2022 Exempt Org. Return prepared for:

FULLMER LEGACY FOUNDATION 1533 EAST HAYDEN CT LOGAN, UT 84321

Gibbons & Associates CPAs LC 198 N Main St Ste 200 Logan, UT 84321

2022 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY PAGE 1 **FULLMER LEGACY FOUNDATION** 82-4314086 2022 2021 **DIFF REVENUE** CONTRIBUTIONS AND GRANTS..... 331,000 330,005 995 1,720 INVESTMENT INCOME..... 1,923 203 TOTAL REVENUE.... 332,923 330,208 2,715 **EXPENSES** SALARIES, OTHER COMPEN., EMP. BENEFITS... 24,000 24,000 OTHER EXPENSES..... 66,351 102,938 -36,587102,938 TOTAL EXPENSES 90,351 -12,587**NET ASSETS OR FUND BALANCES** REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR. 242,572 227,270 15,302 2,897,421 2,654,834 242,587 32 15 47 2,897,374 2,654,802 242,572

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

EIN or SSN FULLMER LEGACY FOUNDATION 82-4314086 Name and title of officer or person subject to tax

DAVID BUTTERFIELD	PRESIDENT			
	urn and Return Information			
	or which you are using this Form 8879-TE and enter dollars and cents. For all other forms, e			
6a, 7a, 8a, 9a, or 10a below, 6b, 7b, 8b, 9b, or 10b, which	and the amount on that line for the return lever is applicable, blank (do not enter -0-). more than one line in Part I.	being filed with this form was	blank, then leave line 1b, 2b, 3k	, 4b, 5b,
1a Form 990 check here .	□	D, Part VIII, column (A), line	12) 1b 3.	32,923.
2a Form 990-EZ check he				
3a Form 1120-POL check				
4a Form 990-PF check he	⊢			
5a Form 8868 check here	⊢			
6a Form 990-T check here		line 4)	6b	
7a Form 4720 check here	b Total tax (Form 4720, Part III,	ine 1)	7b	
8a Form 5227 check here	b FMV of assets at end of tax ye	ar (Form 5227, Item D)	8b	
9a Form 5330 check here	— 			
10a Form 8038-CP check h	ere. b Amount of credit payment req	uested (Form 8038-CP, Part	III, line 22) 10b	
Part II Declaration an	d Signature Authorization of Office	er or Perso <u>n</u> Subject to	Tax	
Under penalties of perjury, I de (name of entity)	eclare that \overline{X} I am an officer of the abo	ve entity or 🔲 I am a pers	on subject to tax with respect to (EIN)	
and belief, they are true, corelectronic return. I consent the IRS and to receive from the processing the return or refundinitiate an electronic funds with of the federal taxes owed on U.S. Treasury Financial Age financial institutions involved inquiries and resolve issues return and, if applicable, the PIN: check one box only	copy of the 2022 electronic return and accorrect, and complete. I further declare that the collow my intermediate service provider, transcription of the date of any refund. If applicable, addrawal (direct debit) entry to the financial institution to that 1-888-353-4537 no later than 2 busine in the processing of the electronic paymer related to the payment. I have selected a processing to the direct date of the electronic funds withdrawal.	e amount in Part I above is the ansmitter, or electronic return eason for rejection of the transult authorize the U.S. Treasury are tution account indicated in the the debit the entry to this account ss days prior to the payment at of taxes to receive confider ersonal identification number	the amount shown on the copy of a originator (ERO) to send the reason for any and its designated Financial Agent to ax preparation software for payment. To revoke a payment, I must of (settlement) date. I also authorizatial information necessary to an (PIN) as my signature for the election of the comparation of the signature for the election of the comparation of the comp	the the turn to the delay in ont contact the see the swer ectronic
X I authorize GIBBONS	S & ASSOCIATES CPAS LC ERO firm name		21702 as my si	gnature
	ENO IIIII Haine		Enter five numbers, but do not enter all zeros	
agency(ies) regulating c return's disclosure con As an officer or person s	lectronically filed return. If I have indicated narities as part of the IRS Fed/State program, sent screen. Subject to tax with respect to the entity, I will end within this return that a copy of the return is I	also authorize the aforementio	ned ERO to enter my PIN on the the tax year 2022 electronically file	
the IRS Fed/State progra	am, I will entersing the neturn's disclosu	re consent screen.		
Signature of officer or person subject	to tax David Butterfield		_{Date}	
Part III Certification	and Authentication			
number (EFIN) followed by y	six-digit electronic filing identification our five-digit self-selected PIN.	875557 Do not ente	r all zeros	
	neric entry is my PIN, which is my signature on in accordance with the requirements of Pu			
ERO's signature Haule	Lebbau	Date	5/4/2023	
3C803AC	4F8F744E			

