### **COPY OF FORM 990-T**

(TO BE USED, OR COPIED, FOR)

## \*\*PUBLIC INSPECTION ONLY\*\*

#### **NOTE**

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).
- Form 990-T, including all schedules and attachments (for those returns filed after August 17, 2006).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

Written requests: Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

**Website alternative:** Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

**Penalties:** An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

**Private foundation exempt:** The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

**Donor Information:** Please note that donor information is not open to public inspection and has been excluded from this copy.

## \*\* PUBLIC DISCLOSURE COPY \*\*

Cand proxy tax under section 6033(e)	Form	990-T	E	n	OMB No. 1545-0047	
Comparison of the Treatment   Comparison of the New York   Comparison of				(and proxy tax under section 6033(e))		2022
Do not enter SSN numbers on this form as it may be made publicity pur organization is a 501(o)(3).   SSN contract control of the parent control of the parent corporation.   Description of the parent corporation   Description   D			For ca			ZUZZ
B Exempt under section   System   Syste			I			501(c)(3) Organizations Only
State   1/3	A			Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Emp	loyer identification number
Type   Walling   1900	B Ex	empt under section	Print	Fuller Theological Seminary	9	5-1699394
d08(e)   220(e)   ysection   ysection   ysection   239(e)   230(e)   359(e)   359(	X	] 501(c )( 3 )	_	Number, street, and room or suite no. If a P.O. box, see instructions.		
S29(a)   529A   Pasadena, CA 91182-0001   F Check box if an amended return.   297,698,059.   F Check box if an amended return.   State college/university   F Check organization type   X 501(c) corporation   501(c) trust   401(a) trust   Other trust   State college/university   F Check if filing only to   Claim credit from Form 8941   Claim a refund shown on Form 2439   Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation   1		408(e) 220(e)	Туре	135 N Oakland Avenue		,
C Book value of all assets at end of year 297, 698,059. an amended return.  C Check organization type		408A530(a)		City or town, state or province, country, and ZIP or foreign postal code		
G Check organization type		529(a)529A		·	_ F	☐ Check box if
H Check if filing only to			С Во	<b>,</b>		an amended return.
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation   J	G (	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
Second contributions						
Vest   X   No	(	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u> </u>	
If "Yes," enter the name and identifying number of the parent corporation.   The books are in care of Carole Reuter Telephone number						
The books are in care of Carole Reuter Telephone number   626-584-5453     Part   Total Unrelated Business Taxable Income     Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   1		-				」Yes □X□ No
Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)						
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  2 Reserved  3 Add lines 1 and 2  3 Charitable contributions (see instructions for limitation rules)  5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3  6 Deduction for net operating loss. See instructions  7 Total of unrelated business taxable income before specific deduction and section 199A deduction.  Subtract line 6 from line 5  7 Specific deduction (generally \$1,000, but see instructions for exceptions)  8 1,000.  9 Trusts. Section 199A deduction. See instructions  9 10 Total deductions. Add lines 8 and 9  10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero  11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)  1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from:				releption trains of	626-58	34-5453
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7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7		-		-		0.
LHA For Paperwork Reduction Act Notice, see instructions.  Form 990-T (2022)						1

