Form **990** 

### **Return of Organization Exempt From Income Tax**

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047 2015

| Depa<br>Inter                  | artment<br>nal Rev | of the Treasury<br>enue Service |          |   |                      |                     |                   | tructions is at w                        |               |                        | ).            |               |               | pection    | IC       |
|--------------------------------|--------------------|---------------------------------|----------|---|----------------------|---------------------|-------------------|--|---------------|------------------------|---------------|---------------|---------------|------------|----------|
| Α                              | For t              | he 2015 caler                   | dar      | year, or tax                              | year begin           | ning                |                   | , 2015,                                  | and endi      | ng                     |               |               | ,             |            |          |
| в                              | Check              | if applicable:                  | С        | Name of organization                      | <sup>ation</sup> STU | JF UNITE            | D FUND            | INC                                      |               |                        | D Emp         | loyer ider    | ntification I | number     |          |
|                                | A                  | ddress change                   |          | Doing business a                          | is                   |                     |                   |  |               |                        | 32            | -0203         | 3388          |            |          |
|                                | N                  | ame change                      |          | Number and stre                           | et (or P.O. bo)      | k if mail is not de | livered to street | address)                                 | Room          | /suite                 | E Tele        | phone num     | nber          |            |          |
|                                | In                 | nitial return                   | Ρ        | о вох 52                                  | 20511                |                     |                   |  |               |                        | (7            | 18) 2         | 228-18        | 318        |          |
|                                | Fi                 | nal return/terminated           |          | City or town, stat                        | e or province,       | country, and ZIP    | or foreign post   | al code                                  | •             |                        |               |               |               |            |          |
|                                | A                  | mended return                   | FL       | USHING                                    |                      |                     |                   | NY                                       | 11352         |                        | G Gros        | s receipts    | \$ 50         | 7,240      |          |
|                                | A                  | pplication pending              | F        | Name and addre                            | ss of principal      | officer:            |                   |  |               | H(a) Is this           | a group ret   | urn for sub   | ordinates?    | Yes        | X No     |
|                                |                    |                                 | Th       | omas Cher                                 | n 150-121            | Powells Co          | ve White          | stone NY                                 | 11327         | H(b) Are al<br>If 'No, | l subordinat  | es include    | d?            | Yes        | No       |
| I                              | Тах                | -exempt status                  | Х        | 501(c)(3)                                 | 501(c) (             | ) 🖣 (i              | insert no.)       | 4947(a)(1) or                            | 527           | - II NO,               | allacit a lis | 1. (See IIIS) | iruciions)    |            |          |
| J                              | We                 | ebsite: ► ht                    | tp       | ://stufu                                  | nited.               | org/                |                   | <b>I</b> I                               |               | H(c) Group             | exemption     | number        | ►             |            |          |
| κ                              | Forr               | n of organization:              |          | Corporation                               | Trust                | Association         | Other ►           | LY                                       | ear of format | ion: 200               | 7 N           | State of      | legal domic   | ile: NY    |          |
| Pa                             | rt I               | Summa                           | _        |   |                      |                     | 1 1               | ·  |               |                        |               |               | -             |            |          |
|                                | 1                  | Briefly descri                  | be th    | e organizatio                             | n's missior          | n or most sig       | nificant acti     | vities: To p                             | promote soci  | al responsib           | ility in i    | nternatio     | nal enterp    | rises as d | eveloped |
| a                              |                    | and espoused h                  | y the    | e United Natio                            | n's Global (         | Compact; To pi      | rovide charit     | able relief, edu                         |               |                        |               |               |               |            |          |
| õ                              |                    |                                 |          |   |                      |                     |                   | youth involvement                        |               |                        |               |               |               |            |          |
| na                             |                    | <u>Fasilo 104101</u>            |          |   | <u></u>              |                     | <u> </u>          | <u></u>                                  |               |                        | <u></u>       |               |               |            | <u></u>  |
| Activities & Governance        | 2                  | Check this bo                   | × ►      | if the o                                  | roanization          | discontinue         | d its operat      | ons or disposed                          | d of more     | <br>than 25%           | of its net    | assets.       |               |            |          |
| g                              | 3                  |                                 |          |   |                      |                     |                   | a)                                       |               |                        |               |               | 1             |            | 23       |
| ∞<br>∽                         | 4                  | Number of in                    | depe     | ndent voting                              | members of           | of the govern       | ning body (F      | art VI, line 1b)                         |               |                        |               | 4             |               |            | 21       |
| itie                           | 5                  | Total number                    | of in    | ndividuals em                             | ployed in c          | alendar yea         | r 2015 (Part      | V, line 2a)                              |               |                        |               | 5             |               |            | 0        |
| ΪŇ                             | 6                  |                                 |          |   |                      | 3,                  |                   |  |               |                        |               | _             |               |            | 23       |
| Ä                              |                    |                                 |          |   |                      |                     | . ,               | 12                                       |               |                        |               |               |               |            | 0.       |
|                                | b                  | Net unrelated                   | lbus     | iness taxable                             | e income fro         | om Form 990         | 0-T, line 34      |  |               |                        |               | 7b            |               |            | 0.       |
|                                |                    |                                 |          |   |                      |                     |                   |  |               |                        | Prior Yea     | ar            | Cu            | urrent Ye  |          |
| e                              | 8                  |                                 |          | 0   | -                    | ,                   |                   |  |               |                        | 829           | ,682.         |               | 494        | ,831.    |
| nue                            | 9                  | 0                               |          |   | -                    | 0,                  |                   |  |               |                        |               |               |               |            |          |
| Revenue                        | 10                 |                                 |          | •   | ( ).                 |                     | ,                 |  |               |                        | 6             | ,049.         |               | 12         | ,409.    |
| ш                              | 11                 |                                 | •        | -   | ( )                  |                     |                   | 11e)                                     |               |                        |               |               |               |            |          |
|                                | 12                 |                                 |          |   |                      |                     |                   | umn (A), line 12                         | -             |                        |               | ,731.         | -             |            | ,240.    |
|                                | 13                 |                                 |          | •   |                      | . ,                 |                   |  |               |                        | 767           | ,444.         |               | 280        | ,027.    |
|                                | 14                 | •                               |          |   |                      |                     |                   |  |               |                        |               |               |               |            |          |
| ŝ                              | 15                 | Salaries, othe                  | er co    | mpensation,                               | employee l           | benefits (Par       | t IX, columr      | n (A), lines 5-10)                       | )             | ·                      | 36            | ,000.         |               | 35         | ,195.    |
| nse                            | 16 a               | Professional                    | fundı    | raising fees (I                           | Part IX, col         | lumn (A), line      | e11e)             |  |               |                        |               |               |               |            |          |
| Expenses                       | b                  | Total fundrais                  | sing e   | expenses (Pa                              | art IX, colur        | mn (D), line 2      | 25) ►             | 4  | 7,757.        |                        |               |               |               |            |          |
| ш                              | 17                 |                                 | -        |   |                      |                     | -                 |  | -             | -                      | 89            | ,745.         |               | 48         | ,092.    |
|                                | 18                 | •                               | •        | -   | ( )                  |                     | ,                 | line 25)                                 |               |                        |               | ,189.         | 1             |            | ,314.    |
|                                | 19                 |                                 |          |   |                      | ·                   |                   |  |               |                        |               | ,458.         |               |            | ,926.    |
| ۲ő                             |                    |                                 | , ovb    | 0110001 04.04                             |                      |                     |                   |  |               |                        | ing of Cur    |               | - Fi          | nd of Ye   |          |
| anc                            | 20                 | Total assets                    | Part     | X. line 16) .                             |                      |                     |                   |  |               |                        |               | ,190.         |               |            | ,036.    |
| Ass<br>Bal                     | 21                 |                                 |          | , ,                                       |                      |                     |                   |  |               |                        |               | ,500.         | 1             | 510        | 0.       |
| Net Assets or<br>Fund Balances | 22                 |                                 |          |   |                      |                     |                   |  |               |                        |               | ,690.         | 1             | 510        | ,036.    |
|                                | rt II              | Signatu                         |          |   |                      | 21 110111 1111      |                   |  |               | •                      | 101           | ,090.         |               | 540        | ,030.    |
|                                |                    |                                 |          |   | ad this return       | including and       | nonving och       | log and statements                       | and to the h  | of of multimest        | wlodge en d   | holiof # !-   | truo corre-   | at and     |          |
| comp                           | olete. D           | eclaration of prepa             | er (oth  | nat I have examin<br>her than officer) is | based on all i       | information of wh   | nich preparer ha  | ules and statements,<br>s any knowledge. | and to the be | est of my know         | weage and     | Dellet, it is | uue, correc   | and        |          |
|                                |                    |                                 |          |   |                      |                     |                   |  |               | (                      | )4/29/        | 16            |               |            |          |
| c:-                            | n                  | Signat                          | ire of o | officer                                   |                      |                     |                   |  |               | D                      | ate           | ± 0           |               |            | <u> </u> |
| Siq<br>He                      | jii<br>re          |                                 | MAC      | CUEN                                      |                      |                     |                   |  |               | השמת                   | יייזאיקרד     |               |               |            |          |
| 110                            |                    |                                 |          | CHEN<br>name and title.                   |                      |                     |                   |  |               | FKED                   | IDENT         |               |               |            |          |
|                                |                    | Print/Type                      |          |   |                      | Preparer's sig      | nature            |  | Date          |                        | Check         | if            | PTIN          |            |          |
|                                |                    |                                 |          | · · ·                                     |                      |                     |                   |  |               |                        | CHECK         | $\square$ "   |               |            |          |

| Paid   | J WILLIAM      | LIN           | J WILLIAM     | LIN |       | 05/05/16 | self-employed      | P01             | 1308042 |    |
|--|----------------|---------------|---------------|-----|-------|----------|--------------------|-----------------|---------|----|
| Preparer   | Firm's name    | LIN & LINCOLN | CPA'S LLC     | 1   |       |          |                    |                 |         |    |
| Use Only   | Firm's address | 1132 WAUKEGAN | RD, SUITE 101 |     |       |          | Firm's EIN ► 36-37 |                 | 706894  |    |
|  |                | GLENVIEW      |               | IL  | 60025 | 5-3060   | Phone no. (84      | 7)              | 998-888 | 38 |
| May the IRS discuss this return with the preparer shown above? (see instructions)        |                |               |               |     |       |          |                    |                 |         |    |
| BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 10/12/15 |                |               |               |     |       |          | Form <b>990</b>    | <b>)</b> (2015) |         |    |

|      | ( ) =                                   | UF UNITED FUND  |   | 32-02033  | 388 Page <b>2</b>        |
|------|---|---|---|---|--------------------------|
| Part |   | -   | vice Accomplishments  |   |                          |
|      | Check if So                             | chedule O contains a re   | sponse or note to any line in this Part III .   |   |                          |
|      | To promote<br>and espoused by th        | e United Nation's Global  | :<br>sibility_in_international<br>Compact; To provide charitable relief, educ<br>mmunities;To encourage youth involvemen  | ational and cultural development, environ   | nental protection and    |
|      | Form 990 or 990-I                       |   | cant program services during the year which   | ch were not listed on the prior   | Yes X No                 |
|      | If 'Yes,' describe the                  | hese changes on Sched   |   |   | Yes X No                 |
|      | Section $501(c)(3)$                     | nization's program servi<br>and 501(c)(4) organizati<br>y, for each program servi | ce accomplishments for each of its three la<br>ons are required to report the amount of g<br><i>v</i> ice reported.   | argest program services, as measured by<br>rants and allocations to others, the total e | z expenses.<br>expenses, |
|      | for relief<br>, Cherish a<br>and Taiwan | ns_to_other_non-r<br>_of_water_park_<br>a_Child_USA_for<br>_Exquisite_Cult        | 264,255. including grants of \$<br>profit organizations: such as<br>blask in Pacific Islands<br>constrution of an outpat<br>cure and Education Associa<br>al areas of Cambodia. | s Overseas Community Affair<br>and provide scholorship<br>tient medical clinic in U     | _to_students_<br>Jganda, |
|      |   |   |   |   |                          |
|      | in 2015 and                             | d_completed_in_   | 40,299. including grants of \$<br>Aid_project_to_partner_wi<br>2016_to_make_jackets_and<br>in_Turkey,_Austria_and_(   | raincoats to distribute   | 60,217.)<br>ganizations  |
|      |   |   |   |   |                          |
| 4 c  | (Code:                                  | ) (Expenses \$  | including grants of \$  | ) (Revenue \$   |                          |
| 4 c  | (Code:                                  | ) (Expenses \$  | including grants of \$  | ) (Revenue \$)  |                          |
| 4 d  |   |   |   | ) (Revenue \$   |                          |