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

A	F	h- 2022 l	do to www.ns.gov/ of mstructions and the latest info		!		20
			dar year, or tax year beginning , 2022, and ending	y T	D. Employ		
В		if applicable:					ication number
	Α.	ddress change	FULLMER LEGACY FOUNDATION			43140	
	N	ame change	1533 EAST HAYDEN CT		E Telepho		
	In	nitial return	LOGAN, UT 84321		(43	5) 77	70-3975
	Fi	nal return/terminated					
	А	mended return			G Gross re	eceipts \$	332,923.
		pplication pending	F Name and address of principal officer: DAVID BUTTERFIELD	H(a) Is this a	a group retur	n for sub	
	ш	ppiloation portaing	1533 EAST HAYDEN CT LOGAN, UT 84321	H(b) Are all If "No,"	subordinates	included	
_	Tay	avamet atatua		If "No,"	attach a list.	See inst	ructions.
÷		-exempt status:					
J				H(c) Group 6	<u>`</u>		
K		n of organization:	X Corporation Trust Association Other L Year of formation	on: 2018	8 M s	tate of le	gal domicile: UT
Pa	art I	Summar	у				
	1		be the organization's mission or most significant activities: HELP UNDER				
a		LEARN TH	E SKILLS OF DISCIPLINE, SPORTSMANSHIP, AND RES	ILIENC	E THRO)UGH_	BOXING.
Governance							
Ĕ							
Š	2	Check this bo	if the organization discontinued its operations or disposed of mo	re than 2	5% of its	net ass	ets.
Ğ	3		oting members of the governing body (Part VI, line 1a)			3	10
Activities &	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)			4	9
<u>ë</u> .	5		of individuals employed in calendar year 2022 (Part V, line 2a)			5	1
≧	6	Total number	of volunteers (estimate if necessary)			6	15
Ac	7a	Total unrelate	ed business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			7b	0.
				P	rior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		330,0	05.	331,000.
Revenue	9		rice revenue (Part VIII, line 2g)		00070	00.	301/000.
Ver	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d)		2	03.	1,923.
Be	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				1/320.
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		330,2	n a	332,923.
	13		imilar amounts paid (Part IX, column (A), lines 1-3)		330,2	00.	332,323.
	14		to or for members (Part IX, column (A), line 4)				
							0.4.000
S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)				24,000.
nse	16a	Professional	fundraising fees (Part IX, column (A), line 11e)				
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) 16,162.				
û	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		102,9	38	66,351.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		102,9		90,351.
	19		s expenses. Subtract line 18 from line 12				· · · · · · · · · · · · · · · · · · ·
		Revenue less	s expenses. Subtract fine 18 from fine 12		227,2		242,572.
Net Assets or Fund Balances		T-4-14-	(Deat V. Eas 16)		g of Curren		End of Year
sset Salar	20		(Part X, line 16)		,654,8		2,897,421.
ž Ž	21		s (Part X, line 26)			32.	47.
ΣΞ	22	Net assets or	fund balances. Subtract line 21 from line 20	. 2	,654,8	02.	2,897,374.
Pa	art II	Signatur	e Block				
Und	er pena	Ities of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and to t irer (other than officer) is based on all information of which preparer has any knowledge.	he best of m	y knowledge	and belie	f, it is true, correct, and
com	plete. D	Declaration of prepa	arer (other than officer) is based on all information of which preparer has any knowledge.				
Sig	nr	Signature of	officer	Date			
He	re	DZVID	BUTTERFIELD P	RESIDE	יתי		
			name and title	TUULIUL	17.4 T		
			preparer's name Preparer's signature Docustigned by: Date		Chools	if I	PTIN
_			(/)		Check	」 "	
Pa			GIBBONS Halfalton 5/04/	23	self-employe	ed	200544234
Pr	epar	er Firm's name	01220110 & 1100001111120 01110 20				
Us	e Or	ily Firm's addre	ess 198 N MAIN ST STE 200		Firm's EIN	84-	3654367
			LOGAN, UT 84321		Phone no.	435-	554-0101
Ma	y the	IRS discuss th	is return with the preparer shown above? See instructions				X Yes No

BAA

		FULLMER LEGACY FOUND		82-4314086	Page 2
Par		ement of Program Service			
			se or note to any line in this Part III		
1	-	ribe the organization's mission:			~
			RISK YOUTH LEARN THE SKILLS	OF DISCIPLINE, SPORTSMAN	SHIP,
	AND RES	ILIENCE THROUGH BOXIN	G <u>.</u>		
2	Did the organ	nization undertake any significant pro	ogram services during the year which were not I	isted on the prior	
_	-		Services daring the year which were not i	·	X No
		cribe these new services on Schedul			Λ 110
3	,		ke significant changes in how it conducts, ar	ny program services? Yes	X No
	-	cribe these changes on Schedule O.	,		-
4	Describe the	e organization's program service a	accomplishments for each of its three largest	t program services, as measured by exp	oenses.
	Section 501	(c)(3) and 501(c)(4) organizations e, if any, for each program service	are required to report the amount of grants	and allocations to others, the total exp	enses,
	and revenue	e, it ally, for each program service	reported.		
40	(Code:) (Expenses \$ 4	6,505. including grants of \$) (Revenue \$	```
44			D \$2,000,000 TO BE USED TO E		/ TV
			THE BUILDING WILL BE BUILT		
			ON FOR 50 YEARS BELOW FMV. A		
			V OF THE LEASE FOR 50 YEARS		
			RTY. DURING THE LAST QUARTER		
			ENGINEERING FIRM TO GET THE		
	FORWARD				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40	(Codo:) (Expenses \$	including grants of \$) (Poyonuo 🕏)
4C	(Code:) (Expenses \$) (Revenue \$)
		- – – – – – – – – – – – – – – – – – – –			
		· · ·			
					