Part	III	Tax and Payments										
1a	Foreig	gn tax credit (corporations attach Form 1	118; trusts attach Form 1116)		1a							
b		r credits (see instructions)			1b							
С		ral business credit. Attach Form 3800 (se			1c							
d		it for prior year minimum tax (attach Form			1d							
е	Total	credits. Add lines 1a through 1d		 					1e			
2	Subtr	ract line 1e from Part II, line 7						[	2			0.
3		r amounts due. Check if from: 🔲 Form	4255 🔲 Form 8611 🔲 F	orm 869	97 [	Fo	rm 8866					
		Other	(attach statement)						3			
4	Total	tax. Add lines 2 and 3 (see instructions).										
	sectio	on 1294. Enter tax amount here							4			0.
5		ent net 965 tax liability paid from Form 96						F	5			0.
6a	Paym	nents: A 2021 overpayment credited to 20	022		6a		1,3	08.				
b	2022	estimated tax payments. Check if section	n 643(g) election applies	🔲 🛚	6b							
С	Tax d	leposited with Form 8868			6с							
d	Foreig	gn organizations: Tax paid or withheld at			6d							
е	Backı	up withholding (see instructions)			6e							
f		it for small employer health insurance pre			6f							
g	Other	r credits, adjustments, and payments:										
		Form 4136	Other	Total	6g			_				
7	Total	payments. Add lines 6a through 6g						, L	7		1	,308.
8	Estim	nated tax penalty (see instructions). Checl	k if Form 2220 is attached				L	<b>ᆜ</b> ┗	8			
9		<b>lue.</b> If line 7 is smaller than the total of line							9	<u> </u>		
10		payment. If line 7 is larger than the total o						💄	10	<u> </u>	1	,308.
11		the amount of line 10 you want: Credite				308.	Refund	ed	11			0.
		Statements Regarding Certain										_
1		y time during the 2022 calendar year, did	<del>-</del>		_		ther autho	ority			Yes	No
	OVER	a financial account (bank, coourities, or of										
			ther) in a foreign country? If "Yes,		-		-				1	
	FinCE	EN Form 114, Report of Foreign Bank and			-		-					_
	FinCE here	EN Form 114, Report of Foreign Bank and	I Financial Accounts. If "Yes," ent	ter the n	ame of	f the for	eign cour				_	х
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	FinCE here During foreig If "Ye	EN Form 114, Report of Foreign Bank and g the tax year, did the organization receive gn trust?	re a distribution from, or was it the	ter the n	or of, or	transfe	reign cour	ntry				
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3 4	FinCE here During foreig If "Ye Enter Enter shown	g the tax year, did the organization receives, see instructions for other forms the organization the amount of tax-exempt interest receives available pre-2018 NOL carryovers here on Schedule A (Form 990-T). Don't redu	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year pouce the NOL carryover shown here	e granto r not incl	or of, or	transfe	eror to, a  \$ 2017 NOLeported or	carr	I, line			
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3 4 5 6a b	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar  Did th If 6a is explai	g the tax year, did the organization receives a see instructions for other forms the organization of the amount of tax-exempt interest receives available pre-2018 NOL carryovers here on on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activities.  The organization change its method of acciss "Yes," has the organization described the content of t	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year \$ Do uce the NOL carryover shown here Activity Code and available posted on any Schedule A, Part II, line by Code  ounting? (see instructions) he change on Form 990, 990-EZ,	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$	or of, or lude an y dedu IOL can ne tax y Availa	transfer tra	seror to, a  \$	carry n Part duce tions. DL ca	I, line	e 6.		X
3 4 5 6a b	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar  Did th If 6a is explai	g the tax year, did the organization receiving trust?  se," see instructions for other forms the organization of tax-exempt interest receiving available pre-2018 NOL carryovers here on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activitions or organization change its method of accis "Yes," has the organization described to supplemental Information	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year \$ Do uce the NOL carryover shown here Activity Code and available posted on any Schedule A, Part II, line by Code  ounting? (see instructions) he change on Form 990, 990-EZ,	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$	or of, or lude an y dedu IOL can ne tax y Availa	transfer tra	seror to, a  \$	carry n Part duce tions. DL ca	I, line	e 6.		X
3 4 5 6a b Part	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar  Did th If 6a is explai	g the tax year, did the organization receiving trust?  se," see instructions for other forms the organization of the amount of tax-exempt interest receiving available pre-2018 NOL carryovers here are on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activitions or organization change its method of accides "Yes," has the organization described to in in Part V  Supplemental Information  xplanation required by Part IV, line 6b. Alsonder penalties of perjury, I declare that I have examined	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year  \$	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$ 990-PF,	or of, or lude an y dedu IOL can ne tax y Availa	transfer tra	seror to, a  \$	_ carry _ carry n Part duce tions. DL ca	rryov	e 6.	t is true,	X
3 4 5 6a b Part Provide	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar  Did th If 6a is explai	g the tax year, did the organization received from trust?  se, " see instructions for other forms the organization to the amount of tax-exempt interest received available pre-2018 NOL carryovers here on on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activities  The organization change its method of acciss "Yes," has the organization described the initial part V  Supplemental Information  xplanation required by Part IV, line 6b. Alson	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year  \$	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$ 990-PF,	or of, or lude an y dedu IOL can ne tax y Availa	transfer tra	seror to, a  \$	carry n Part duce tions. DL ca	rryov	e 6.		x
3 4 5 6a b Part	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar	g the tax year, did the organization received in trust?  sets, "see instructions for other forms the organization of the amount of tax-exempt interest received available pre-2018 NOL carryovers here on on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activitions are organization change its method of accis "Yes," has the organization described the inin Part V  Supplemental Information  xplanation required by Part IV, line 6b. Also and complete. Declaration of preparer (other than orrect, and complete. Declaration of preparer (other than or the complete in the complete i	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year  \$	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$ 990-PF,	or of, or lude an y dedu IOL can ne tax y Availa	transfer tra	seror to, a  \$	carry  Part duce tions. DL ca	rryov	e 6.	this return	x