#### Form 990 (2015) STUF UNITED FUND INC

| Ра | rt IV                             | Checklist of Required Schedules   |         |     |    |
|----|-----------------------------------|---|---------|-----|----|
|    |                                   |   | <b></b> | Yes | No |
| 1  |                                   | organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete   | 1       | x   |    |
| 2  | Is the                            | organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2       | Х   |    |
| 3  | Did th<br>for pu                  | e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates<br>blic office? If 'Yes,' complete Schedule C, Part I   | 3       |     | Х  |
| 4  | Section<br>in effe                | on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election ect during the tax year? If 'Yes,' complete Schedule C, Part II   | 4       |     | Х  |
| 5  | ls the<br>asses                   | organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III   | 5       |     | х  |
| 6  | Did th<br>to pro<br><i>Part I</i> | e organization maintain any donor advised funds or any similar funds or accounts for which donors have the right vide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,   | 6       |     | Х  |
| 7  | Did th<br>envirc                  | e organization receive or hold a conservation easement, including easements to preserve open space, the onment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II   | 7       |     | Х  |
| 8  |                                   | e organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'<br>lete Schedule D, Part III.   | 8       |     | Х  |
| 9  | for an                            | e organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation res? If 'Yes,' complete Schedule D, Part IV                  | 9       |     | X  |
| 10 | Did th<br>perma                   | e organization, directly or through a related organization, hold assets in temporarily restricted endowments, anent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>   | 10      |     | Х  |
| 11 |                                   | organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX,<br>is applicable.  |         |     |    |
| i  | a Did th<br><i>D, Pa</i>          | e organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule<br>rt VI.   | 11 a    |     | Х  |
|    | b Did th<br>assets                | e organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total s reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.   | 11 b    |     | Х  |
|    | c Did th<br>assets                | e organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total s reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII  | 11 c    |     | Х  |
|    | in Par                            | e organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported t X, line 16? If 'Yes,' complete Schedule D, Part IX  | 11 d    |     | Х  |
|    | e Did th                          | e organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e    |     | Х  |
|    | f Did th<br>the or                | e organization's separate or consolidated financial statements for the tax year include a footnote that addresses ganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part $X \dots \dots$  | 11 f    |     | Х  |
| 12 |                                   | e organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete dule D, Parts XI, and XII.  | 12a     | Х   |    |
|    | if the                            | he organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12 b    |     | Х  |
| 13 |                                   | organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  | 13      |     | Х  |
| 14 | a Did th                          | e organization maintain an office, employees, or agents outside of the United States?   | 14a     |     | Х  |
|    | busine                            | e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ess, investment, and program service activities outside the United States, or aggregate foreign investments valued 00,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> | 14b     | х   |    |
| 15 |                                   | e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any n organization? If 'Yes,' complete Schedule F, Parts II and IV  | 15      | Х   |    |
| 16 | Did th<br>or for                  | e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV   | 16      |     | Х  |
| 17 | Did th<br>colum                   | e organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,<br>in (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)  | 17      |     | Х  |
| 18 |                                   | e organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,<br>1c and 8a? If 'Yes,' complete Schedule G, Part II   | 18      |     | Х  |
| 19 | Did th                            | e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'<br>lete Schedule G. Part III.  | 19      |     | х  |

32-0203388

Form 990 (2015) STUF UNITED FUND INC

.

| Par  | t IV Checklist of Required Schedules (continued)   |            |        |          |
|------|--|------------|--------|----------|
|      |  |            | Yes    | No       |
|      | 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        |        | <u> </u> |
| 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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>   | 21         | Х      |          |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 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        |
| 24 a | 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 'Yes,' answer lines 24b through 24d and  |            |        |          |
| F    | complete Śchedule K. If 'No, 'go to line 25a   | 24a<br>24b |        | X        |
|      |  | 240        |        | <u> </u> |
| C    | 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        |        |          |
| c    | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d        |        |          |
| 25 a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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        |
| k    | 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? <i>If 'Yes,' complete Schedule L, Part I</i>                                     | 25b        |        | x        |
| ~~   |  | 200        |        |          |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes', complete Schedule L, Part II</i>                                 | 26         |        | Х        |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i> | 27         |        | x        |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |            |        |          |
| a    | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28a        |        | Х        |
| Ł    | A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete</i>  | 28b        |        | x        |
| c    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV   | 28c        |        | x        |
| 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? If 'Yes,' complete Schedule M   | 30         |        | x        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  | 30         |        | 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         |        | x        |
| 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         |        | x        |
| 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         |        | x        |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |        | X        |
| k    | 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        |        | X        |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2   | 36         |        | X        |
| 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? If 'Yes,' complete Schedule R, Part VI  | 37         |        | Х        |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38         |        | Х        |
| BAA  |  | Form       | 990 (2 | 2015)    |

Form 990 (2015)

| 2- |  |  |  |  |
|----|--|--|--|--|
|    |  |  |  |  |
|    |  |  |  |  |

Page 4

| Form | 990 (2015) STUF UNITED FUND INC 32-020338  | 8        | Р      | age 5 |
|------|--|----------|--------|-------|
| 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   |          |        | •     |
|      |  |          | Yes    | No    |
|      | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       42,920         a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       42,920  |          |        |       |
|      | Denter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1 b       0   |          |        |       |
| C    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1 c      |        |       |
| 2 =  | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-   |          |        |       |
| 20   | ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b>   |          |        |       |
| k    | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2 b      |        |       |
|      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)   |          |        |       |
|      | a Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3 a      |        | Х     |
| k    | <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O  | 3 b      |        |       |
| 4 a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                 | 4 a      |        | Х     |
| k    | D If 'Yes,' enter the name of the foreign country: ►   |          |        |       |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)  |          |        |       |
|      | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5 a      |        | Х     |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5 b      |        | Х     |
| C    | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | 5 c      |        |       |
| 6 a  | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6 a      |        | Х     |
| k    | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6 b      |        |       |
| 7    | Organizations that may receive deductible contributions under section 170(c).  |          |        |       |
| a    | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and  | _        |        | 37    |
|      | services provided to the payor?  | 7a<br>7b |        | Х     |
|      | <ul> <li>b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file</li> </ul> | 7 b      |        |       |
| , c  | Form 8282?   | 7 c      |        | Х     |
| c    | I If Yes,' indicate the number of Forms 8282 filed during the year   |          |        |       |
| e    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7 e      |        | Х     |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7 f      |        | Х     |
| ç    | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7 g      |        | 1     |
| ł    | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a  | 7 h      |        | х     |
| 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        |        |       |
| 9    | Sponsoring organizations maintaining donor advised funds.  |          |        |       |
| a    | a Did the sponsoring organization make any taxable distributions under section 4966?   | 9 a      |        | Х     |
| k    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9 b      |        | Х     |
| 10   |  |          |        |       |
|      | a Initiation fees and capital contributions included on Part VIII, line 12   | -        |        |       |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |          |        |       |
| 11   | Section 501(c)(12) organizations. Enter:<br>a Gross income from members or shareholders  |          |        |       |
|      | o Gross income from other sources (Do not net amounts due or paid to other sources   | -        |        |       |
|      | against amounts due or received from them.)  |          |        |       |
|      | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12 a     |        |       |
|      | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b  |          |        |       |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 12-      |        |       |
| a    | a Is the organization licensed to issue qualified health plans in more than one state?   | 13 a     |        |       |
|      | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |          |        |       |
|      | <ul> <li>Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</li> </ul>   |          |        |       |
|      | Enter the amount of reserves on hand   |          |        | 37    |
|      | a Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |        | Х     |
| BAA  | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule 0  | 14b      | 990 (2 | 2015) |

| b    | Enter the number of voting members included in line 1a, above, who are independent 1b 21   |         |                |       |
|------|--|---------|----------------|-------|
| 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?   | 2       |                | Х     |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?         | 3       |                | х     |
| 4    | Did the organization make any significant changes to its governing documents   |         |                |       |
|      | since the prior Form 990 was filed?  | 4       |                | Х     |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |                | Х     |
| 6    | Did the organization have members or stockholders?   | 6       |                | Х     |
| 7 a  | 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?   | 7 a     |                | х     |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |         |                |       |
|      | stockholders, or persons other than the governing body?  | 7 b     |                | Х     |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         |                |       |
| а    | The governing body?  | 8 a     | Х              |       |
| b    | Each committee with authority to act on behalf of the governing body?  | 8 b     | Х              |       |
| 9    | 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 in Schedule O  | 9       |                | Х     |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Rever  | nue C   |                | )     |
|      |  |         | Yes            | No    |
|      | Did the organization have local chapters, branches, or affiliates?   | 10 a    |                | Х     |
| 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?   | 10 b    |                |       |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11 a    |                | Х     |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |         |                |       |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13  | 12 a    | Х              |       |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12 b    | Х              |       |
| C    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done   | 12 c    | Х              |       |
| 13   | Did the organization have a written whistleblower policy?  | 13      | Х              |       |
| 14   | Did the organization have a written document retention and destruction policy?   | 14      |                | Х     |
| 15   | 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?         |         |                |       |
| а    | The organization's CEO, Executive Director, or top management official   | 15 a    | Х              |       |
|      | Other officers or key employees of the organization  | 15 b    | Х              |       |
|      | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  |         |                |       |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |         |                |       |
|      | taxable entity during the year?  | 16 a    |                | Х     |
| 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 | 16 6    |                |       |
| Sec  | organization's exempt status with respect to such arrangements?  | 16 b    |                | l     |
| 17   | List the states with which a copy of this Form 990 is required to be filed  New York   |         |                |       |
|      |  |         |                |       |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) if or public inspection. Indicate how you made these available. Check all that apply.         | avallat | ne             |       |
|      | X       Own website       Image: Another's website       Image: Upon request       Other (explain in Schedule O)   |         |                |       |
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.                               | e to    |                |       |
| 20   | State the name, address, and telephone number of the person who possesses the organization's books and records:  |         |                |       |
|      | Jeff Yao 1355 Bowes Road Unit B Elgin IL 60123 (6  |         | 540-'          |       |
| BAA  | TEEA0106 10/12/15  | Form    | 9 <b>90</b> (2 | 2015) |
|      |  |         |                |       |

#### Form 990 (2015) STUF UNITED FUND INC

Section A. Governing Body and Management

| Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for |
|---|
| a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in  |
| Schedule O. See instructions.   |

**1 a** Enter the number of voting members of the governing body at the end of the tax year . . . . 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 in Schedule O.

## I

| for |
|-----|

Yes No

32-0203388

23

1 a

|  | Х |
|--|---|

Page 6

| Form 990 (2015) STUF UNITED FUND INC  | 32-0203388                          | Page 7  |
|---|-------------------------------------|---------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees<br>Independent Contractors  | , Highest Compensated Employe       | es, and |
| Check if Schedule O contains a response or note to any line in this Part VII  | <u> </u>                            | 🗋       |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Co   | ompensated Employees                |         |
| 1 a Complete this table for all persons required to be listed. Report compensation for the calendar organization's tax year.  | year ending with or within the      |         |
| • List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or orga compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  | nizations), regardless of amount of |         |
| • List all of the organization's current key employees, if any. See instructions for definition of  | 'key employee.'                     |         |
| • List the organization's five <b>current</b> highest compensated employees (other than an officer, who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

|   |   | (C)                               |                           |                           |                            |                                 |        |  |   |  |
|---|---|-----------------------------------|---------------------------|---------------------------|----------------------------|---------------------------------|--------|--|---|--|
| (A)<br>Name and Title                   | (B)<br>Average<br>hours<br>per  | thar                              | n one b<br>s both<br>dire | oox, u<br>an of<br>ector/ | unless<br>fficer<br>truste | e)                              | n      | (D)<br>Reportable<br>compensation from<br>the organization | (E)<br>Reportable<br>compensation from<br>related organizations | (F)<br>Estimated<br>amount of other<br>compensation      |
|   | week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | Institutional trustee     | Officer                   | Key employee               | Highest compensated<br>employee | Former | (W-2/1099-MISC)  | (W-2/1099-MISC)   | from the<br>organization<br>and related<br>organizations |
| (1) Thomas Chen                         | 10.00   |                                   |                           | Х                         |                            |                                 |        | 0  | 0   | 0  |
| Chairman<br>(2) Jeff Yao                | 10.00   |                                   |                           | Λ                         |                            |                                 |        | 0.   | 0.  | 0.   |
| Treasurer                               |   |                                   |                           | Х                         |                            |                                 |        | 0.   | 0.  | 0.   |
| (3) John Lin<br>Secretary               | 10.00   |                                   |                           | х                         |                            |                                 |        | 0.   | 0.  | 0.   |
| (4)_Kico_Lin<br>CEO                     | <u>10.00</u>  |                                   |                           | х                         |                            |                                 |        | 0.   | 0.  | 0.   |
| _(5)_Yi-Miao_Huang<br>Operation Manager | 35.00   |                                   |                           |                           | х                          |                                 |        | 32,000.  | 0.  | 0.   |
| _(6)                                    |   |                                   |                           |                           |                            |                                 |        |  |   |  |
| _(7)                                    |   |                                   |                           |                           |                            |                                 |        |  |   |  |
|   |   |                                   |                           |                           |                            |                                 |        |  |   |  |
|   |   |                                   |                           |                           |                            |                                 |        |  |   |  |
| (10)                                    |   |                                   |                           |                           |                            |                                 |        |  |   |  |
| (11)                                    |   |                                   |                           |                           |                            |                                 |        |  |   |  |
| (12)                                    |   |                                   |                           |                           |                            |                                 |        |  |   |  |
| (13)                                    |   |                                   |                           |                           |                            |                                 |        |  |   |  |
| (14)                                    |   |                                   |                           |                           |                            |                                 |        |  |   |  |
| ВАА                                     | TEEA0   | 107                               | 10/12/*                   | 15                        | 1                          |                                 |        | 1  |   | Form <b>990</b> (2015)                                   |