4d		am services (Describe on Schedul			
	(Expenses			(Revenue \$)	
∆ ∟	Total progra	m service expenses	46 505		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Par	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shook it deficulte of contains a response of flote to any line in this Falt V		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Enter the number of amplitycess reported on Form W.3. Transmittal of Wige and Tax State: ments, filed for the calendar year ending with or within the year covered by this return. 1 b If at least one is reported on line 23, did the organization file all required deferred employment tax returns? 2b X b If the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did Tires, this at files a form 300 To this year if 176° to line 3b, sovide an epitantian of Sedelal 0. 3b If Yes', this at files a form 300 To this year if 176° to line 3b, sovide an epitantian of Sedelal 0. 3c A larry time for the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account); a foreign country (secindar year). As a financial account in a breight country (secindar year) and the foreign country. See instructions for filing requirements for finicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a Was the organization by a private that such contributions for filing requirements for finicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5b United Sea was the community of the organization that it was or is a party to a prohibited tax shelter transaction? 5c Ca Does the organization have armula gross receipts that are normally greater than \$100,000, and did the organization social and your forthwhere the organization social and your forthwhere the organization social and your forthwhere the foreign country (section 170(c)). 5c Ca Does the organization include with every solicitation an express statement that such contributions or gifts were not as deductable? 6c Does the organization receive deductable contributions under section 170(c). 5c Does the organization state and payment in excess of \$75 made porty as a contribution and partly for goods and 11 may 10 may	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
ments, filed for the calendar year ending with or within the year covered by the return. 2st rutns? 2b X bit at least one is reported on line 2s, did the organization file all required federal employment fax returns? 3s bit if a least one is reported on line 2s, did the organization may be a return of the return of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial sociount in a foreign country such as a bank account, securities account, or other financial accounts? 4s a bit "Yes," enter the name of the foreign country such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5s bit of any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5c cil "Yes," to line 5a or 55, did the organization that it was or is a party to a prohibited tax shelter transaction and any time during the tax year? 5s bit of any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5c cil "Yes," to line 5a or 55, did the organization file Form 8896-1. 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any orthibutions that were not its accelutable as christotial conflictions? 6c on this official contributions or gifts were not tax declutable? 6c on the state of the value of the party of the contributions or gifts were not tax declutable? 6c on the state of the value of the posts of services provided? 7c organizations that may receive deductible contributions under section 170(c). 6b It if "Yes," did the organization northy the donor of the value of the posts or services provided? 7c of the organization northy the donor of the value of the posts or services provided? 7c of the organization northy the donor of the value of the posts or services provided? 7c of the organizati				Yes	No
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. 7f gl fthe organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?. 8 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations.Enter: 10 Did the sponsoring organizations.Enter: 11 Did Did Todal Todal Todal Informations included on Part VIII, line 12. 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 13 Did Did Todal Todal Information the organization filing Form 990 in lieu of Form 1041? 12 Did Section 501(c)(22) organization than the organization filing Form 990 in lieu of Form 1041? 12 Did If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Did Information the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more			7e		X
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	excess parachute payment(s) during the year?	15		Х
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	16		16		Х
result in the imposition of an excise tax under section 4951, 4952, or 4953?		If "Yes," complete Form 4720, Schedule O.	-		
	17	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule OSEE. SCHEDULE. O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. DAVID BUTTERFIELD 1533 EAST HAYDEN CT LOGAN UT 84065 (435)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for

Form 990 (2022) FULLMER LEGACY FOUNDATION

82-4314086

Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	d any	/ cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and title	(B) Average hours per	thar	one both	box, an c	unles officer /truste	,	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) CHRISTINE CLARK	40_									
EXECUTIVE DIR.	0	Χ		Χ				24,000.	0.	0.
_(2) DAVID_BUTTERFIELD	_ 12 _							_	_	_
PRESIDENT CHAIR	0	Χ		Χ				0.	0.	0.
_(3) LARRY FULLMER	6									•
VICE PRESIDENT	0	Χ		Χ				0.	0.	0.
(4) HEATHER KAHLERT	1								0	0
DIRECTOR	0	Х						0.	0.	0.
(5) GREG HUGHES	1							0	0	0
DIRECTOR	0	Х						0.	0.	0.
	0	Х						0.	0.	0.
(7) JOHN C HEATH	1	Λ						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(8) NICK BUTTERFIELD	1	Λ						0.	0.	<u></u>
DIRECTOR		Х						0.	0.	0.
(9) ROBERT BEHUNN	2	21						0.	0.	
VICE PRESIDENT	0	Х		Х				0.	0.	0.
(10) ALY STRAYLEY	1							0.	<u> </u>	<u>.</u>
DIRECTOR	0	Χ						0.	0.	0.
(11)										<u></u> _
(12)										
<u>(13)</u>										
<u>(14)</u>										