3 4 5 6a b Part Provide	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar	g the tax year, did the organization receiving trust?  se," see instructions for other forms the organization of the amount of tax-exempt interest receiving available pre-2018 NOL carryovers here are on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activitions or organization change its method of accides "Yes," has the organization described to in in Part V  Supplemental Information  xplanation required by Part IV, line 6b. Alsonder penalties of perjury, I declare that I have examined	I Financial Accounts. If "Yes," entered a distribution from, or was it the entered accounts and the entered accounts and the entered accounts and the entered accounts and the entered accounts account and the entered account acc	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$ 990-PF,	or of, or lude an y dedu IOL can ne tax y Availa	transfer tra	seror to, a  \$	carry n Part duce tions. DL ca	edge a	er  nd belief, it  S discuss er shown b	this return	x
3 4 5 6a b Part Provide	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar	g the tax year, did the organization received in trust?  sets, "see instructions for other forms the organization of the amount of tax-exempt interest received available pre-2018 NOL carryovers here on on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activitions are organization change its method of accis "Yes," has the organization described the inin Part V  Supplemental Information  xplanation required by Part IV, line 6b. Also and complete. Declaration of preparer (other than orrect, and complete. Declaration of preparer (other than or the complete in the complete i	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year \$ Do uce the NOL carryover shown here activity Code and available posted on any Schedule A, Part II, line by Code  ounting? (see instructions) the change on Form 990, 990-EZ,	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$ 990-PF,	or of, or  lude an y dedu IOL can ne tax y Availa  , or For on. See	transfer tra	seror to, a  \$	carry n Part duce tions. DL ca	edge a	e 6. er  nd belief, it S discuss ar shown bes)?	this return elow (see	X
3 4 5 6a b Part Provide	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar	g the tax year, did the organization receiving trust?  gs," see instructions for other forms the organization of the amount of tax-exempt interest receiving available pre-2018 NOL carryovers here on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activitions or ganization change its method of accis "Yes," has the organization described to in Part V  Supplemental Information  xplanation required by Part IV, line 6b. Alson or ganization of preparer (other than inguitable).	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year  \$	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$  990-PF,  Information  Date	or of, or  lude an y dedu NOL can ne tax y Availa	transference trans	seror to, a  seror to, a  2017 NOL  seported or  s. Don't re  se instruct  st-2017 NO  seror instruct  st-2017 NO  seror instruct  seror instr	carry  Part duce tions. DL ca  May the p instr  if	edge a	e 6. er  nd belief, it S discuss ar shown bes)?	this return elow (see	X
3 4 5 6a b Part Provide	FinCE here During foreig If "Ye Enter Shown Post-2 the ar	g the tax year, did the organization receiving trust?  gs," see instructions for other forms the organization of the amount of tax-exempt interest receiving available pre-2018 NOL carryovers here on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activitions or ganization change its method of accis "Yes," has the organization described to in Part V  Supplemental Information  xplanation required by Part IV, line 6b. Alson or ganization of preparer (other than inguitable).	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year  \$	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$  990-PF,  Information  Date	or of, or  lude an y dedu IOL can ne tax y Availa  , or For on. See	transference trans	seror to, a  S 2017 NOL Sported or S. Don't re se instruct St-2017 NO ST IF "No,"  Ctions.	carry  Part duce tions. DL ca  May the p instr  if	edge a the IR prepare	e 6. er  nd belief, it S discuss ar shown bes)?	this return elow (see Yes	X
3 4 5 6a b Part Provide Sign Here	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar  Did th If 6a is explai  V Graph	g the tax year, did the organization received in trust?  sets, see instructions for other forms the organization the amount of tax-exempt interest received available pre-2018 NOL carryovers here in on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activitions are organization change its method of acciss. "Yes," has the organization described the inin Part V.  Supplemental Information  xplanation required by Part IV, line 6b. Also orrect, and complete. Declaration of preparer (other than information).  Print/Type preparer's name	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year  \$	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$  990-PF,  Information  Date	or of, or  lude an y dedu NOL can ne tax y Availa	transfer tra	seror to, a  S 2017 NOL Sported or S. Don't re se instruct St-2017 NO ST IF "No,"  Ctions.	carnin Part duce cions.  May the pinstructure in structure in the control of the	edge a ledge a	e 6.  er  nd belief, it  S discuss ter shown bes)? X	this return elow (see Yes	X
3 4 5 6a b Part Provide	FinCE here During foreig If "Ye Enter Enter shown Post-2 the ar  Did th If 6a is explai  V Graph	g the tax year, did the organization received in trust?  sets, see instructions for other forms the organization of the amount of tax-exempt interest received available pre-2018 NOL carryovers here on on Schedule A (Form 990-T). Don't reduce 2017 NOL carryovers. Enter the Business mounts shown below by any NOL claimed Business Activitions are organization change its method of acciss "Yes," has the organization described the inin Part V  Supplemental Information  Explanation required by Part IV, line 6b. Also and complete. Declaration of preparer (other than ignature of officer  Print/Type preparer's name  Daren Daiga	re a distribution from, or was it the reganization may have to file.  ed or accrued during the tax year \$ Do uce the NOL carryover shown here activity Code and available posted on any Schedule A, Part II, line by Code  ounting? (see instructions) he change on Form 990, 990-EZ, so, provide any other additional in taxpayer) is based on all information of which the preparer's signature  Preparer's signature	e granto  r o not incl re by any t-2017 N 17 for tr \$ \$  990-PF,  Information  Date	or of, or  lude an y dedu NOL can ne tax y Availa	transfer tra	seror to, a  \$	carnin Part duce cions.  May the pinstructure in structure in the control of the	edge a ledge a	nd belief, is S discuss for shown bis)? X N	this return elow (see Yes	X

## SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

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

Open to Pure 501(c)(3) C

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

<b>A</b>	Name of the organization Fuller Theological Seminary					B Employer identification number 95-1699394				
<u>c</u> .	Unrelated business activity code (see instructions) 520000				<b>D</b> Seque	ence: 1	of	1		
E (	Describe the unrelated trade or business Non QPI Partnershi	p Inco	me							
	rt I Unrelated Trade or Business Income		(A) Incor	10	(B) Expe	nees	(C) N			
			(A) 111001		(b) Expe	11363	(0) 14	<del></del>		
1 a	Gross receipts or sales									
b	Less returns and allowances c Balance	1c								
2	Cost of goods sold (Part III, line 8)	2								
3	Gross profit. Subtract line 2 from line 1c	3								
4 a	, ,									
	1120)). See instructions	4a								
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b								
С	Capital loss deduction for trusts	4c								
5	Income (loss) from a partnership or an S corporation (attach									
	statement) See Statement 1	5	<30	5,130.	>		<:	305,130.		
6	Rent income (Part IV)	6								
7	Unrelated debt-financed income (Part V)	7								
8	Interest, annuities, royalties, and rents from a controlled									
	organization (Part VI)	8								
9	Investment income of section 501(c)(7), (9), or (17)									
	organizations (Part VII)	9								
10	Exploited exempt activity income (Part VIII)	10								
11	Advertising income (Part IX)	11								
12	Other income (see instructions; attach statement)	12								
13	Total. Combine lines 3 through 12	13	<30	5,130.	>		<:	305,130.		
Pa	<b>Deductions Not Taken Elsewhere</b> See instructi directly connected with the unrelated business in		r limitations	on de	ductions. D	eductions	must be			
1	Compensation of officers, directors, and trustees (Part X)					1				
2	Salaries and wages									
3	Repairs and maintenance									
4	Bad debts									
5	Interest (attach statement). See instructions									
6	Taxes and licenses							60,016.		
7	Depreciation (attach Form 4562). See instructions			.				<del> </del>		
8	Less depreciation claimed in Part III and elsewhere on return					8b				
9	Depletion					<del>- + + - + -</del>				
10	Contributions to deferred compensation plans					10				
11	Employee benefit programs									
12	Excess exempt expenses (Part VIII)					12				
13	Excess readership costs (Part IX)					13				
14	Other deductions (attach statement)		See St	atemen	t 2	14		2,100.		
15	Total deductions. Add lines 1 through 14							62,116.		
16	Unrelated business income before net operating loss deduction. S									
	column (C)					16	<:	367,246.		
17	Deduction for net operating loss. See instructions					17		0.		
18	Unrelated business taxable income. Subtract line 17 from line 10						<:	367,246.		

Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_ I _	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2	2	8	
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to th	e organization?	Yes No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased with	<b>Real Property</b>	)
1	Description of property (property street address, city,	state, ZIP code). Check	r if a dual-use. See in	structions.	
	A				
	в 🔲				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here	and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)		0.
Part	,				
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. S	ee instructions.	
	A				
	В				
	c				
	D			_	
		Α	В	С С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		9/	6	% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)		0.
		· · · · · · · · · · · · · · · · · · ·		_	
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A thr		d on Part I, line 7, col	umn (B)	
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	uities, R	oyalties, and R	ents fro	m Contro	lled O	rganizatio	<b>1S</b> (see instruc	tions)		r uge <b>c</b>
						E	xempt Contro	lled Organization	าร		
Name of controlled organization		<b>2.</b> Employer identification number			al of specified nents made that is included controlling organized tion's gross in		ed in the conr ganiza-		eductions directly connected with come in column 5		
(1)											
(2)										<u> </u>	
(3)										<u> </u>	
<u>(4)</u>										Щ_	
	Tavable lesses				Controlled Or			-f l O	1 44		le catione a discontinu
	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 luded in the organization's income		coni	uctions directly nected with e in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	ns 5 and 10. and on Part I, olumn (A)	Ent	er he	umns 6 and 11. re and on Part I, 3, column (B)
Totals	N/11	<u></u>					<u> </u>	0.			0.
Part			of a Section 50	)1(c)(7),							
	1. Desc	cription of	income		<b>2.</b> Amoui incom		3. Deduction directly connicated attach state	ected (attach s	-asides tateme	ent)	and set-asides (add cols 3 and 4)
(1)											
(2)										$\dashv$	
(3)										_	
(4)					Add amou	ınte in				_	Add amounts in
					column 2.						column 5. Enter
					here and or						nere and on Part I,
Tatala					line 9, colu	mn (A)					line 9, column (B)
Totals Part	VIII Exploited E	vemnt /	Activity Income	Other	<u>l</u> Than Δdv	<u>ortisir</u>	na Income	ooo inatruationa	١		••
1	Description of exploite	-	-	,	THUIT AUV	<u> </u>	ig moonie (	see manuchons	<u>,</u>		
2	Gross unrelated busin	-		iness. Ente	er here and o	n Part I	. line 10. colum	nn (A)	2		
3	Expenses directly con										
									3		
4	Net income (loss) from										
	lines 5 through 7								4	<u></u>	
5	Gross income from ac	tivity that	is not unrelated bus	iness inco	me				5		
6	Expenses attributable	to income	entered on line 5						6		•
7	Excess exempt expen	ses. Subti	act line 5 from line 6	6, but do n	ot enter mor	e than t	he amount on	line			
	4. Enter here and on F	Part II, line	12						7	<u> </u>	(F 000 T) 0000

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals or	n a consolidated bas	is.	
	A	•			
	В				
	c $\square$				
	D				
Entor o	mounts for each periodical listed above in the o	acreananding column			
Entera	imounts for each periodical listed above in the c				
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is less				
	•				
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns	total or zero here ar	nd on	
	Part II, line 13				0.
Part	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	, , , , , , , , , , , , , , , , , , , ,	
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
. ,	•				
Total.	Enter here and on Part II, line 1				0.
Part		e instructions)			
		o mondono)			

Form 990-T (A)	Income (Loss) from Partnerships	Statement 1				
Description		Net Income or (Loss)				
Fuller Endowment Fundament (loss)	<305,130					
Total Included on Sc	<305,130.>					
Form 990-T (A)	Other Deductions	Statement 2				
Description		Amount				
Tax Prep Fees		2,100.				
Total to Schedule A,	Part II, line 14	2,100.				