32-0203388 Page 8

| Par             | t VII Section A. Officers, Directors, Tru   | stees,  | Key                               | Em                    | plo           | oye            | es, a                           | ang    | d Highest Con                                 | ppensated Emp                                 | loyees             | (conti  | inued) |
|-----------------|---|---|-----------------------------------|-----------------------|---------------|----------------|---------------------------------|--------|---|---|--------------------|---|--------|
|                 |   | (B)   |                                   |                       | (0            |                |                                 |        |   |   |                    |   |        |
|                 | (A)<br>Name and title   | Average<br>hours<br>per<br>week   | box,                              | unles                 | neck<br>ss pe | rson i         | than or<br>s both<br>pr/truste  | an     | <b>(D)</b><br>Reportable<br>compensation from | <b>(E)</b><br>Reportable<br>compensation from | amou               | (F)<br>timated  |        |
|                 |   | (list any<br>hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer       | Key employee   | Highest compensated<br>employee | Former | the organization<br>(W-2/1099-MISC)           | related organizations<br>(W-2/1099-MISC)      | fro<br>orga<br>and | ensation<br>om the<br>nization<br>related<br>nization |        |
| (15)            |   |   |                                   |                       |               |                | ä                               |        |   |   |                    |   |        |
| (16)            |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
| (17)            |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
| (18)            |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
| (19)            |   |   |                                   | _                     |               |                |                                 |        |   |   |                    |   |        |
| (20)            |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
| (21)            |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
| (22)            |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
| (23)            |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
| (24)            |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
| (25)            |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
|                 | Sub-total.  |   |                                   | • •                   | • •           | <br>••         | •••                             | •      | 32,000.                                       | 0.  |                    |   | 0.     |
|                 | Total from continuation sheets to Part VII, Section<br>Total (add lines 1b and 1c)  |   |                                   |                       |               | · ·<br>        |                                 |        | 32,000.                                       | 0.  |                    |   | 0.     |
|                 | Total number of individuals (including but not limited from the organization ►  |   |                                   |                       |               |                |                                 | iveo   |   | 000 of reportable cor                         | npensat            | on  |        |
| 3               | Did the organization list any <b>former</b> officer, director,  | or trustee  |                                   | omr                   |               |                | or bio                          | hos    | st companyated em                             |   |                    | Yes   | No     |
| 4               | on line 1a? If 'Yes,' complete Schedule J for such in<br>For any individual listed on line 1a, is the sum of rep                                | dividual  | ••••                              | • •                   | • •           | •••            |                                 | •      |   |   | . 3                |   | Х      |
| -               | the organization and related organizations greater th<br>such individual  | nan \$150,  | 000?                              | If 'Ye                | es' (         | com            | plete                           | Scł    | hedule J for                                  |   | . 4                |   | X      |
| 5               | Did any person listed on line 1a receive or accrue or<br>for services rendered to the organization? If 'Yes,' or                                |   |                                   |                       |               |                |                                 |        |   |   | . 5                |   | Х      |
| <u>Sec</u><br>1 | tion B. Independent Contractors<br>Complete this table for your five highest compensation<br>compensation from the organization. Report compen- | ed indepe   | nden<br>r the                     | t con<br>caler        | ntrac         | ctors<br>r vea | that<br>ar end                  | rece   | eived more than \$1                           | 100,000 of<br>organization's tax ve           | ar.                |   |        |
|                 | (A)<br>Name and business addre  |   |                                   |                       |               | ,              |                                 |        | (B)<br>Description o                          |   | (Compe             |   | n      |
|                 |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
|                 |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
|                 |   |   |                                   |                       |               |                |                                 |        |   |   |                    |   |        |
| 2               | Total number of independent contractors (including \$100,000 of compensation from the organization  | but not lin<br>►  | nited                             | to the                | ose           | liste          | ed ab                           | ove    | ) who received mo                             | re than                                       |                    |   |        |

Page 9

|   |      | Check if Schedule O contains a   | respon    | se or note to any lin | (A)           | (B)   | (C)                              | (D)   |
|---|------|--|-----------|-----------------------|---------------|---|----------------------------------|---|
|   |      |  |           |                       | Total revenue | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from tax<br>under sections<br>512-514 |
| nts<br>nts  |      | a Federated campaigns  | 1 a       |                       |               |   |                                  |   |
| Grai  |      | <b>b</b> Membership dues   | 1 b       |                       |               |   |                                  |   |
| Am A  |      | c Fundraising events   | 1 c       |                       |               |   |                                  |   |
| Gif<br>İlar   |      | d Related organizations  | 1 d       |                       |               |   |                                  |   |
| Sim's   |      | e Government grants (contributions)  | 1 e       |                       |               |   |                                  |   |
| utio  | f    | f All other contributions, gifts, grants, and similar amounts not included above | 1 f       | 404 021               |               |   |                                  |   |
| ਉਉ  |      | g Noncash contributions included in lines 1a                                     |           | 494,831.              |               |   |                                  |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      | h Total. Add lines 1a-1f   | · · -     |                       | 494,831.      |   |                                  |   |
|   |      |  |           | Business Code         | 191,031.      |   |                                  |   |
| Program Service Revenue                                   | 2 a  | a  |           |                       |               |   |                                  |   |
| Be  | k    | b  |           |                       |               |   |                                  |   |
| vice  | C    | c  |           |                       |               |   |                                  |   |
| Ser   | C    | d  |           |                       |               |   |                                  |   |
| am  | e    | e  |           |                       |               |   |                                  |   |
| log   |      | f All other program service revenue  |           |                       |               |   |                                  |   |
| ۵.  |      | g Total. Add lines 2a-2f   |           |                       |               |   |                                  |   |
|   | 3    | Investment income (including divid other similar amounts)                        | ends, ii  | nterest and           | 12,409.       | 0.  | 0.                               | 12,409.   |
|   | 4    | Income from investment of tax-exe  |           |                       | 12,409.       | 0.  | 0.                               | 12,409.   |
|   | 5    | Royalties  | •         |                       |               |   |                                  |   |
|   |      | (i) Re   |           | (ii) Personal         |               |   |                                  |   |
|   | 6 a  | a Gross rents  |           |                       |               |   |                                  |   |
|   |      | b Less: rental expenses  |           |                       |               |   |                                  |   |
|   |      | c Rental income or (loss) .  |           |                       |               |   |                                  |   |
|   | Ċ    | d Net rental income or (loss)  |           | (ii) Other            |               |   |                                  |   |
|   | 7 8  | a Gross amount from sales of assets other than inventory                         | Intes     |                       |               |   |                                  |   |
|   | ł    | b Less: cost or other basis  |           |                       |               |   |                                  |   |
|   |      | and sales expenses<br>c Gain or (loss)   |           |                       |               |   |                                  |   |
|   |      | d Net gain or (loss)   |           | ►                     |               |   |                                  |   |
| en  |      | a Gross income from fundraising eve  |           |                       |               |   |                                  |   |
| /en   |      | (not including \$<br>of contributions reported on line 1c                        | :).       |                       |               |   |                                  |   |
| Rei   |      | See Part IV, line 18   |           |                       |               |   |                                  |   |
| Other Reven   | ł    | <b>b</b> Less: direct expenses   |           |                       |               |   |                                  |   |
| <del>S</del>  |      | <b>c</b> Net income or (loss) from fundraisi                                     |           | nts                   |               |   |                                  |   |
|   | 9 a  | a Gross income from gaming activitie<br>See Part IV, line 19                     | es.<br>a  |                       |               |   |                                  |   |
|   | ł    | <b>b</b> Less: direct expenses   |           |                       |               |   |                                  |   |
|   | 0    | c Net income or (loss) from gaming a   | activitie | s                     |               |   |                                  |   |
|   | 10 a | a Gross sales of inventory, less return and allowances                           | ns<br>a   |                       |               |   |                                  |   |
|   | ł    | <b>b</b> Less: cost of goods sold  |           |                       |               |   |                                  |   |
|   |      | c Net income or (loss) from sales of   |           | ry ►                  |               |   |                                  |   |
|   |      | Miscellaneous Revenue  |           | Business Code         |               |   |                                  |   |
|   | 11 a | a  |           |                       |               |   |                                  |   |
|   | ł    | b  |           |                       |               |   |                                  |   |
|   |      | c  |           |                       |               |   |                                  |   |
|   |      | d All other revenue  | L         |                       |               |   |                                  |   |
|   |      | e Total. Add lines 11a-11d   |           |                       |               | -   | _                                | 10.105  |
|   | 12   | Total revenue. See instructions .  |           | ►                     | 507,240.      | 0.  | 0.                               | 12,409.   |

|           | Check if Schedule O contains a res   |                              |   |   |                                       |
|-----------|--|------------------------------|---|---|---------------------------------------|
| Do<br>6b, | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1<br>2    | Grants and other assistance to domestic<br>organizations and domestic governments.<br>See Part IV, line 21<br>Grants and other assistance to domestic<br>individuals. See Part IV, line 22           | 280,027.                     | 280,027.                                  |   |                                       |
| 3         |  |                              |   |   |                                       |
| 4<br>5    | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees   | 35,195.                      | 17,598.                                   | 3,519.                                    | 14,078.                               |
| 6         | Compensation not included above, to<br>disqualified persons (as defined under<br>section 4958(f)(1)) and persons described<br>in section 4958(c)(3)(B)   |                              | 17,330.                                   | 5,515.                                    | 11,070.                               |
| 7         | Other salaries and wages.  |                              |   |   |                                       |
| 8         | Pension plan accruals and contributions<br>(include section 401(k) and 403(b)<br>employer contributions)   |                              |   |   |                                       |
| 9<br>10   | Other employee benefits  |                              |   |   |                                       |
| 11        | Fees for services (non-employees):   |                              |   |   |                                       |
|           | Management   |                              |   |   |                                       |
|           | • Legal  | 055                          | 0   | 055                                       |                                       |
|           | Accounting   | 255.                         | 0.  | 255.                                      | 0.                                    |
|           |  | 2,200.                       | 0.  | 2,200.                                    | 0.                                    |
|           | Professional fundraising services. See Part IV, line 17  |                              |   |   |                                       |
|           | Investment management fees   |                              |   |   |                                       |
|           | Other. (If line 11g amount exceeds 10% of line 25, column  |                              |   |   |                                       |
| 2         | (A) amount, list line 11g expenses on Schedule O.)   |                              |   |   |                                       |
| 12        | Advertising and promotion  | 5,580.                       | 2,790.                                    | 558.                                      | 2,232.                                |
| 13        | Office expenses  | 707.                         | 0.  | 707.                                      | 0.                                    |
| 14        | Information technology   | 77.                          | 38.                                       | 8.  | 31.                                   |
| 15        | Royalties  |                              |   |   |                                       |
| 16        | Occupancy  |                              |   |   |                                       |
| 17        | Travel   | 5,318.                       | 2,659.                                    | 532.                                      | 2,127.                                |
| 18        | Payments of travel or entertainment<br>expenses for any federal, state, or local<br>public officials   |                              |   |   |                                       |
| 19        | Conferences, conventions, and meetings   | 1,125.                       | 562.                                      | 113.                                      | 450.                                  |
| 20        |  |                              |   |   |                                       |
| 21        | Payments to affiliates   |                              |   |   |                                       |
| 22        | Depreciation, depletion, and amortization  |                              |   |   |                                       |
| 23<br>24  | covered above (List miscellaneous expenses<br>in line 24e. If line 24e amount exceeds 10%<br>of line 25. column (A) amount, list line 24e  | 1,995.                       | 0.  | 1,995.                                    | 0.                                    |
|           | expenses on Schedule O.)   |                              |   |   |                                       |
|           |  | 1,590.                       | 795.                                      | 159.                                      | 636.                                  |
| l         | POSTAGE & DELIVERY   | 170.                         | 85.                                       | 17.                                       | 68.                                   |
|           | FILING FEE   | 125.                         | 0.  | 125.                                      | 0.                                    |
|           | FUNDRAISING EXPENSE  | 28,135.                      | 0.  | 0.  | 28,135.                               |
|           | All other expenses   | 815.                         | 0.  | 815.                                      | 0.                                    |
| 25        | Total functional expenses. Add lines 1 through 24e.  | 363,314.                     | 304,554.                                  | 11,003.                                   | 47,757.                               |
| 26        | Joint costs. Complete this line only if<br>the organization reported in column (B)<br>joint costs from a combined educational<br>campaign and fundraising solicitation.<br>Check here ► if following |                              |   |   |                                       |

SOP 98-2 (ASC 958-720). . . .