Part VII Section A. Officers, Directors, 11		ney		•		es, a	anc	a riignest Com	ipensated Emp	oyees	S (contil	nuea)
	(B)			(C	•							
(A)	Average hours	(do	not c	check	more	than o	one n an	(D) Reportable	(E) Reportable		(F)	
Name and title	per week	offic	cer ar	nd a	direct	or/trust	tee)	compensation from	compensation from	(ated amo	
	(list any hours	or director	listri	Officer	Кеу	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the c	ensation to organizati	ion
	for related	rect Vidua	utio	cer	emp	lest o	ner	,	,		id related anization	
	organiza - tions	Individual trustee or director	nstitutional trustee		Key employee	omp						
	below dotted line)	stee)str		0	ensa						
	illie)		ති			ited						
(15)												
(16)												
(17)												
(18)												
(10)												
(19)												
(20)												
		•										
(21)												
		1										
(22)												
(23)												
(0.4)												
(24)												
(25)												
(25)	1	1										
1b Subtotal	! 							24,000.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.			0.
d Total (add lines 1b and 1c)								24,000.	0.			0.
2 Total number of individuals (including but not limited	I to those I	isted	abo	ve) v	who	receiv	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization 0											1 3 2	
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for suc	tor, truste h individu	e, ke al	ey eı	mpl	oyee	e, or l	high	nest compensated	employee	3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	er than \$1	50,00	00?	If "	Yes,	" con	nple	ete Schedule J for	irom	_		
such individual										. 4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Ye.	e comper	isatio	n fr	om dule	any	unre	late ch r	d organization or	individual	5		Х
Section B. Independent Contractors	o, cop		0.70		-	, ,	о _Г о			. -	1 1	- 11
Complete this table for your five highest compen compensation from the organization. Report comper	sated ind	epen	dent	t cor	ntrad	ctors	tha	t received more the	nan \$100,000 of			
		trie c	alen	uar	year	enair	ng w				C)	
(A) Name and business address							(B) Description (of services	Compe	C) ensatio	n	
2 Total number of independent contractors (including l		ited to	o tho	se I	isted	d abov	ve)	who received more	than			
\$100,000 of compensation from the organization 0												

Гаг	(VI	Check if Schedule O contains	a resn	onse or note to any	/ line in this Part V	· 		П
		SHOOK II GOILGUIG G GOILGUIG	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्र क्र	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
δ, <u>F</u>	С	Fundraising events	1c					
ar,	d	Related organizations	1d					
ir, C	е	Government grants (contributions)	1e					
tion er S	f	All other contributions, gifts, grants, and similar amounts not included above	1f	221 000				
효	a	Noncash contributions included in		331,000.				
ž ž	9	lines 1a-1f	1g					
<u>ਨ</u> ਲ	h	Total. Add lines 1a-1f			331,000.			
E E			-	Business Code				
Program Service Revenue	2a							
æ	b							
<u>Ķ</u> .	С							
Se	d							
æ	e							
) jo		All other program service revenue	L					
<u>ā.</u>	g	Total. Add lines 2a-2f						
	3	Investment income (including divide other similar amounts)	ends, ir	nterest, and	1 022			1 022
	4	Income from investment of tax-e			1,923.			1,923.
	5	Royalties		·				
		(i) Re		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
	7a	Gross amount from (i) Secu	rities	(ii) Other				
	′ ຶ	sales of assets						
	b	Less: cost or other basis						
		and sales expenses 7b						
		Gain or (loss) 7c						
	d	Net gain or (loss)	<u></u>					
ā	8a	Gross income from fundraising events						
Ę		(not including \$	_					
ě		of contributions reported on line 1c).						
T.	١.	See Part IV, line 18	88					
Other Revenue		Less: direct expenses	8Ł					
0		Net income or (loss) from fundra	isiriy 6	2 A C I I I Z				
	9a	Gross income from gaming activities. See Part IV, line 19	9a	<u>, </u>				
	b	Less: direct expenses	91					
		Net income or (loss) from gaming						
		Gross sales of inventory, less						
	Jua	returns and allowances	1 Oa	a				
	b	Less: cost of goods sold	1 O	o				
	С	Net income or (loss) from sales of	of inve	ntory				
St				Business Code				
<u>8</u> a	11a							
scellaneo Revenue	b							
Miscellaneous Revenue	С							
ĨS ™	_		<u> </u>					
	12	Total revenue. See instructions			332,923.	0.	0.	1,923.

