LAFAYETTE LA 70598</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C Book value of all assets at end of year</b> ▶ <b>123,999,585</b>	

**G** Check organization type ▶  501(c) corporation     501(c) trust     401(a) trust     Other trust

**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) .....	<b>1</b>	-181,076
2 Reserved .....	<b>2</b>	
3 Add lines 1 and 2 .....	<b>3</b>	-181,076
4 Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	-181,076
6 Deduction for net operating loss. See instructions .....	<b>6</b>	0
7 Total of unrelated business taxable income before specified deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	-181,076
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	1,000
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	0

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	<b>1</b>	0
2 <b>Trusts taxable at trust rates.</b> 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) ▶	<b>2</b>	0
3 <b>Proxy tax.</b> See instructions ▶	<b>3</b>	
4 Other tax amounts. See instructions .....	<b>4</b>	
5 Alternative minimum tax (trusts only) .....	<b>5</b>	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	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)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other amounts due. Check if from Form 4255 Form 8611 Form 8697 Form 8866
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)
6a Payments: A 2020 overpayment credited to 2021
6b 2021 estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Other credits, adjustments, and payments: Form 2439 Form 4136 Other
7 Total payments. Add lines 6a through 6g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded

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

1 At any time during the 2021 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?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year
4 Enter available pre-2018 NOL carryovers here
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers.
6a Did the organization change its method of accounting? (see instructions)
6b 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.
Signature of officer: TRAVIS M. BRINSKO, CPA
Date:
Title: PRESIDENT/TRUSTEE
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No
Paid Preparer Use Only: Print/Type preparer's name: TRAVIS M. BRINSKO, CPA; Preparer's signature: TRAVIS M. BRINSKO, CPA; Date:; Check self-employed if PTIN:; Firm's name: WRIGHT, MOORE, DEHART, DUPUIS & HUTCHINSON; Firm's EIN: 72-1108576; Firm's address: LAFAYETTE, LA 70598; Phone no.: 337-232-3637



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

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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).

<b>A</b> Name of the organization STULLER FAMILY FOUNDATION	<b>B</b> Employer identification number 72-1282688
<b>C</b> Unrelated business activity code (see instructions) ▶ 900099	<b>D</b> 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
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1	<b>5</b> -181,076		-181,076
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> -181,076		-181,076

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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	7	8a	9	10
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>			
<b>2</b> Salaries and wages	<b>2</b>			
<b>3</b> Repairs and maintenance	<b>3</b>			
<b>4</b> Bad debts	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions	<b>5</b>			
<b>6</b> Taxes and licenses	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>	0
<b>9</b> Depletion	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans	<b>10</b>			
<b>11</b> Employee benefit programs	<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>			
<b>13</b> Excess readership costs (Part IX)	<b>13</b>			
<b>14</b> Other deductions (attach statement)	<b>14</b>			
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>			
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			-181,076
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>			
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>			-181,076

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

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 (Add lines 1 through 5), 7 Inventory at end of year, 8 Cost of goods sold (Subtract line 7 from line 6), 9 Do the rules of section 263A apply to the organization? (Yes/No)

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

Table for Rent Income. Includes description of property (A-D), a table for rent received or accrued (a-c) with columns A-D, and total deductions. A large 'COPY' watermark is present over the table.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Includes description of debt-financed property (A-D), a table for gross income from or allocable to debt-financed property (2-7) with columns A-D, and total gross income and allocable deductions (8-11).

**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) .....	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
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 .....	<b>7</b>

Part IX Advertising Income

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

Form with columns A, B, C, D for periodical names.

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

Table with 4 columns: A, B, C, D. Row 2: Gross advertising income

a Add columns A through D. Enter here and on Part I, line 11, column (A)

Table with 4 columns: A, B, C, D. Row 3: Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

Table with 4 columns: A, B, C, D. Row 4: Advertising gain (loss). Subtract line 3 from line 2.

Table with 4 columns: A, B, C, D. Row 5: Readership costs

Table with 4 columns: A, B, C, D. Row 6: Circulation income

Table with 4 columns: A, B, C, D. Row 7: Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5.

Table with 4 columns: A, B, C, D. Row 8: Excess readership costs allowed as a deduction.