### Form 990 (2015) STUF UNITED FUND INC

| Part   | t X      | Balance Sheet   |                                 |          |                           |
|--------|----------|---|---------------------------------|----------|---------------------------|
|        |          | Check if Schedule O contains a response or note to any line in this Part X  |                                 |          |                           |
|        |          |   | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|        | 1        | Cash – non-interest-bearing   | 152,312.                        | 1        | 284,525                   |
|        | 2        | Savings and temporary cash investments  |                                 | 2        |                           |
|        | 3        | Pledges and grants receivable, net  |                                 | 3        |                           |
|        | 4        | Accounts receivable, net  | 6,000.                          | 4        | 0                         |
|        | 5        | Loans and other receivables from current and former officers, directors,  |                                 |          |                           |
|        | 5        | trustees, key employees, and highest compensated employees. Complete  |                                 |          |                           |
|        |          | Part II of Schedule L   |                                 | 5        |                           |
|        | 6        | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                                 | 6        |                           |
| n      | 7        | Notes and loans receivable, net   |                                 | 7        |                           |
| Ū.     |          | Inventories for sale or use   |                                 | 8        |                           |
| ñ<br>I | -        | Prepaid expenses and deferred charges   |                                 | 9        |                           |
| ÷      |          | Land, buildings, and equipment: cost or other basis.<br>Complete Part VI of Schedule D  |                                 |          |                           |
|        | h        | Less: accumulated depreciation  |                                 | 10 c     |                           |
| -      |          | Investments – publicly traded securities  | 249,058.                        | 11       | 251,691                   |
|        |          | Investments – other securities. See Part IV, line 11  | 249,058.                        | 12       | 251,091                   |
|        | 13       | Investments – program-related. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·   |                                 | 13       |                           |
|        | 14       |   |                                 | 14       |                           |
|        |          | Other assets. See Part IV, line 11  | 2 000                           | 14       | 2 . 0.00                  |
|        |          |   | 3,820.                          |          | 3,820                     |
| -      | 16<br>17 | Total assets. Add lines 1 through 15 (must equal line 34)   | 411,190.                        | 16<br>17 | 540,036                   |
|        | 17       | Grants payable  | 6,500.                          | 17       | 0                         |
|        | 19       |   |                                 | 19       |                           |
|        | 20       | Tax-exempt bond liabilities   |                                 | 20       |                           |
|        | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D   |                                 | 21       |                           |
| ¥      | 22       | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.<br>Complete Part II of Schedule L   |                                 | 21       |                           |
|        |          |   |                                 | 22       |                           |
| 2      | 23       | Secured mortgages and notes payable to unrelated third parties  |                                 | 23       |                           |
| 2      | 24       | Unsecured notes and loans payable to unrelated third parties  |                                 | 24       |                           |
| 2      | 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 $\ldots$  |                                 | 25       |                           |
| 2      | 26       | Total liabilities. Add lines 17 through 25  | 6,500.                          | 26       | 0                         |
| ۸<br>0 |          | Organizations that follow SFAS 117 (ASC 958), check here ► x and complete lines 27 through 29, and lines 33 and 34.   |                                 |          |                           |
| 2 :    | 27       | Unrestricted net assets   | 401,640.                        | 27       | 511,012                   |
|        | 28       | Temporarily restricted net assets   | 3,050.                          | 28       | 29,024                    |
|        | 29       | Permanently restricted net assets   | 5,050.                          | 29       | 27,024                    |
|        | 20       | Organizations that do not follow SFAS 117 (ASC 958), check here ►<br>and complete lines 30 through 34.  |                                 | 25       |                           |
| 5      | 30       | Capital stock or trust principal, or current funds  |                                 | 30       |                           |
| 2      | 30<br>31 | Paid-in or capital surplus, or land, building, or equipment fund  |                                 | 31       |                           |
|        | 32       | Retained earnings, endowment, accumulated income, or other funds  |                                 | 32       |                           |
| 2      |          |   |                                 | J2       |                           |
| SE 3   | 33       | Total net assets or fund balances   | 404,690.                        | 33       | 540,036                   |

BAA

Form 990 (2015)

| Forn | n 990 (2015) STUF UNITED FUND INC 32-   | 0203   | 388   |                | Page          | ə <b>12</b> |
|------|---|--------|-------|----------------|---------------|-------------|
| Pa   | 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      |       | 50             | 7,24          | 0.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2      |       | 36             | 3,31          | 4.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3      |       | 143            | 3,92          | 6.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4      |       | 404            | 4,69          | 0.          |
| 5    | Net unrealized gains (losses) on investments  | 5      |       | - {            | 8,58          | 0.          |
| 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 in Schedule O)  | 9      |       |                |               |             |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,  |        |       |                |               |             |
| -    | column (B))   | 10     |       | 54(            | 0,03          | 6.          |
| Pa   | rt XII Financial Statements and Reporting   |        |       |                |               |             |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |        |       |                |               | Х           |
|      |   |        |       | Y              | 'es           | No          |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |        | [     |                |               |             |
|      | If the organization changed its method of accounting from a prior year or checked 'Other,' explain<br>in Schedule O.  |        | - 1   |                |               |             |
| 2 8  | a Were the organization's financial statements compiled or reviewed by an independent accountant?   |        | · · [ | 2 a            |               | Х           |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   |        |       |                |               |             |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |        | - T   |                |               |             |
| I    | b Were the organization's financial statements audited by an independent accountant?  |        |       | 2 b            | Х             |             |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate<br>basis, consolidated basis, or both:   |        | _     |                |               |             |
|      | X         Separate basis         Both consolidated and separate basis   |        |       |                |               |             |
| (    | c If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant? | t,<br> |       | 2 c            | х             |             |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |        |       |                |               |             |
| 3 8  | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |        |       | 3 a            |               | Х           |
| I    | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au  | ıdit   |       |                |               |             |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |        |       | 3 b            |               |             |
| BAA  | N Contraction of the second   |        | F     | orm <b>9</b> 9 | <b>90</b> (20 | 15)         |

| SCH   | EDL | JLI | Е  | Α   |     |
|-------|-----|-----|----|-----|-----|
| (Form | 990 | or  | 90 | 90- | F7' |

## **Public Charity Status and Public Support**

 $\begin{array}{l} \mbox{Complete if the organization is a section 501(c)(3) organization or a section} \\ 4947(a)(1) \mbox{ nonexempt charitable trust.} \end{array}$ 

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| OMB No. 1545-0047 |  |
|-------------------|--|
| 2015              |  |

| Open to Public |
|----------------|
| Inspection     |

|      |          |  |  |  |  | E. | - | <br>l al a m | 4141.0.0 | 41.0 |
|------|----------|--|--|--|--|----|---|--------------|----------|------|
| 990. | <i>'</i> |  |  |  |  |    |   |              |          |      |
|      |          |  |  |  |  |    |   |              |          |      |

| Name of the | organization  |  |  |   |                     | Employer identification                              | ation number                                       |  |  |  |  |
|-------------|---|--|--|---|---------------------|--|--|--|--|--|--|
| STUF U      | JNITED FUND INC   |  |  |   |                     | 32-020338  | 8  |  |  |  |  |
| Part I      | Reason for Public Cha   | arity Status (All or                           | ganizations must co  | omplete                                       | e this p            | art.) See instructior                                | าร.  |  |  |  |  |
| The organ   | nization is not a private foundat   | ion because it is: (For                        | lines 1 through 11, chec   | k only on                                     | e box.)             | •  |  |  |  |  |  |
| 1           | A church, convention of church  | hes, or association of c                       | churches described in <b>se</b>  | ction 17                                      | 0(b)(1)(            | A)(i).   |  |  |  |  |  |
| 2           | A school described in section   | 170(b)(1)(A)(ii). (Attac                       | ch Schedule E (Form 99   | 0 or 990-                                     | EZ).)               |  |  |  |  |  |  |
| 3           | A hospital or a cooperative ho  | spital service organizat                       | tion described in <b>sectio</b> r  | n 170(b)(                                     | 1)(A)(iii)          | ).   |  |  |  |  |  |
| 4           | A medical research organization   | on operated in conjunc                         | tion with a hospital desc  | ribed in <b>s</b>                             | section             | 170(b)(1)(A)(iii). Enter t                           | he hospital's                                      |  |  |  |  |
|             | name, city, and state:  |  |  |   |                     |  |  |  |  |  |  |
| 5           | 170(b)(1)(A)(iv). (Complete Part II.)   |  |  |   |                     |  |  |  |  |  |  |
| 6           |   |  |  |   |                     |  |  |  |  |  |  |
| 7           | 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)   |  |  |   |                     |  |  |  |  |  |  |
| 8           | A community trust described in  | n section 170(b)(1)(A)                         | (vi). (Complete Part II.)  |   |                     |  |  |  |  |  |  |
|             |   |  |  |   |                     |  |  |  |  |  |  |
| 10          |   |  |  |   |                     |  |  |  |  |  |  |
|             | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one<br>or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in<br>lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. |  |  |   |                     |  |  |  |  |  |  |
|             | Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A  | egularly appoint or elec                       | ed, or controlled by its s<br>a majority of the director                           | upported<br>ors or tru                        | organiz<br>stees of | ation(s), typically by givi the supporting organiza  | ng the supported<br>tion. <b>You must</b>          |  |  |  |  |
| b           | Type II. A supporting organiza<br>management of the supporting<br>must complete Part IV, Secti  | organization vested ir                         | trolled in connection with<br>n the same persons that                              | n its supp<br>control o                       | orted or<br>r manag | ganization(s), by having<br>the supported organiz    | control or<br>cation(s). <b>You</b>                |  |  |  |  |
| c 🗌         | Type III functionally integrat<br>organization(s) (see instruction  | ed. A supporting orgar<br>ns). You must comple | nization operated in conr<br>ete Part IV, Sections A,                              | nection w<br>D, and E                         | ith, and            | functionally integrated w                            | vith, its supported                                |  |  |  |  |
| d 🗌         | Type III non-functionally inte<br>functionally integrated. The orginstructions). You must comp  | ganization generally m                         | ust satisfy a distribution   | connecti<br>requirem                          | on with<br>ent and  | its supported organization an attentiveness require  | on(s) that is not<br>ement (see                    |  |  |  |  |
|             | Check this box if the organizat<br>integrated, or Type III non-fun  | ctionally integrated sup                       | porting organization.  |   |                     | be I, Type II, Type III fun                          | ctionally  |  |  |  |  |
|             | ter the number of supported or  | •  |  |   |                     |  | · · · ·  |  |  |  |  |
| g Pro       | bvide the following information   |  | yanızalıon(s).   |   |                     | (a) Amount of monotonic                              | (vi) Amount of other                               |  |  |  |  |
|             | (i) Name of supported<br>organization   | (ii) EIN                                       | (iii) Type of organization<br>(described on lines 1-9<br>above (see instructions)) | (iv) Is<br>organizatio<br>in your go<br>docun | on listed           | (v) Amount of monetary<br>support (see instructions) | (vi) Amount of other<br>support (see instructions) |  |  |  |  |
|             |   |  |  | Yes   | No                  |  |  |  |  |  |  |
|             |   |  |  |   |                     |  |  |  |  |  |  |
| (A)         |   |  |  |   |                     |  |  |  |  |  |  |
|             |   |  |  |   |                     |  |  |  |  |  |  |
| (B)         |   |  |  |   |                     |  |  |  |  |  |  |
|             |   |  |  |   |                     |  |  |  |  |  |  |
| (C)         |   |  |  |   |                     |  |  |  |  |  |  |
| (D)         |   |  |  |   |                     |  |  |  |  |  |  |

(E)

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

Schedule **A** (Form 990 or 990-EZ) 2015

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.)

| Sec          | Section A. Public Support   |  |  |  |  |                                  |                   |  |  |
|--------------|---|--|--|--|--|----------------------------------|-------------------|--|--|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2011                              | <b>(b)</b> 2012                            | <b>(c)</b> 2013                              | <b>(d)</b> 2014                          | <b>(e)</b> 2015                  | <b>(f)</b> Total  |  |  |
| 1            | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any 'unusual grants.')  |  |  |  |  |                                  |                   |  |  |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |  |  |  |                                  |                   |  |  |
| 3            | The value of services or<br>facilities furnished by a<br>governmental unit to the<br>organization without charge  |  |  |  |  |                                  |                   |  |  |
| 4            | Total. Add lines 1 through 3  |  |  |  |  |                                  |                   |  |  |
| 5            | The portion of total<br>contributions by each person<br>(other than a governmental<br>unit or publicly supported<br>organization) included on line 1<br>that exceeds 2% of the amount<br>shown on line 11, column (f) |  |  |  |  |                                  |                   |  |  |
| 6            | Public support. Subtract line 5 from line 4   |  |  |  |  |                                  |                   |  |  |
| Sec          | tion B. Total Support   | I  |  |  |  |                                  |                   |  |  |
|              | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2011                              | <b>(b)</b> 2012                            | <b>(c)</b> 2013                              | <b>(d)</b> 2014                          | <b>(e)</b> 2015                  | <b>(f)</b> Total  |  |  |
| 7            | Amounts from line 4   |  |  |  |  |                                  |                   |  |  |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income from<br>similar sources  |  |  |  |  |                                  |                   |  |  |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |  |  |  |  |                                  |                   |  |  |
| 10           | Other income. Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part VI.)  |  |  |  |  |                                  |                   |  |  |
| 11           | Total support. Add lines 7 through 10   |  |  |  |  |                                  |                   |  |  |
| 12           | Gross receipts from related activiti  | es, etc. (see instru                         | ctions)                                    |  |  | 12                               |                   |  |  |
| 13           | First five years. If the Form 990 is organization, check this box and s   |  |  |  |  |                                  |                   |  |  |
| Sec          | tion C. Computation of Pu   |  |  |  |  |                                  |                   |  |  |
| 14           | Public support percentage for 201   | •  |  | ( ) )  |  |                                  | <u> </u>          |  |  |
| 15           | Public support percentage from 20   | 014 Schedule A, Pa                           | art II, line 14 · · ·                      |  |  | 15                               | %                 |  |  |
| 16 a         | <b>33-1/3% support test</b> – <b>2015.</b> If and <b>stop here.</b> The organization of   | the organization di<br>qualifies as a public | d not check the bo<br>cly supported organ  | x on line 13, and li<br>nization             | ne 14 is 33-1/3% c                       | r more, check this               | box<br>►          |  |  |
| b            | <b>33-1/3% support test</b> – <b>2014.</b> If t and <b>stop here.</b> The organization of   |  |  |  |  |                                  |                   |  |  |
| 17 a         | <b>10%-facts-and-circumstances te</b><br>or more, and if the organization me<br>the organization meets the 'facts-a   | eets the 'facts-and                          | -circumstances' tes                        | st, check this box a                         | ind stop here. Exp                       | lain in Part VI how              | · –               |  |  |
|              | <b>10%-facts-and-circumstances te</b><br>or more, and if the organization me<br>organization meets the 'facts-and-  | eets the 'facts-and<br>circumstances' tes    | -circumstances' tes<br>t. The organization | st, check this box a<br>i qualifies as a pub | nd stop here. Exp<br>licly supported org | lain in Part VI how<br>anization | the<br>►          |  |  |
| 18           | Private foundation. If the organiz  | ation did not check                          | a box on line 13,                          | 16a, 16b, 17a, or 1                          | 17b, check this box                      | and see instructio               | ns ▶              |  |  |
| BAA          |   |  |  |  | Sch                                      | edule A (Form 990                | ) or 990-EZ) 2015 |  |  |