Par	t IX	Statement of Functional Expens	ses			
Secti	ion 501	(c)(3) and 501(c)(4) organizations must com	plete all columns. All ot	her organizations must co	mplete column (A).	
		Check if Schedule O contains a re	esponse or note to any	/ line in this Part IX		
Do n 6b, 7	ot inc b, 8b,	lude amounts reported on lines 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organ	s and other assistance to domestic izations and domestic governments.		·		
2	Grant individ	s and other assistance to domestic duals. See Part IV, line 22				
3	organi	s and other assistance to foreign izations, foreign governments, and for- ndividuals. See Part IV, lines 15 and 16				
4 5	Comp	fits paid to or for members	24,000.	0.	24,000.	0.
6	Comp disqua section	pensation not included above to alified persons (as defined under on 4958(f)(1)) and persons described stion 4958(c)(3)(B)	0.	0.	0.	0.
7	Other	salaries and wages				
8	(inclu	on plan accruals and contributions de section 401(k) and 403(b) byer contributions)				
9	•	employee benefits				
10	Payro	Il taxes				
11	Fees	for services (nonemployees):				
а	Mana	gement				
b	Legal	·				
С	Accou	unting	3,011.		3,011.	
d	Lobby	ring	-,		5,5==-	
е	Profess	sional fundraising services. See Part IV, line 17				
f	Invest	tment management fees				
_	(A), an	(If line 11g amount exceeds 10% of line 25, column lount, list line 11g expenses on Schedule 0.) tising and promotion	15,913.			15,913.
13		e expenses	173.		173.	13, 313.
14		nation technology	173.		173.	
15		ties				
16		pancy				
17		L				
	Paym	ents of travel or entertainment ses for any federal, state, or local officials				
19 20	Confe	erences, conventions, and meetings				
21		ents to affiliates				
	-	eciation, depletion, and amortization				
23	Insura	ance				
	Other covere on line of line	expenses. Itemize expenses not sed above. (List miscellaneous expenses e 24e. If line 24e amount exceeds 10% 25, column (A), amount, list line 24e ases on Schedule O.)				
а	<u>I</u> N-	KIND LEASE	27,905.	27,905.		
b		IGN & ENGINEERINGN	18,600.	18,600.		
С		LASSIFICATION WITH IRS	500.		500.	
d		DRAISING ACTIVITIES	249.			249.
		ner expenses				
25	Total f	unctional expenses. Add lines 1 through 24e	90,351.	46,505.	27,684.	16,162.
26	the or joint of camp. Check	costs. Complete this line only if ganization reported in column (B) costs from a combined educational aign and fundraising solicitation. k here if following 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.		1	
	2	Savings and temporary cash investments.		2	594,497.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ts	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,330,830.	15	2,302,924.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,897,421.
	17	Accounts payable and accrued expenses	1.	17	2.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	31.	25	45.
	26	Total liabilities. Add lines 17 through 25	32.	26	47.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	24,004.	27	36,404.
Bal	28	Net assets with donor restrictions.	2,630,798.	28	2,860,970.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	2,000,100.		2,000,370.
l JC	29	Capital stock or trust principal, or current funds		29	
ţ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Se	31	Retained earnings, endowment, accumulated income, or other funds		31	
As	32	Total net assets or fund balances	2,654,802.	32	2,897,374.
Vet	33	Total liabilities and net assets/fund balances.	2,654,802.	33	
_	- 33	Total naphitios and not assets/fully palatices	2,034,034.	JJ	2,897,421.

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3:	32,9	923.
2	Total expenses (must equal Part IX, column (A), line 25)	2			351.
3	Revenue less expenses. Subtract line 2 from line 1	3			572.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,6	54,8	302.
5	Net unrealized gains (losses) on investments	5	•		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,8	97,3	374.
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ate			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?				Х
b	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		_
BAA	TEEA0112L 09/01/22		Form	990 ((2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022

Open to Public Inspection

Name	of the	organization					Emp	oloyer identifica	ation numbe	r
FUI	LMI	ER LEGACY FOUNDATION	ON				82	-431408	6	
Par	t I	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) Se	ee instrud	ctions.	
The	orgai	nization is not a private found	lation because it is: (l	For lines 1 through 12,	check o	nly one	box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)					
3		A hospital or a cooperative h	ospital service organi	ization described in sec	tion 170	0(b)(1)(A	۹)(iii).			
4		A medical research organiza name, city, and state:	tion operated in conju	unction with a hospital o	describe	d in sec	ction 170(b)	(1)(A)(iii). E	inter the I	nospital's
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governme	ental unit de	escribed i	n
6		A federal, state, or local gove		ental unit described in s	ection 1	70(b)(1))(A)(v).			
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the	general pul	olic descri	bed
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9		An agricultural research organi or university or a non-land-gran								
		university:		(**************************************		-,, -,				
10		An organization that normall from activities related to its investment income and unre June 30, 1975. See section !	exempt functions, sub lated business taxable	e income (less section)	ns; and	(2) no r	more than 3	3-1/3% of i	ts suppor	t from gross
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).			
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) c	r sectio	n 509(a	ı)(2). See se	ction 509(a	ut the pur)(3). Che	rposes of one ck the box on
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d. or controlled by its sup	ported o	rganizat	tion(s), typica	ally by giving	the suppon. You m	orted ust
b		Type II. A supporting organiz management of the supporting must complete Part IV, Section	ation supervised or conganization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ted organiza the supporte	ition(s), by ed organizat	having co ion(s). Yo	ontrol or u
С		Type III functionally integrated organization(s) (see instruction		tion operated in connection	n with, a	nd function	onally integra	ited with, its	supported	
d		Type III non-functionally integrated. The of	rated. A supporting org	anization operated in cor	nection	with its	supported or	nanization(s) that is no	ot
е		instructions). You must com Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS	that it is	s a Type I, T	ype II, Typ	e III funct	tionally
f	En	ter the number of supported							Г	
q		ovide the following information	-						_	
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed loverning ment?	(v) Amount support (see	of monetary instructions)	` '	mount of other (see instructions)
					Yes	No	-			
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	ı						I		1	

82-4314086

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support								
begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,005.	30,000.	30,000.	330,000.	331,000.	751,005.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,		,	,	Í	0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge				2,406,951.		2,406,951.	
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	30,005.	30,000.	30,000.	2,736,951.	331,000.	3,157,956.	
6	Public support. Subtract line 5 from line 4						3,157,956.	
Sec	tion B. Total Support						,	
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	30,005.	30,000.	30,000.	2,736,951.	331,000.	3,157,956.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24.	94.	58.	203.	1,922.	2,301.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on					=,,==,	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.	
	Total support. Add lines 7 through 10						3,160,257.	
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)		
Sec	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20						99.93%	
	Public support percentage from 2 33-1/3% support test—2022. If the	ne organization di	d not check the b	ox on line 13, and	d line 14 is 33-1/3	% or more, check	99.99 % this box	
b	and stop here. The organization qualifies as a publicly supported organization.							
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	. Explain in Part '	VI how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a l-circumstances te	nd-circumstances est. The organizat	test, check this lion qualifies as a	pox and stop here publicly supporte	LExplain in Part dorganization	VI how the	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check thi	s box and see ins	structions	