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13



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

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

Form **990-T****Schedule A Loss Carryover Calculation****2021**Description **UNRELATED BUSINESS ACTIVITY**

Name

**STULLER FAMILY FOUNDATION**

Taxpayer Identification Number

**72-1282688**

Unincorporated Business Income Tax Code:

**900099**Activity: **OTHER UNRELATED BUSINESS ACTIVITY**

Each activity may carryforward losses after 2018

<b>1</b>	Activity income .....	<b>1</b>	-181,076
<b>2</b>	Activity deductions .....	<b>2</b>	
<b>3</b>	Activities income or loss, after deductions .....	<b>3</b>	-181,076
<b>4</b>	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	<b>4</b>	
<b>5</b>	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	<b>5</b>	
<b>6</b>	Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	<b>6</b>	
<b>7</b>	Remaining losses to be carried forward to 2022 (Subtract Line 6 from line 4) .....	<b>7</b>	
<b>8</b>	If line 3 is less than zero, enter that amount here as a positive number .....	<b>8</b>	181,076
<b>9</b>	Total loss carried forward to 2022 (Add lines 7 and 8) .....	<b>9</b>	181,076

Electronic Filing includes the report of additional amounts for this activity

**E1** Post-2017 loss amounts from 2020, 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****COPY**

## 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	\$ <u>-181,076</u>	\$ <u>                    </u>	\$ <u>-181,076</u>
TOTAL	\$ <u>-181,076</u>	\$ <u>                    0</u>	\$ <u>-181,076</u>

COPY

**Underpayment of Estimated Tax by Corporations**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to the corporation's tax return.**

▶ **Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.**

**2021**

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**

<b>1</b> Total tax (see instructions) .....	<b>1</b>	262,332
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	<b>2a</b>	
<b>b</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 .....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	<b>3</b>	262,332
<b>4</b> Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> 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 .....	<b>4</b>	77,611
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	77,611

**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)
<b>9</b> <b>Installment due dates.</b> 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. ....	05/15/21	06/15/21	09/15/21	12/15/21
<b>10</b> <b>Required installments.</b> 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 .....	19,403	19,403	19,403	19,402
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	76,880			
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
<b>12</b> Enter amount, if any, from line 18 of the preceding column .....		57,477	38,074	18,671
<b>13</b> Add lines 11 and 12 .....		57,477	38,074	18,671
<b>14</b> Add amounts on lines 16 and 17 of the preceding column .....				
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	76,880	57,477	38,074	18,671
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		0	0	
<b>17</b> <b>Underpayment.</b> 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 .....	0	0	0	731
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	57,477	38,074	18,671	

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)
<b>19</b> 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	<b>19</b> SEE WORKSHEET			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021	<b>21</b>			
<b>22</b> Underpayment on line 17 x <u>Number of days on line 21</u> 365 x 3% (0.03)	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021	<b>23</b>			
<b>24</b> Underpayment on line 17 x <u>Number of days on line 23</u> 365 x 3% (0.03)	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022	<b>25</b>			
<b>26</b> Underpayment on line 17 x <u>Number of days on line 25</u> 365 x 3% (0.03)	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022	<b>27</b>			
<b>28</b> Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 3% (0.03)	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022	<b>29</b>			
<b>30</b> Underpayment on line 17 x <u>Number of days on line 29</u> 365 x *%	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022	<b>31</b>			
<b>32</b> Underpayment on line 17 x <u>Number of days on line 31</u> 365 x *%	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023	<b>33</b>			
<b>34</b> Underpayment on line 17 x <u>Number of days on line 33</u> 365 x *%	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023	<b>35</b>			
<b>36</b> Underpayment on line 17 x <u>Number of days on line 35</u> 365 x *%	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b> \$	\$	\$	\$

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**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** \$ **10**

\*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](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



Form <b>2220</b>	<b>Form 2220 Worksheet</b>	<b>2021</b>
For calendar year 2021, or tax year beginning _____, and ending _____		

Name <b>STULLER FAMILY FOUNDATION</b>	Employer Identification Number <b>72-1282688</b>
--	---

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>05/15/21</u>	<u>06/15/21</u>	<u>09/15/21</u>	<u>12/15/21</u>
Amount of underpayment	_____	_____	_____	<u>731</u>
Prior year overpayment applied	<u>76,880</u>			

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
4	12/15/21	3/31/22	731	106	3.00	6
4	3/31/22	5/16/22	731	46	4.00	4
TOTAL PENALTY						<u>10</u>
						=====

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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

**2022**

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

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. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	58,462
b	Enter the tax shown on the 2021 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	
c	<b>2022 Estimated Tax.</b> 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	58,462

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		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions .....	11	05/16/22	06/15/22	09/15/22	12/15/22
12	<b>Required installments.</b> 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	16,135	87,135	87,135	74,595
13	<b>2021 Overpayment.</b> See instructions .....	13	16,135	16,135	16,135	16,133
14	<b>Payment due</b> (Subtract line 13 from line 12) .....	14				58,462

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

\* LINE 12 QTR 2 ESTIMATES ARE REDUCED BY AN ADDITIONAL PAYMENT

\* LINE 12 QTR 3 ESTIMATES ARE REDUCED BY AN ADDITIONAL PAYMENT

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. -181,076
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities _____		5. _____
6. Totals _____		6. -181,076