Schedule A (Form 990 or 990-EZ) 2015

32-0203388

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

|   | tion A. Public Support   |  |   |   |  |   |  |
|---|--|--|---|---|--|---|--|
| _   | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2011  | <b>(b)</b> 2012   | (c) 2013  | (d) 2014                                     | <b>(e)</b> 2015   | (f) Total  |
| 1   | Gifts, grants, contributions<br>and membership fees<br>received. (Do not include<br>any 'unusual grants.')   | 202,316.   | 299,975.  | 300,969.  | 829,682.                                     | 499,231   | . 2,132,173.   |
|   | Gross receipts from admis-<br>sions, merchandise sold or<br>services performed, or facilities<br>furnished in any activity that is<br>related to the organization's<br>tax-exempt purpose  |  |   |   |  |   |  |
| 3   | Gross receipts from activities<br>that are not an unrelated trade<br>or business under section 513   |  |   |   |  |   |  |
| 4<br>5  | Tax revenues levied for the<br>organization's benefit and<br>either paid to or expended on<br>its behalf<br>The value of services or<br>facilities furnished by a<br>governmental unit to the<br>organization without charge   |  |   |   |  |   |  |
| 6   | Total. Add lines 1 through 5   | 202,316.   | 200 075   | 300,969.  | 000 600                                      | 499,231   | 0 100 170  |
|   | a Amounts included on lines 1,<br>2, and 3 received from<br>disqualified persons   | 202,310.   | 299,975.  | 300,969.  | 829,682.                                     | 499,231   | . 2,132,173.   |
| ł   | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13<br>for the year  |  |   |   |  |   |  |
| c   | Add lines 7a and 7b  |  |   |   |  |   |  |
|   | Public support. (Subtract line           7c from line 6.)  |  |   |   |  |   | 2,132,173.   |
| Sec   | tion B. Total Support  | r  | 1   |   |  |   | <u> </u>   |
|   | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2011  | <b>(b)</b> 2012   | <b>(c)</b> 2013   | <b>(d)</b> 2014                              | <b>(e)</b> 2015   | (f) Total  |
|   | Amounts from line 6  | 202,316.   | 299,975.  | 300,969.  | 829,682.                                     | 499,231   | . 2,132,173.   |
| 10 a  | a Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties and income from   |  | 1 266   | 1,834.  | 6,049.                                       | 10 400  | . 21,558.  |
| ł   | similar sources<br>b Unrelated business taxable<br>income (less section 511<br>taxes) from businesses<br>acquired after June 30, 1975  |  | 1,266.  | _ / 00 _ 1  | 0,012.                                       | 12,409  |  |
| c   | <ul> <li>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>Add lines 10a and 10b</li> </ul>   |  | 1,266.  | 1,834.  | 6,049.                                       | 12,409  |  |
| c   | <ul> <li>Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975.</li> </ul>   |  |   |   |  |   |  |
| 0<br>11   | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b<br/>Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is</li> </ul>  |  |   |   |  |   |  |
| 11<br>12<br>13  | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is<br/>regularly carried on Other income. Do not include<br/>gain or loss from the sale of<br/>capital assets (Explain in<br/>Part VI.)</li></ul>  | 202,316.   | 1,266.  | 1,834.  | 6,049.                                       | 12,409  | . 21,558.  |
| 11<br>12<br>13<br>14  | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is<br/>regularly carried on Other income. Do not include<br/>gain or loss from the sale of<br/>capital assets (Explain in<br/>Part VI.)</li></ul>  | for the organization top here  | <u>1,266.</u><br><u>301,241.</u><br>on's first, second, tl  | <u>1,834.</u><br><u>302,803.</u><br>nird, fourth, or fifth  | 6,049.<br>835,731.<br>tax year as a sect     | 12,409<br>511,640   | . 21,558.  |
| 11<br>12<br>13<br>14<br><u>Sec</u>  | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is<br/>regularly carried on Other income. Do not include<br/>gain or loss from the sale of<br/>capital assets (Explain in<br/>Part VI.)</li></ul>  | s for the organization<br>top here<br>blic Support P   | 1,266.<br>301,241.<br>on's first, second, th<br>  | 1,834.<br>302,803.<br>hird, fourth, or fifth  | 6,049.<br>835,731.<br>tax year as a sect     | 12,409<br>511,640<br>ion 501(c)(3)  | . 21,558.<br>. 2,153,731.<br>  |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15  | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b<br/>Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is<br/>regularly carried on</li> <li>Other income. Do not include<br/>gain or loss from the sale of<br/>capital assets (Explain in<br/>Part VI.)</li> <li>Total support. (Add lines 9,<br/>10c, 11, and 12.)</li> <li>First five years. If the Form 990 is<br/>organization, check this box and section C. Computation of Pul<br/>Public support percentage for 2018</li> </ul>  | s for the organization<br>top here<br>blic Support P<br>5 (line 8, column (f)  | 1,266.<br>301,241.<br>on's first, second, th<br><br>ercentage<br>divided by line 13   | <u>1,834.</u><br><u>302,803.</u><br>nird, fourth, or fifth  | 6,049.<br>835,731.<br>tax year as a sect     | 12,409<br>511,640<br>ion 501(c)(3)<br>  | . 21,558.<br>. 2,153,731.<br>  |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br>16                                  | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is<br/>regularly carried on</li> <li>Other income. Do not include<br/>gain or loss from the sale of<br/>capital assets (Explain in<br/>Part VI.)</li> <li>Total support. (Add lines 9,<br/>10c, 11, and 12.)</li> <li>First five years. If the Form 990 is<br/>organization, check this box and statistication of Pull<br/>Public support percentage for 2015</li> <li>Public support percentage from 20</li> </ul>   | s for the organization<br>top here<br>blic Support P<br>5 (line 8, column (f)<br>14 Schedule A, Pa                   | <u> </u>  | <u>1,834.</u><br><u>302,803.</u><br>hird, fourth, or fifth  | 6,049.<br>835,731.<br>tax year as a sect     | 12,409<br>511,640<br>ion 501(c)(3)<br>  | . 21,558.<br>. 2,153,731.<br>  |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br>16<br><u>Sec</u>                    | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is<br/>regularly carried on</li> <li>Other income. Do not include<br/>gain or loss from the sale of<br/>capital assets (Explain in<br/>Part VI.)</li> <li>Total support. (Add lines 9,<br/>10c, 11, and 12.)</li> <li>First five years. If the Form 990 is<br/>organization, check this box and st<br/>tion C. Computation of Pul<br/>Public support percentage for 2015</li> <li>Public support percentage from 20</li> <li>ction D. Computation of Inv</li> </ul> | s for the organization<br>top here<br>blic Support P<br>5 (line 8, column (f)<br>114 Schedule A, Pa<br>estment Incon | <u>1,266.</u><br><u>301,241.</u><br>on's first, second, th<br><u>ercentage</u><br>divided by line 13<br>irt III, line 15<br><b>ne Percentage</b>  | <u>1,834.</u><br><u>302,803.</u><br>hird, fourth, or fifth<br>  | 6,049.<br>835,731.<br>tax year as a sect     | <u>12,409</u><br><u>511,640</u><br>ion 501(c)(3)<br><br><br><b>15</b><br><br><b>16</b>  | . 21,558.<br>. 2,153,731.<br>  |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br>16<br><u>Sec</u><br>17              | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is<br/>regularly carried on Other income. Do not include<br/>gain or loss from the sale of<br/>capital assets (Explain in<br/>Part VI.)</li></ul>  | to for the organization<br>top here  | 1,266.<br>301,241.<br>on's first, second, th<br><b>ercentage</b><br>divided by line 13<br>rt III, line 15<br><b>ne Percentage</b><br>umn (f) divided by   | 1,834.<br>302,803.<br>hird, fourth, or fifth<br>,<br>column (f))  | 6,049.<br>835,731.<br>tax year as a sect     | 12,409<br>511,640<br>ion 501(c)(3)<br><br>15<br><br>16<br><br>17  | . 21,558.<br>. 2,153,731.<br>  |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br>16<br><u>Sec</u><br>17<br>18        | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is<br/>regularly carried on Other income. Do not include<br/>gain or loss from the sale of<br/>capital assets (Explain in<br/>Part VI.)</li></ul>  | s for the organization<br>top here   | 1,266.<br>301,241.<br>on's first, second, th<br>  | 1,834.<br>302,803.<br>nird, fourth, or fifth<br>  | 6,049.<br>835,731.<br>tax year as a sect     | <u>     12,409</u> <u>     511,640</u> <u>     on 501(c)(3)</u> <u>  15</u> <u>  16</u> <u>  17</u> <u>  18</u>   | . 21,558.<br>. 2,153,731.<br>▶<br>99.00 %<br>99.49 %<br>1.00 %<br>0.51 % |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br>16<br><u>Sec</u><br>17<br>18<br>192 | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li></ul>   | s for the organization<br>top here   | 1,266.<br>301,241.<br>on's first, second, th<br><b>ercentage</b><br>divided by line 13<br>irt III, line 15<br><b>ne Percentage</b><br>umn (f) divided by<br>A, Part III, line 17<br>d not check the bo<br><b>ere.</b> The organizati                              | 1,834.<br>302,803.<br>hird, fourth, or fifth<br><br>, column (f))<br>line 13, column (f)<br><br>x on line 14, and li<br>on qualifies as a p   | 6,049.<br>835,731.<br>tax year as a sect     | 12,409         511,640         ion 501(c)(3)               16            17            18         33-1/3%, and lip         organization   | . 21,558.<br>. 2,153,731.<br>  |
| 11<br>12<br>13<br>14<br><u>Sec</u><br>15<br>16<br><u>Sec</u><br>17<br>18<br>19; | <ul> <li>b Unrelated business taxable<br/>income (less section 511<br/>taxes) from businesses<br/>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b Net income from unrelated business<br/>activities not included in line 10b,<br/>whether or not the business is<br/>regularly carried on Other income. Do not include<br/>gain or loss from the sale of<br/>capital assets (Explain in<br/>Part VI.)</li></ul>  | s for the organization<br>top here   | 1,266.<br>301,241.<br>on's first, second, th<br>crecentage<br>divided by line 13<br>rt III, line 15<br>ne Percentage<br>umn (f) divided by<br>A, Part III, line 17<br>d not check the bo<br>ere. The organizati<br>d not check a box<br>stop here. The organizati | 1,834.<br>302,803.<br>hird, fourth, or fifth<br><br>, column (f))<br>line 13, column (f)<br><br>x on line 14, and li<br>on qualifies as a p<br>on line 14 or line 1<br>ganization qualifies | 6,049.<br>835,731.<br>tax year as a sect<br> | 12,409         511,640         ion 501(c)(3)               16            17            18         33-1/3%, and liporganization         more than 33-1/3         ported organization | . 21,558.<br>. 2,153,731.<br>. 2,153,731.<br>                            |

 Part IV
 Supporting Organizations

 (Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

|     |  |     | Yes | No       |
|-----|--|-----|-----|----------|
|     | An all of the energia-stical events dependent on listed by some in the event in the events in the events of the  |     |     |          |
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents?  |     |     |          |
|     | If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe  | 4   |     |          |
|     | 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 <b>Part VI</b> how the organization determined that the supported organization was  | -   |     |          |
|     | described in section 509(a)(1) or (2)  | 2   |     |          |
|     |  |     |     |          |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, 'answer (b)  |     |     |          |
|     | and (c) below  | 3a  |     |          |
|     |  |     |     |          |
| k   | 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 <b>Part VI</b> when and how the organization   |     |     |          |
|     | made the determination   | 3b  |     |          |
|     |  |     |     |          |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)   |     |     |          |
|     | purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use   | 3c  |     |          |
|     |  |     |     |          |
| 4 2 | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and   |     |     |          |
|     | if you checked 11a or 11b in Part I, answer (b) and (c) below  | 4a  |     |          |
|     |  |     |     |          |
| L   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported  |     |     |          |
| Ľ   | organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled   |     |     |          |
|     | or supervised by or in connection with its supported organizations   | 4b  |     |          |
|     |  | 40  |     |          |
| _   | Did the exercise tion of part any ferring supported exercise that does not have an IDC dataset attention the   |     |     |          |
| C   | 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 <b>Part VI</b> 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  |     |          |
|     |  | 40  |     |          |
|     |  |     |     |          |
| 5 5 | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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  |     |          |
|     |  |     |     |          |
| Ŀ   | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the  |     |     |          |
| L   | organization's organizing document?  | 5b  |     |          |
|     |  | 0.5 |     |          |
|     | : Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c  |     |          |
|     |  | 50  |     |          |
| 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? If 'Yes,' provide detail in <b>Part VI</b>  | 6   |     |          |
|     |  |     |     |          |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor  |     |     |          |
| -   | (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 or 990-EZ)  | 7   |     |          |
|     |  |     |     |          |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'  |     |     |          |
|     | complete Part I of Schedule L (Form 990 or 990-EZ)   | 8   |     |          |
|     |  |     |     |          |
| 9 a | Nas 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 <b>Part VI</b>   | 9a  |     |          |
|     |  |     |     |          |
| t   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>  | 9b  |     |          |
|     |  | an  |     |          |
|     | Did a diagualifiad paraan (aa defined in line 0a) baya an awarehin interact in ar dariya any paraanal bandit form  |     |     |          |
| C   | Did a disqualified person (as defined in 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 <b>Part VI</b>                     | 9c  |     |          |
|     |  | 90  |     | <u> </u> |
| 10- | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding   |     |     |          |
| 100 | certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'  |     |     |          |
|     | answer 10b below   | 10a |     |          |
|     |  |     |     |          |
| Ł   | 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 |     |          |
|     |  | 1   |     | <u> </u> |