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

	fails to qualify under the to		piedae eciripiete					
Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions,							
	and membership fees received. (Do not include							
	any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities							
	furnished in any activity that is							
	related to the organization's tax-exempt purpose							
3	Gross receipts from activities							
J	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or							
	facilities furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1,							
	2, and 3 received from							
	disqualified persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that							
	exceed the greater of \$5,000 or							
	1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line							
O	7c from line 6.)							
Sec	tion B. Total Support				•	•		
Calan			43.0010	(-) 0000	(d) 2021	(a) 202	2	(f) Total
Calen	dar vear (or fiscal vear beginning in)	(a) 2018	(b) 2019	(C) 2020	(u) 2021	(e) 202	_	
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202	_	(.,
9	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.	2	(4) 1014
9	, , , , , , , , , , , , , , , , , , , ,	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202	2	(7)
9 1 0 a	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		() total
9 1 0 a	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.000)
9 1 0 a	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.000)
9 10a b	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		() 1000
9 10a b	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.000)
9 10a b	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.00.
9 10a b	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.00.
9 10a b	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.00.
9 10a b c 11	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.00.
9 10a b c 11	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.00.
9 10a b c 11	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.00.
9 10a b c 11	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 202.		(7.50.5)
9 10a b c 11	Amounts from line 6	for the organizati	on's first, second,	third, fourth, or t	fifth tax year as a	section 501	(c)(3)	
9 10a b c 11 12	Amounts from line 6	for the organizati	on's first, second,	third, fourth, or t	fifth tax year as a	section 501	(c)(3)	
9 10a b c 11 12 13 14 Sec	Amounts from line 6	for the organizati	on's first, second,	third, fourth, or t	fifth tax year as a	section 501((c)(3)	
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	for the organizati stop here blic Support F	on's first, second,	third, fourth, or third, fourth, or third, fourth, or this continue to the same of the sam	fifth tax year as a	section 501((c)(3)	\$
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	for the organizati stop here blic Support F	on's first, second,	third, fourth, or third, fourth, or third, fourth, or this continue to the same of the sam	fifth tax year as a	section 501((c)(3)	
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	for the organization stop hereblic Support F022 (line 8, column 2021 Schedule A,	on's first, second, Percentage n (f), divided by li, Part III, line 15.	third, fourth, or third, fourth, or third, fourth, or this section is a section of the section o	fifth tax year as a	section 501((c)(3)	\$
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	for the organizati I stop here blic Support F D22 (line 8, colum 2021 Schedule A	on's first, second, Percentage n (f), divided by li , Part III, line 15 me Percentage	third, fourth, or the second of the second o	fifth tax year as a	section 501((c)(3)	\$
9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	for the organization of the stop here	on's first, second, Percentage n (f), divided by li , Part III, line 15 me Percentage , column (f), divided	third, fourth, or the second of the second o	fifth tax year as a	section 501((c)(3) 15 16	96
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	for the organization of th	on's first, second, Percentage n (f), divided by li , Part III, line 15 me Percentage , column (f), dividule A, Part III, line	third, fourth, or the second of the second o	fifth tax year as a	section 501((c)(3) 15 16 17 18 %, and	S S S S S S S S S S
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6	for the organization stop here	on's first, second, Percentage In (f), divided by li Part III, line 15. The Percentage Column (f), divided lie A, Part III, line lie A, Part III, lie A, Part IIII, lie A, Part III, lie A, Part III	third, fourth, or the second of the second o	fifth tax year as a	section 5010	(c)(3) 15 16 17 18 %, and ization .	% % l line 17
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a b	Amounts from line 6	for the organization stop here	on's first, second, Percentage In (f), divided by li Part III, line 15 The Percentage Column (f), dividualle A, Part III, line lid not check the lid not check a boand stop here. The	third, fourth, or the second of the second o	fifth tax year as a	section 5010	(c)(3) 15 16 17 18 %, and ization an 33-1d organ	8 8 8 8 I line 17

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Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022

Sche	edule A (Form 990) 2022 FULLMER LEGACY FOUNDATION	82-4314086		F	age 5
Par					
				Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c the governing body of a supported organization?	below,	11a		
h	A family member of a person described on line 11a above?	_	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		11c		
	tion B. Type I Supporting Organizations				
<u> </u>	tion B. Type I supporting organizations			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or mem or more supported organizations have the power to regularly appoint or elect at least a majority of the or officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supporganization(s) effectively operated, supervised, or controlled the organization's activities. If the organization one supported organization, describe how the powers to appoint and/or remove officers, directors, of were allocated among the supported organizations and what conditions or restrictions, if any, applied to during the tax year.	ganization's rted tion had more or trustees	1	163	
	Did the organization operate for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how provide benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled supporting organization.	iding such	2		
Sec	tion C. Type II Supporting Organizations			ı	
		г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors of the tax year also a majority of the directors of the tax year also a majority of the directors of tax years also a majority of the directors of tax years also a majority of the directors of tax years also a majority of the directors of tax years also a majority of the directors of tax years also a majority of the directors of tax years also a majority of tax years also a ma				
	supporting organization was vested in the same persons that controlled or managed the supported organ		1		
Sec	tion D. All Type III Supporting Organizations	,	<u> </u>	ı	
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of torganization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie organization's governing documents in effect on the date of notification, to the extent not previously provided the provided during the pro	e prior tax s of the	1		
	organization organization and another in check on the date of neumodition, to the extent net promoder, pro-	1404.			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppo organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part the organization maintained a close and continuous working relationship with the supported organization	VI how	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a s voice in the organization's investment policies and in directing the use of the organization's income or as all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization this regard.	sets at	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u>I</u>	
1 a	The organization is the parent of each of its supported organizations. Complete line 3 below.	·			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ental entity (see	ınstrı	uction	s).
2	Activities Test. Answer lines 2a and 2b below.	_		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations are supported organizations, and how the organization determined that these activities of the statistics.	orted ation was	2-		
	substantially all of its activities.	-	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involver more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Pa reasons for the organization's position that its supported organization(s) would have engaged in these ac but for the organization's involvement.	rt VI the	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or to each of the supported organizations? If "Yes" or "No," provide details in Part VI .	ustees of	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	of its	3b		