32-0203388

| Part IV Supporting Organizations (continued)  |     |    |  |  |  |
|---|-----|----|--|--|--|
|   | Yes | No |  |  |  |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                |     |    |  |  |  |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the |     |    |  |  |  |
| governing body of a supported organization?   |     |    |  |  |  |
| b A family member of a person described in (a) above?   |     |    |  |  |  |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI    |     |    |  |  |  |
| Section B. Type I Supporting Organizations  |     |    |  |  |  |

|   | aon b. Type Toupporting organizations  |   |     |    |
|---|--|---|-----|----|
|   |  | _ | Yes | No |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint<br>or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in<br><b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.<br>If the organization had more than one supported organization, describe how the powers to appoint and/or remove<br>directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, |   |     |    |
|   | tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,<br>ied to such powers during the tax year   | 1 |     |    |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(c) that operated supervised, or controlled the   |   |     |    |
| benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. |  | 2 |     |    |

#### Section C. Type II Supporting Organizations

|  |   | Yes | No |
|--|---|-----|----|
| Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 |     |    |

#### Section D. All Type III Supporting Organizations

|   |   |   | Yes | No       |
|---|---|---|-----|----------|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the         |   |     |          |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1 |     | <u> </u> |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how  |   |     |          |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2 |     |          |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played |   |     |          |
|   | in this regard  | 3 |     | <u> </u> |

#### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

| а |   | The organization satisfied the Activities Test. Complete line 2 below. |
|---|---|--|
| 1 | - |  |

| b | 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 government entity (see instructions).

| <ol> <li>Activities Test. Answe</li> </ol> | er (a) and (b) below. |
|--|-----------------------|
|--|-----------------------|

|   | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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 organization was responsive to those supported organizations, and how the organization determined that these activities constituted |    |  |  |  |
|---|--|----|--|--|--|
|   | substantially all of its activities  | 2a |  |  |  |
|   | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of<br>the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for<br>the organization's position that its supported organization(s) would have engaged in these activities but for the  |    |  |  |  |
|   | organization's involvement   |    |  |  |  |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below.   |    |  |  |  |
|   | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of  |    |  |  |  |
|   | each of the supported organizations? <i>Provide details in Part VI</i>   | 3a |  |  |  |
|   | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its   |    |  |  |  |
|   | supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard   | 3b |  |  |  |
|   |  |    |  |  |  |

Schedule A (Form 990 or 990-EZ) 2015

Yes No

Page 6

| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Sec                         | lovem<br>tions A | ber 20, 1970. <b>See instru</b><br>through E. | uctions. All                   |
|-----|--|------------------|---|--------------------------------|
| Sec | tion A – Adjusted Net Income   |                  | (A) Prior Year                                | (B) Current Year<br>(optional) |
| 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) Current Year<br>(optional) |
| 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  | 1 a              |   |                                |
| k   | Average monthly cash balances  | 1 b              |   |                                |
| C   | Fair market value of other non-exempt-use assets   | 1 c              |   |                                |
| c   | <b>I Total</b> (add lines 1a, 1b, and 1c)  | 1 d              |   |                                |
| e   | e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):   |                  |   |                                |
| 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 1-1/2% 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 .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  |                  |   | Current Year                   |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1                |   |                                |
| 2   | Enter 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   | <b>Distributable Amount.</b> 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-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

BAA

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Su  | pporting Organization          | ations (continued)                     |   |
|-----|--|--------------------------------|--|---|
| Sec | tion D – Distributions   |                                |  | Current Year                              |
| 1   | Amounts paid to supported organizations to accomplish exempt purpose   |                                |  |   |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity  |                                |  |   |
| 3   | Administrative expenses paid to accomplish exempt purposes of support  | rted organizations             |  |   |
| 4   | Amounts paid to acquire exempt-use assets  |                                |  |   |
| 5   | Qualified set-aside amounts (prior IRS approval required)  |                                |  |   |
| 6   | Other distributions (describe in <b>Part VI</b> ). See instructions  |                                |  |   |
| 7   | Total annual distributions. Add lines 1 through 6  |                                |  |   |
| 8   | Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.   |                                |  |   |
| 9   | Distributable amount for 2015 from Section C, line 6   |                                |  |   |
| 10  | Line 8 amount divided by Line 9 amount   |                                |  |   |
| Sec | tion E – Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
| 1   | Distributable amount for 2015 from Section C, line 6   |                                |  |   |
| 2   | Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)   |                                |  |   |
| 3   | Excess distributions carryover, if any, to 2015:   |                                |  |   |
| a   |  |                                |  |   |
| b   |  |                                |  |   |
| С   |  |                                |  |   |
| -   | From 2013  |                                |  |   |
| е   | From 2014  |                                |  |   |
| f   | Total of lines 3a through e  |                                |  |   |
| g   | Applied to underdistributions of prior years   |                                |  |   |
| h   | Applied to 2015 distributable amount   |                                |  |   |
| i   | Carryover from 2010 not applied (see instructions)   |                                |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f   |                                |  |   |
| 4   | Distributions for 2015 from Section D,   |                                |  |   |
|     | line 7: \$   |                                |  |   |
|     | Applied to underdistributions of prior years   |                                |  |   |
|     | Applied to 2015 distributable amount   |                                |  |   |
|     | Remainder. Subtract lines 4a and 4b from 4   |                                | -                                      |   |
| 5   | Remaining underdistributions for years prior to 2015, if any.<br>Subtract lines 3g and 4a from line 2 (if amount greater than<br>zero, see instructions) |                                |  |   |
| 6   | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                              |                                |  |   |
| 7   | Excess distributions carryover to 2016. Add lines 3j and 4c $\ldots$ .   |                                |  |   |
| 8   | Breakdown of line 7:   |                                |  |   |
| а   |  |                                |  |   |
| b   |  |                                |  |   |
| С   | Excess from 2013   |                                |  |   |
| d   | Excess from 2014   |                                |  |   |
| е   | Excess from 2015   |                                |  |   |

BAA

Schedule A (Form 990 or 990-EZ) 2015

32-0203388 Part VI Section A, 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.)

| 60              |   | Sun   | nlamontal Einanaial   | Statamonto   |  |                             | OMB No.                     | 1545-0047         |
|-----------------|---|---|---|--|--|-----------------------------|-----------------------------|-------------------|
|                 | CHEDULE D Supplemental Financial Statements<br>Form 990) ► Complete if the organization answered 'Yes' on Form 990, |   |   |  | 20   | )15                         |                             |                   |
| •               | -   | Part IV, line 6   | 5, 7, 8, 9, 1Ŏ, 11a, 11b, 11c, 11c<br>► Attach to Form 990  | d, 11e, 11f, 12a, or 12b                               | <b>)</b> .   |                             |                             |                   |
| Depar<br>Intern | <ul> <li>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>         |   |   |  |  |                             | Open 1<br>Inspec            | to Public<br>tion |
| Name            | of the organization   |   |   |  |  | Employer id                 | lentification r             | number            |
|                 |   |   |   |  |  |                             |                             |                   |
| _               |   | red Fund INC  | an Advised Eurode on Otl  | on Cimilan Funda                                       |  | 32-020                      | 3388                        |                   |
| Par             |   |   | or Advised Funds or Otl<br>ered 'Yes' on Form 990, I  |  | S OF ACC   | ounts.                      |                             |                   |
|                 |   |   | (a) Donor advised   | funds  | <b>(b)</b> F   | unds and c                  | ther accou                  | ints              |
| 1               | Total number at er  | nd of year  |   |  |  |                             |                             |                   |
| 2               | 00 0  | ntributions to (during year)                                    |   |  |  |                             |                             |                   |
| 3               | 00 0 0  | ants from (during year)   |   |  |  |                             |                             |                   |
| 4               | Aggregate value a   | t end of year   |   |  |  |                             |                             |                   |
| 5               |   |   | advisors in writing that the ass<br>ganization's exclusive legal con                                    |  |  | [                           | Yes                         | No                |
| 6               | Did the organizatio   | on inform all grantees, donors,                                 | and donor advisors in writing the donor or donor advisor, or  | hat grant funds can be u                               | used only  |                             |                             |                   |
|                 | impermissible priv  | ate benefit?  |   |  | ····   | [                           | Yes                         | No                |
| Par             | t II Conserva   | tion Easements.   |   |  |  |                             |                             |                   |
|                 |   |   | ered 'Yes' on Form 990,   | Part IV, line 7.                                       |  |                             |                             |                   |
| 1               | Purpose(s) of con   | servation easements held by th                                  | he organization (check all that a   | apply).  |  |                             |                             |                   |
|                 | Preservation of   | of land for public use (e.g., reci                              | reation or education)   | Preservation of a h                                    | istorically  | important                   | land area                   |                   |
|                 | Protection of r   | natural habitat   |   | Preservation of a c                                    | ertified his   | storic struc                | ture                        |                   |
|                 | Preservation of   |   |   |  |  |                             |                             |                   |
| 2               | Complete lines 2a last day of the tax   |   | held a qualified conservation co  | ontribution in the form c                              |  |                             |                             |                   |
|                 | <b>. .</b>  |   |   | -  |  | leld at the                 | End of the                  | e Tax Year        |
|                 |   |   | · · · · · · · · · · · · · · · · · · ·   |  | 2a   |                             |                             |                   |
|                 | 0   |   | ents  | F  | 2 b<br>2 c   |                             |                             |                   |
|                 |   |   | ,   | <i>,</i>   | 20   |                             |                             |                   |
| (               | structure listed in t   | the National Register   | c) acquired after 8/17/06, and r  | [  | 2 d  |                             |                             |                   |
| 3               | Number of conser<br>tax year ►  | vation easements modified, tra                                  | ansferred, released, extinguishe  | ed, or terminated by the                               | organiza   | tion during                 | the                         |                   |
| 4               | Number of states  | where property subject to cons                                  | servation easement is located   | ·  |  |                             |                             |                   |
| 5               |   |   | rding the periodic monitoring, ir<br>it holds?  |  |  | [                           | Yes                         | No                |
| 6               | Staff and voluntee<br>►   | r hours devoted to monitoring,                                  | inspecting, handling of violation   | ns, and enforcing conse                                | ervation e   | asements                    | during the                  | year              |
| 7               | Amount of expens<br>►\$   | es incurred in monitoring, insp                                 | ecting, handling of violations, a   | nd enforcing conservat                                 | ion easen  | nents durin                 | g the year                  |                   |
| 8               | Does each conser<br>and section 170(h   | vation easement reported on li<br>)(4)(B)(ii)?                  | ine 2(d) above satisfy the requi  | rements of section 170                                 | (h)(4)(B)(i  | )<br>[                      | Yes                         | No                |
| 9               | In Part XIII, descri<br>include, if applicat<br>conservation ease   | ole, the text of the footnote to the                            | ts conservation easements in its he organization's financial state                                      | s revenue and expense<br>ments that describes th       | e statemer<br>ne organiz   | nt, and bala<br>ation's acc | ance sheet<br>counting for  | , and<br>r        |
| Par             | t III Organizat   | tions Maintaining Colle   | ections of Art, Historical<br>ered 'Yes' on Form 990,   | I <b>Treasures, or Ot</b><br>Part IV, line 8.          | her Sin  | nilar Ass                   | sets.                       |                   |
| 1;              | a If the organization<br>art, historical treas  | elected, as permitted under Sisures, or other similar assets he | FAS 116 (ASC 958), not to repo<br>eld for public exhibition, educat<br>I statements that describes thes | ort in its revenue staten<br>ion, or research in furth | nent and the nent and the nent and the nent and the neutrino termination of termin | palance sh<br>public ser    | eet works o<br>vice, provid | of<br>de,         |
| I               | If the organization historical treasures  | elected, as permitted under S                                   | FAS 116 (ASC 958), to report in for public exhibition, education,                                       | n its revenue statement                                | t and bala<br>nce of put   | nce sheet<br>blic service   | works of ai<br>, provide th | rt,<br>ne         |
|                 |   |   | ne1   |  |  |                             |                             |                   |
|                 |   |   |   |  |  |                             |                             |                   |
| 2               | amounts required  | to be reported under SFAS 11                                    | historical treasures, or other sir<br>6 (ASC 958) relating to these it                                  | ems:   |  |                             | ollowing                    |                   |
|                 |   |   |   |  |  |                             |                             |                   |
|                 |   |   |   |  |  | -                           |                             |                   |
| BAA             | For Paperwork R   | eduction Act Notice, see the                                    | Instructions for Form 990.  | TEEA3301 06/03   | 3/15   | Sched                       | ule <b>D</b> (Forr          | n 990) 2015       |

| BAA | For Paperwork Reduction | Act Notice, | see the Instructions for Form 99 | 0. |
|-----|-------------------------|-------------|----------------------------------|----|
|-----|-------------------------|-------------|----------------------------------|----|

| Schedule D (Form 990) 2015 STUF   | UNITED F                          | 'UND INC  |                           |                                  | 32-0203                      | 3388                  | Page <b>2</b> |
|---|-----------------------------------|---|---------------------------|----------------------------------|------------------------------|-----------------------|---------------|
| Part III Organizations Mainta   | aining Colle                      | ections of Art, I   | listorica                 | I Treasures, or                  | Other Similar Ass            | ets (contine          | ued)          |
| 3 Using the organization's acquisition items (check all that apply):      | on, accession, a                  | and other records, c                                      | heck any o                | f the following that ar          | re a significant use of its  | collection            |               |
| <b>a</b> Public exhibition  |                                   | d 🗌 l   | oan or exc                | hange programs                   |                              |                       |               |
| <b>b</b> Scholarly research   |                                   | е (   | Other                     |                                  |                              |                       |               |
| c Preservation for future genera  | ations                            |   |                           |                                  |                              |                       |               |
| 4 Provide a description of the organ<br>Part XIII.                        | ization's collec                  | tions and explain ho                                      | w they furt               | her the organization's           | s exempt purpose in          |                       |               |
| 5 During the year, did the organizat to be sold to raise funds rather the | an to be mainta                   | ined as part of the o                                     | organizatio               | n's collection?                  |                              | Yes                   | No            |
| Part IV Escrow and Custodia<br>line 9, or reported an a                   | <b>al Arrangen</b><br>amount on F | n <b>ents.</b> Complete<br>form 990, Part X               | e if the or<br>, line 21. | rganization answ                 | ered 'Yes' on Form           | 990, Part I           | V,            |
| <b>1 a</b> Is the organization an agent, trust<br>on Form 990, Part X?    |                                   |   |                           |                                  |                              | Yes                   | No            |
| <b>b</b> If 'Yes,' explain the arrangement i                              |                                   |   |                           |                                  |                              |                       |               |
|   |                                   |   | ing tablet                |                                  |                              | Amount                |               |
| <b>c</b> Beginning balance  |                                   |   |                           |                                  |                              |                       |               |
| <b>d</b> Additions during the year  |                                   |   |                           |                                  |                              |                       |               |
| e Distributions during the year   |                                   |   |                           |                                  |                              |                       |               |
| f Ending balance  |                                   |   |                           |                                  |                              |                       |               |
| <b>2 a</b> Did the organization include an ar                             |                                   |   |                           |                                  |                              | Yes                   | No            |
| <b>b</b> If 'Yes,' explain the arrangement i                              |                                   |   |                           |                                  |                              |                       |               |
| <b>b</b> if fes, explain the analigement                                  |                                   | ck here if the expla                                      | nation nas                | been provided on Fa              |                              |                       |               |
| Part V Endowment Funds.   | Complete if t                     | he organization   | aneword                   | d 'Vos' on Form                  | 000 Part IV line 1           | 0                     |               |
| Fait V Endowment Funds.   | 1 1                               |   |                           |                                  |                              |                       | ra haak       |
| 1 a Paginning of year holonoo   | (a) Current                       | year (b) Prie   | or year                   | (c) Two years back               | (d) Three years back         | (e) Four yea          | IS DACK       |
| <b>1 a</b> Beginning of year balance                                      |                                   |   |                           |                                  |                              |                       |               |
| <b>b</b> Contributions  |                                   |   |                           |                                  |                              |                       |               |
| <b>c</b> Net investment earnings, gains, and losses                       |                                   |   |                           |                                  |                              |                       |               |
| <b>d</b> Grants or scholarships   |                                   |   |                           |                                  |                              |                       |               |
| e Other expenditures for facilities and programs                          |                                   |   |                           |                                  |                              |                       |               |
| f Administrative expenses   |                                   |   |                           |                                  |                              |                       |               |
| <b>g</b> End of year balance  |                                   |   |                           |                                  |                              |                       |               |
| 2 Provide the estimated percentage  | of the current                    | year end balance (li                                      | ne 1g, colu               | ımn (a)) held as:                |                              |                       |               |
| a Board designated or quasi-endow   | ment 🕨                            | 00  |                           |                                  |                              |                       |               |
| <b>b</b> Permanent endowment  | 00                                |   |                           |                                  |                              |                       |               |
| c Temporarily restricted endowmen   | t 🕨                               | 00  |                           |                                  |                              |                       |               |
| The percentages on lines 2a, 2b,  |                                   | equal 100%.   |                           |                                  |                              |                       |               |
| <b>3 a</b> Are there endowment funds not ir organization by:              | the possessio                     | n of the organization                                     | n that are h              | eld and administered             | for the                      | Yes                   | No            |
| (i) unrelated organizations   |                                   |   |                           |                                  |                              | . 3a(i)               | 1             |
| (ii) related organizations  |                                   |   |                           |                                  |                              | . 3a(ii)              |               |
| <b>b</b> If 'Yes' on line 3a(ii), are the relate                          |                                   |   |                           |                                  |                              | . 3b                  |               |
| 4 Describe in Part XIII the intended                                      | -                                 |   |                           |                                  |                              | <u> </u>              |               |
| Part VI Land, Buildings, and  |                                   |   |                           |                                  |                              |                       |               |
| Complete if the organi  |                                   |   | orm 990                   | Part IV line 11a                 | See Form 990 Pa              | art X line 1          | 0             |
|   | 201011 0110                       | 1   |                           |                                  |                              |                       |               |
| Description of property   |                                   | <ul> <li>(a) Cost or other ba<br/>(investment)</li> </ul> | sis (b                    | ) Cost or other<br>basis (other) | (c) Accumulated depreciation | <b>(d)</b> Book v     | alue          |
| <b>1 a</b> Land   |                                   |   |                           |                                  |                              |                       |               |
| <b>b</b> Buildings  |                                   |   |                           |                                  |                              |                       |               |
| c Leasehold improvements  |                                   |   |                           |                                  |                              |                       |               |
| <b>d</b> Equipment  |                                   |   |                           |                                  |                              |                       |               |
| <b>e</b> Other  | <u></u>                           |   |                           |                                  |                              |                       |               |
| Total. Add lines 1a through 1e. (Column                                   | n (d) must equa                   | al Form 990, Part X,                                      | column (B                 | ), line 10c.)                    |                              |                       |               |
| BAA   |                                   |   |                           |                                  |                              | ule <b>D</b> (Form 99 | 90) 2015      |

| Part VII Investments – Other Securities.<br>Complete if the organization answered " | Yes' on Form 990, | Part IV, line 11b. See Form 990, Part X, line 12.         |
|---|-------------------|---|
| (a) Description of security or category (including name of security)                | (b) Book value    | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives   |                   |   |
| (2) Closely-held equity interests   |                   |   |
| (3) Other   |                   |   |
| (A)   |                   |   |
| (B)   |                   |   |
| (C)<br>(D)  |                   |   |
| (D)   |                   |   |
| (E)<br>(F)  |                   | -   |
| (F)<br>(G)  |                   |   |
| ( <del>()</del><br>( <del>()</del> )  |                   |   |
|   |                   |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)                |                   |   |
| Part VIII Investments – Program Related.<br>Complete if the organization answered " | Yes' on Form 990, | Part IV, line 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)   |                   | -   |
| <u>(6)</u><br>(7)   |                   | -   |
| (7)<br>(8)  |                   |   |
| (9)   |                   |   |
| (10)  |                   |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►              |                   |   |
|   |                   | Part IV, line 11d. See Form 990, Part X, line 15.         |
| (1)   | scription         | (b) Book value  |
| (1) (2)   |                   |   |
| (3)   |                   |   |
| (4)   |                   |   |
| (5)   |                   |   |
| (6)   |                   |   |
| <u>(7)</u><br>(8)   |                   |   |
| (9)   |                   |   |
| (10)  |                   |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) li                       | ne 15.)           | · · · · · · · · · · · · · · · · · · ·                     |
| Part X Other Liabilities.<br>Complete if the organization answered 'Yes' on F       | ·                 |   |
| (a) Description of liability  | (b) Book value    |   |
| (1) Federal income taxes  |                   |   |
| (2)   |                   |   |
|   |                   |   |
| (4)<br>(5)  |                   |   |
| (6)   |                   |   |
| (7)   |                   |   |
| (8)   |                   |   |
| (9)   |                   |   |
| (10)  |                   |   |
| (11)  |                   |   |
| Total. (Column (b) must equal Form 990, Part X, column (b) line 25.)                |                   |   |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

| Schedule D (Form 990) 2015 STUF UNITED FUND INC                                      | 32-0203388 | Page 4     |
|--|------------|------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per  | Return.    |            |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.          |            |            |
| 1 Total revenue, gains, and other support per audited financial statements           | 1          | 503,060.   |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                |            |            |
| a Net unrealized gains (losses) on investments                                       | 0.         |            |
| b Donated services and use of facilities   |            |            |
| c Recoveries of prior year grants  |            |            |
| d Other (Describe in Part XIII.)   |            |            |
| e Add lines 2a through 2d  | 2e         | -8,580.    |
| 3 Subtract line 2e from line 1   | 3          | 511,640.   |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:               |            | ·          |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a                |            |            |
| b Other (Describe in Part XIII.)   |            |            |
| <b>c</b> Add lines <b>4a</b> and <b>4b</b>   |            |            |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)    | 5          | 511,640.   |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p | er Return. |            |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.          |            |            |
| 1 Total expenses and losses per audited financial statements                         | 1          | 367,714.   |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |            |            |
| a Donated services and use of facilities   |            |            |
| b Prior year adjustments   |            |            |
| <b>c</b> Other losses  |            |            |
| d Other (Describe in Part XIII.)   |            |            |
| e Add lines 2a through 2d  | · . 2 e    |            |
| <b>3</b> Subtract line <b>2e</b> from line <b>1</b>                                  | 3          | 367,714.   |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:                 |            | 30, , , 11 |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a                |            |            |
| b Other (Describe in Part XIII.)   |            |            |
| <b>c</b> Add lines <b>4a</b> and <b>4b</b>   |            |            |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   | 5          | 367,714.   |
| Part XIII Supplemental Information.  |            |            |

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.

0

0

| SCHEDULE F<br>(Form 990)                               | OMB No. 1545-0047                          |  |  |  |   |  |  |  |  |  |
|--|--|--|--|--|---|--|--|--|--|--|
| (FOIII 990)  |  | Atta   | ed 'Yes' on Form 990, Part IV,<br>ich to Form 990.   |  | 2015<br>Open to Public  |  |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service | Informati                                  | Information about Schedule F (Form 990) and its instructions is<br>at www.irs.gov/form990. |  |  |   |  |  |  |  |  |
| Name of the organization                               | ification number                           |  |  |  |   |  |  |  |  |  |
| STUF UNITED FUND                                       | 388  |  |  |  |   |  |  |  |  |  |
|  | mation on Activiti<br>Part IV, line 14b.   | ies Outside th   | e United States. Comple  | ete if the organization  | n answered 'Yes'  |  |  |  |  |  |
| 0  | 5  |  | ostantiate the amount of its gran<br>tion criteria used to award the g   |  | XYes No   |  |  |  |  |  |
| 2 For grantmakers. Des<br>United States.               | cribe in Part V the orga                   | nization's procedu   | res for monitoring the use of its  | grants and other assistar  | nce outside the   |  |  |  |  |  |
| 3 Activities per Region. (                             | The following Part I, line                 | e 3 table can be du  | plicated if additional space is ne   | eeded.)  |   |  |  |  |  |  |
| (a) Region   | <b>(b)</b> Number of offices in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in region      | (d) Activities conducted in<br>region (by type) (e.g.,<br>fundraising, program<br>services, investments,<br>grants to recipients<br>located in the region) | (e) If activity listed in<br>(d) is a program<br>service, describe<br>specific type of<br>service(s) in region | (f) Total<br>expenditures for<br>and investments<br>in region |  |  |  |  |  |
| (1) Sub-Saharan Afr                                    | ica O                                      | 0  | program services   | Build medical clinics in Uganda  | 25,000.   |  |  |  |  |  |
| (2) East Asia and Paci                                 | fic 0                                      | 0  | Porgram services   | Disaster relief & scholorship  | 50,000.   |  |  |  |  |  |
| (3) Europe   | 0  | 0  | Program services   | Donate jackets to refugee  | 40,299.   |  |  |  |  |  |
| (4) East Asia and Paci                                 | fic 0                                      | 0  | Program services   | support alumni association   | 36,000.   |  |  |  |  |  |
| (5) East Asia and Paci                                 | fic 0                                      | 0  | Program services   | Provide education support  | 20,000.   |  |  |  |  |  |
| (6) Sub-Saharan Afr                                    | ica O                                      | 0  | Program services   | Teach kids to swim,prevent drownin   | g 10,000.   |  |  |  |  |  |
| (7) East Asia and Paci                                 | .fic 0                                     | 0  | Program services   | Support community development  | 9,965.  |  |  |  |  |  |
| (8) East Asia and Paci                                 | .fic 0                                     | 0  | Program services   | Promote conservation of black bear   | \$ 5,000.   |  |  |  |  |  |
| (9) East Asia and Paci                                 | .fic 0                                     | 0  | Program services   | Promote senior health and fitness  | 5,000.  |  |  |  |  |  |
| (10) East Asia and Paci                                | .fic 0                                     | 0  | Program services   | Promote public health  | 3,280.  |  |  |  |  |  |
| (11) East Asia and Paci                                | fic 0                                      | 0  | Program services   | Provide medicine for a disaster  | 1,983.  |  |  |  |  |  |
| (12)   |  |  |  |  |   |  |  |  |  |  |
| (13)   |  |  |  |  |   |  |  |  |  |  |
| (14)   |  |  |  |  |   |  |  |  |  |  |

0

0

(15)

(16)

(17)

**3 a** Sub-total . . . . . . . . . .

b Total from continuation sheets to Part I . . . . .c Totals (add lines 3a and 3b) .