Sch	edule A (Form 990) 2022 FULLMER LEGACY FOUNDATION		82-43	314086	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in t complete Sections A	n Part VI). Se through E.	e:e
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	A Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization	

BAA Schedule A (Form 990) 2022 Schedule A (Form 990) 2022

FULLMER LEGACY FOUNDATION

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
tion D - Distributions		Current Year		
Amounts paid to supported organizations to accomplish exempt purposes	1			
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
Amounts paid to acquire exempt-use assets	4			
Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5			
Other distributions (describe in Part VI). See instructions.	6			
Total annual distributions. Add lines 1 through 6.	7			
Distributions to attentive supported organizations to which the organization is responsive (provide details				
in Part VI). See instructions.	8			
Distributable amount for 2022 from Section C, line 6	9			
Line 8 amount divided by line 9 amount	10			
	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions amount for 2022 from Section C, line 6	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

FULLMER LEGACY FOUNDATION

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number
FULLMER LEGACY FOUNDATION 82-4314086

Organiza	tion type (check one)	
Filers of:		Section:
Form 990	or 990-EZ	\overline{X} 501(c)(3) (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
,	3	red by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General I	Rule	
		iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining ontributions.
Special F	Rules	
X	regulations under section 16b, and that received	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or odd from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the literary, or education	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, al purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	contributor, during th contributions totaled during the year for an General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions one 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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

1 1 Page 2

Employer identification number

Name of organization	Employer identification number
FULLMER LEGACY FOUNDATION	82-4314086

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	ROCKY MOUNTAIN GOLDEN GLOVES 1138 WEST RIDGETOP COVE	\$30,000.	Person X Payroll Noncash			
	SOUTH JORDAN, UT 84095		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	THE KAHLERT FOUNDATION PO BOX 1701 SYKESVILLE, MD 21784	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2022) 1 1 Page **3**

Name of organization Employer identification number FULLMER LEGACY FOUNDATION 82-4314086

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

(a) No. from	(b) Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
	N/A		
		\$	
		·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Ċ	
		²	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	þ	

Schedule B (Form 990) (2022)

Name of organization

FULLMER LEGACY FOUNDATION 82-4314086 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee TEEA0704L 07/22/22 BAA Schedule B (Form 990) (2022)

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Employer identification number

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

FULLMER LEGACY FOUNDATION	82-4314086
Part I Organizations Maintaining Donor Advised Funds or Other	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the asset are the organization's property, subject to the organization's exclusive legal controls.	ets held in donor advised funds rol? Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing th for charitable purposes and not for the benefit of the donor or donor advisor, or t impermissible private benefit?	at grant funds can be used only for any other purpose conferring Yes No
Part II Conservation Easements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that a	<u> </u>
Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribut last day of the tax year.	ion in the form of a conservation easement on the
aut aug of the tax your	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a	a)2c
d Number of conservation easements included in (c) acquired after July 25, 2006 a	and not on a
historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or te tax year	rminated by the organization during the
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, in:	
and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and	enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	orcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the require and section 170(h)(4)(B)(ii)?	ements of section 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organization reports conservation easements in its include, if applicable, the text of the footnote to the organization's financial state	revenue and expense statement and balance sheet, and ments that describes the organization's accounting for
Part III Organizations Maintaining Collections of Art, Historical To Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	reasures, or Other Similar Assets.
1 a If the organization elected, as permitted under FASB ASC 958, not to report in it	s revenue statement and halance sheet works of art
historical treasures, or other similar assets held for public exhibition, education, Part XIII the text of the footnote to its financial statements that describes these i	or research in furtherance of public service, provide in
b If the organization elected, as permitted under FASB ASC 958, to report in its re historical treasures, or other similar assets held for public exhibition, education, or rese following amounts relating to these items:	earch in furtherance of public service, provide the
following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar as amounts required to be reported under FASB ASC 958 relating to these items:	ssets for financial gain, provide the following
a Revenue included on Form 990, Part VIII, line 1.	\$
h Assets included in Form 990. Part X	S