206,527. Schedule **F** (Form 990) 2015

206,527.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1           | (a) Name of organization  | <b>(b)</b> IRS code<br>section and EIN<br>(if applicable) | <b>(c)</b> Region                     | (d) Purpose<br>of grant | (e) Amount of cash grant | <b>(f)</b> Manner of<br>cash<br>disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description of<br>non-cash<br>assistance | (i) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |
|-------------|---|---|---------------------------------------|-------------------------|--------------------------|--|---|--|--|
| (1)         |   |   | Sub-Saharan Africa                    | Public Health           | 25,000.                  | wire   |   |  |  |
| (2)         |   |   | East Asia and Pacific                 | Disaster Relief         | 50,000.                  | wire   |   |  |  |
| (3)         |   |   | Europe                                | Refugee Support         | 40,299.                  | wire   |   |  |  |
| (4)         |   |   | East Asia and Pacific                 | Community Support       | 36,000.                  | wire   |   |  |  |
| (5)         |   |   | East Asia and Pacific                 | Education               | 20,000.                  | wire   |   |  |  |
| (6)         |   |   | Sub-Saharan Africa                    | Public Safety           | 10,000.                  | wire   |   |  |  |
| (7)         |   |   | East Asia and Pacific                 | Community Support       | 9,965.                   | wire   |   |  |  |
| (8)         |   |   |                                       |                         |                          |  |   |  |  |
| (9)         |   |   |                                       |                         |                          |  |   |  |  |
| (10)        |   |   |                                       |                         |                          |  |   |  |  |
| (11)        |   |   |                                       |                         |                          |  |   |  |  |
| (12)        |   |   |                                       |                         |                          |  |   |  |  |
| (13)        |   |   |                                       |                         |                          |  |   |  |  |
| (14)        |   |   |                                       |                         |                          |  |   |  |  |
| (15)        |   |   |                                       |                         |                          |  |   |  |  |
| (16)        |   |   |                                       |                         |                          |  |   |  |  |
| 2 Er        | nter total number of recipient organiz<br>e grantee or counsel has provided a | ations listed above that<br>section 501(c)(3) equiva      | are recognized as ch<br>alency letter | arities by the fore     | eign country, recogn     | nized as tax-exempt                          | t by the IRS, or for v                  | which<br>►                                   | 7  |
| 3 Er<br>BAA | ter total number of other organization  | ons or entities.  |                                       |                         |                          |  |   |  | 0<br>(Form 990) 2015   |

Page 3

# Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | <b>(b)</b> Region | (c) Number<br>of recipients | <b>(d)</b> Amount of cash grant | (e) Manner of<br>cash<br>disbursement | (f) Amount of non-<br>cash assistance | (g) Description of non-cash assistance | (h) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |
|---------------------------------|-------------------|-----------------------------|---------------------------------|---------------------------------------|---------------------------------------|--|--|
| (1)                             |                   |                             |                                 |                                       |                                       |  |  |
| (2)                             |                   |                             |                                 |                                       |                                       |  |  |
| (3)                             |                   |                             |                                 |                                       |                                       |  |  |
| (4)                             |                   |                             |                                 |                                       |                                       |  |  |
| (5)                             |                   |                             |                                 |                                       |                                       |  |  |
| (6)                             |                   |                             |                                 |                                       |                                       |  |  |
| (7)                             |                   |                             |                                 |                                       |                                       |  |  |
| (8)                             |                   |                             |                                 |                                       |                                       |  |  |
| (9)                             |                   |                             |                                 |                                       |                                       |  |  |
| (10)                            |                   |                             |                                 |                                       |                                       |  |  |
| (11)                            |                   |                             |                                 |                                       |                                       |  |  |
| (12)                            |                   |                             |                                 |                                       |                                       |  |  |
| (13)                            |                   |                             |                                 |                                       |                                       |  |  |
| (14)                            |                   |                             |                                 |                                       |                                       |  |  |
| (15)                            |                   |                             |                                 |                                       |                                       |  |  |
| (16)                            |                   |                             |                                 |                                       |                                       |  |  |
| (17)                            |                   |                             |                                 |                                       |                                       |  |  |
| (18)                            |                   |                             |                                 |                                       |                                       |  |  |

| Sche | edule <b>F</b> (Form 990) 2015 STUF UNITED FUND INC   | 32-0203388 | Page 4 |
|------|---|------------|--------|
| Pa   | rt IV Foreign Forms   |            |        |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).   | Yes        | X No   |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Rece of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990). | eipt       | X No   |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certa Foreign Corporations (see Instructions for Form 5471)  |            | X No   |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualifie electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).   | _          | X No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).   | Yes        | X No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year?<br>If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see<br>Instructions for Form 5713; do not file with Form 990).  | Yes        | X No   |

TEEA3505 05/27/15

Schedule **F** (Form 990) 2015

Pt I Line 2 Grants are given to areas in need, and grants outside of the US are monitored by written reports from the receipients on the actual usage of the grants.

| SCHEDULE I   |                              | Grants and Other Assistance to Organizations, |  |                                   |   |  |                                       |  |  |  |
|--|------------------------------|---|--|-----------------------------------|---|--|---------------------------------------|--|--|--|
| (Form 990) Governments, and Individuals in the United States<br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. |                              |   |  |                                   |   |  | 2015                                  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service   |                              | -   | on answered 'Yes' on F<br>► Attach to Form 99<br>(Form 990) and its inst | 0.                                |   | -                                      | Open to Public<br>Inspection          |  |  |  |
| Name of the organization   |                              |   |  |                                   | -   | Employer identifi                      | cation number                         |  |  |  |
| STUF UNITED FUND INC   |                              |   |  |                                   |   | 32-020338                              | 38                                    |  |  |  |
| Part I General Information of  | on Grants and Assist         | ance  |  |                                   |   |  |                                       |  |  |  |
| <ol> <li>Does the organization maintain re<br/>the selection criteria used to awa</li> <li>Describe in Part IV the organizati</li> </ol>         | rd the grants or assistance? |   |  |                                   | ts or assistance, and                                       |  | X Yes No                              |  |  |  |
| Part II Grants and Other Ass<br>Form 990, Part IV, line  |                              |   |  |                                   |   |  | es' on                                |  |  |  |
| 1 (a) Name and address of organization<br>or government  | <b>(b)</b> EIN               | (c) IRC section<br>if applicable              | (d) Amount of cash grant   | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| (1) <u>Garden of Hope</u><br><u>P.O. Box 520048</u><br>Flushing NY 11352   | <br><br>20-0177587           |   | 10,000.  |                                   |   |  | Child support                         |  |  |  |
| (2) Lucile_Packard_Foundat<br>400_Hamilton,_Suite_3  | i <u>on</u><br>240_          |   |  |                                   |   |  |                                       |  |  |  |
| Palo Alto CA 95119 (3) Taiwanese Ameridan Art  |                              |   | 10,000.  |                                   |   |  | Public health                         |  |  |  |
| 120_E. 36th_StSte_1<br>New York NY 10016   | 37-1549859                   |   | 12,000.  |                                   |   |  | Art Culture                           |  |  |  |
| (4) Shin-Shin Education Fo<br>473999 Fremont Blvd<br>Fremont CA 94538  |                              |   | 10,000.  |                                   |   |  | Education                             |  |  |  |
| (5)  |                              |   | 10,000.  |                                   |   |  | Education                             |  |  |  |
| <u>(6)</u>   |                              |   |  |                                   |   |  |                                       |  |  |  |
|  |                              |   |  |                                   |   |  |                                       |  |  |  |
| <u>(8)</u>   |                              |   |  |                                   |   |  |                                       |  |  |  |
| <ol> <li>Enter total number of section 501</li> <li>Enter total number of other organ</li> </ol>   |                              |   |  |                                   |   |  | - <u>4</u>                            |  |  |  |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Page 2

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of<br>cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|-----------------------------|-----------------------------------|---|--|
|                                 |                          |                             |                                   |   |  |
| 2                               |                          |                             |                                   |   |  |
| 3                               |                          |                             |                                   |   |  |
| 4                               |                          |                             |                                   |   |  |
| 5                               |                          |                             |                                   |   |  |
| 3                               |                          |                             |                                   |   |  |
| 7                               |                          |                             |                                   |   |  |

#### SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2015 **Open to Public** 

OMB No. 1545-0047

| Department of the Treasury<br>Internal Revenue Service |   |                     |              |
|--|---|---------------------|--------------|
| Name of the organization                               |   | Employer identifica | ation number |
| STUF UNITED FUND                                       | INC   | 32-020338           | 8            |
| Pt VI, Line 18   | They are available on the website.              |                     |              |
| Pt VI, Line 19   | They are also available on the website.         |                     |              |
|  | The organization did not change either its over | sight proc          | ess or       |
| Pt XII, Line 2c  | selection process during the tax year.          |                     |              |
| Pt VI, Line 11b  | The annual report is made available on the webs | ite.                |              |
| Pt VI, Line 12c  | They are available on the website.              |                     |              |
| Pt VI, Line 15a  | They are available on the website.              |                     |              |
| Pt VI, Line 15b  | They are available on the website.              |                     |              |

| Form 8879-EO  | IRS <i>e-file</i> Signature Authorization<br>for an Exempt Organization   | OMB No. 1545-1878  |           |  |  |
|---|---|--|-----------|--|--|
|   | For calendar year 2015, or fiscal year beginning, 2015, and ending, 20, |  | _         |  |  |
| Department of the Treasury<br>Internal Revenue Service  | <ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Information about Form 8879-EO and its instructions is at www.irs.gov/form887</li> </ul>   | <sup>79eo.</sup> 201   | 5         |  |  |
| Name of exempt organization   | Em  | ployer identification number   | <u> </u>  |  |  |
| STUF UNITED FUND  | INC 32  | 2-0203388  |           |  |  |
| THOMAS CHEN   | PRESIDENT   |  |           |  |  |
|   | rn and Return Information (Whole Dollars Only)  |  |           |  |  |
| check the box on line 1a, 2a<br>leave line 1b, 2b, 3b, 4b, or   | for which you are using this Form 8879-EO and enter the applicable amount, if any, from , <b>3a</b> , <b>4a</b> , or <b>5a</b> , below, and the amount on that line for the return being filed with this form <b>5b</b> , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, <b>b</b> not complete more than 1 line in Part I.   | was blank, then  |           |  |  |
| 1 a Form 990 check here   | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)   | <b>1b</b> 5(   | 07,240.   |  |  |
| 2 a Form 990-EZ check he  |   |  | .,        |  |  |
| 3 a Form 1120-POL check   | chere 🕨 🗌 b Total tax (Form 1120-POL, line 22)  | 3b   |           |  |  |
| 4 a Form 990-PF check he  | ere 🕨 🗌 🗹 Tax based on investment income (Form 990-PF, Part VI, line 5) .   |  | 4 b       |  |  |
| 5 a Form 8868 check here  | e · · · ▶ 🔲 <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) · · · · · ·   | 5b   |           |  |  |
|   | —   |  |           |  |  |
|   | Ind Signature Authorization of Officer<br>declare that I am an officer of the above organization and that I have examined a copy of   |  |           |  |  |
| the IRS (a) an acknowledger<br>refund, and (c) the date of a<br>funds withdrawal (direct deb<br>organization's federal taxes<br>contact the U.S. Treasury Fi<br>authorize the financial institu<br>answer inquiries and resolve<br>organization's electronic retu | r, transmitter, or electronic return originator (ERO) to send the organization's return to the ment of receipt or reason for rejection of the transmission, <b>(b)</b> the reason for any delay in ny refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent t it) entry to the financial institution account indicated in the tax preparation software for par owed on this return, and the financial institution to debit the entry to this account. To revol nancial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (sett tions involved in the processing of the electronic payment of taxes to receive confidential e issues related to the payment. I have selected a personal identification number (PIN) as irrn and, if applicable, the organization's consent to electronic funds withdrawal.  | processing the return of<br>to initiate an electronic<br>yment of the<br>ke a payment, I must<br>lement) date. I also<br>information necessary | r         |  |  |
| Officer's PIN: check one b  |   |  |           |  |  |
| I authorize   | ERO firm name to enter my PIN   | as my  | signature |  |  |
| a state agency(ies) regute<br>the return's disclosure of<br>X As an officer of the orgation<br>indicated within this retu   | year 2015 electronically filed return. If I have indicated within this return that a copy of the lating charities as part of the IRS Fed/State program, I also authorize the aforementioned   | ERO to enter my PIN c  | e         |  |  |
| Officer's signature   | Date ► 04/29/2016   |  |           |  |  |
| Part III Certification  | and Authentication  |  |           |  |  |
| ERO's EFIN/PIN. Enter your  | r six-digit electronic filing identification<br>/our five-digit self-selected PIN   | · · · · 3651256  |           |  |  |
|   | pric entry is my PIN, which is my signature on the 2015 electronically filed return for the or<br>bmitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File<br>ers for Business Returns.   | ganization indicated   |           |  |  |
| ERO's signature   | Date ► 05/05/2016   |  |           |  |  |
| ERO Must Retain This Form — See Instructions<br>Do Not Submit This Form To the IRS Unless Requested To Do So  |   |  |           |  |  |

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2015)