Part III Organizations Main	taining Col	lections	of Art, His	torical	Treasures, o	r Other Similar A	ssets (con	tinued)
3 Using the organization's acquisition items (check all that apply):	i, accession, ar	nd other red	cords, check ar	ny of the	following that ma	ke significant use of its	collection	
a Public exhibition			d Loan o	or exchai	nge program			
b Scholarly research			e Other					
c Preservation for future gener	ations		_					
4 Provide a description of the organize Part XIII.	zation's collecti	ons and ex	plain how they	further th	ne organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather t	han to be mai	ntained as	part of the or	rganizati	on's collection?		Yes	No
Part IV Escrow and Custod reported an amount on Fo	lial Arrange orm 990, Part 2	ements. (X, line 21.	Complete if the	e organiz	ation answered	"Yes" on Form 990, Pai	t IV, line 9, o	r
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n or other	intermediary	for contr	ibutions or other	assets not included	Yes	No
b If "Yes," explain the arrangement in								ш
							Amount	
c Beginning balance						1c		
d Additions during the year								
e Distributions during the year								
f Ending balance								
2a Did the organization include an a						-		No
b If "Yes," explain the arrangemen	t in Part XIII.	Check her	e if the explai	nation ha	as been provided	d on Part XIII		
Part V Endowment Funds.	Complete if the	na organiza	ition answered	1 "Vac" o	n Form 990 Part	· IV line 10		
Part V Endowment Funds.	(a) Current		(b) Prior year		(c) Two years back	(d) Three years back	(e) Four ye	ara baak
1 a Beginning of year balance	(a) Current	yeai	(b) Filol year		C) I WO years back	(u) Tillee years back	(e) Four ye	ars back
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities								
and programs								
f Administrative expenses								
g End of year balance	6.11		11 1 20		())			
2 Provide the estimated percentag		nt year end	balance (lin	e Ig, col	umn (a)) neid a	S:		
a Board designated or quasi-endov	wment 8		^					
b Permanent endowment c Term endowment	°							
The percentages on lines 2a, 2b, a		aual 100%						
3a Are there endowment funds not in to organization by:	the possession	of the orga	nization that a	re held a	nd administered t	or the	Yes	No
(i) Unrelated organizations							3a(i)	
(ii) Related organizations							3a(ii)	
b If "Yes" on line 3a(ii), are the rel							. 3b	
4 Describe in Part XIII the intended	d uses of the	organizatio	n's endowme	nt funds			<u> </u>	
Part VI Land, Buildings, an	d Equipme	nt.						
Complete if the organizat			rm 990, Part I	IV, line 1	1a. See Form 99	0, Part X, line 10.		
Description of property		(a) Cost or (inves	other basis		ost or other is (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land		`				•		
b Buildings								
c Leasehold improvements								
d Equipment								
e Other								
Total. Add lines 1a through 1e. (Colum	nn (d) must ed	qual Form :	990, Part X, c	column (l	3), line 10c.)			0.
BAA						Sched	ule D (Form 9	90) 2022

Schedule D (Form 990) 2022

Complete if the organization answ		e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name		(c) Method of valuation: Cost or end-of-year mar	ket value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B) (C)			
(B) 			
(C) 			
(D) (E)			
(<u>F</u>)			
<u>(G)</u> (H)	. – – – – – – – – – – – – – – – – – – –		
	. – – – – – – – – – – – – – – – – – – –		
(I) T-1-1-(2-1			
Total. (Column (b) must equal Form 990, Part X, column (E Part VIII Investments — Program R		N / 7	
Investments — Program R Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	N/A e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets.	wared "Was" on Farm 000 Part IV line	- 11d Cas Farms 000 Dark V line 15	
Complete if the organization answ	vered "Yes" on Form 990, Part IV, line (a) Description		Book value
(1) CONTRIBUTION RECEIVABLE	(a) = a compared		2,302,894.
(2) RIGHT-OF-USE ASSET			30.
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Par	t X. column (B) line 15.)		2,302,924
Part X Other Liabilities.	t X, column (B) line 13.j	2	., 502, 524
	vered "Yes" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability		Book value
(1) Federal income taxes			
(2) CREDIT CARDS			15.
(3) LEASE LIABILITY			30
(4)			
(5)			
(6) (7)			
1/31			
(8)		l l	
(9)			
(9) (10)			
(9)	3) line 25.).		45.

Part XIII Supplemental Information.

4 Amounts included on Form 990. Part IX. line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b.
b Other (Describe in Part XIII.)
c Add lines 4a and 4b.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4 c

5

BAA Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FULLMER LEGACY FOUNDATION

Employer identification number

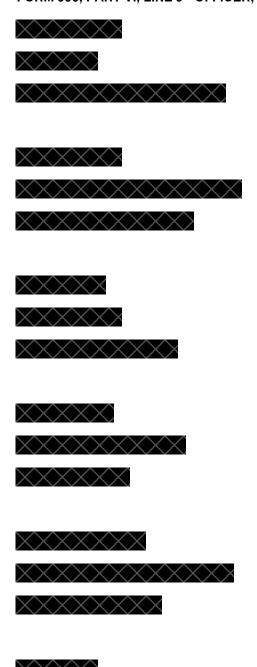
82-4314086

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

DAVID BUTTERFIELD AND NICK BUTTERFIELD ARE BROTHERS.

LARRY FULLMER IS DEREK BUNKALL'S FATHER-IN-LAW.

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS



Schedule O (Form 990) 2022 Page 2

Name of the organization

FULLMER LEGACY FOUNDATION

82-4314086

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS (CONTINUED)















FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY THE PRESIDENT OF THE GOVERNING BODY BEFORE THE RETURN IF FILED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.