Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public

inte	nai nevei	nue Service					inspection			
Α	For the	e 2018 cale	ndar year, or tax year beginning , 2018, and	d ending			, 20			
В	Check i	if applicable:	C Name of organization STUF UNITED FUND INC		D	Employ	er identification number			
	Address	s change	Doing business as			32-02	203388			
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephor	ne number			
	Initial re	eturn	P O BOX 520511			(718))228-1818			
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	FLUSHING, NY 11352		G	Gross re	eceipts \$ 811,690.			
	Applicat	tion pending	F Name and address of principal officer:	H(a	a) Is this a group	return for	subordinates? 🗌 Yes 🔀 No			
			Thomas Chen, 150-121 Powells Cove, Whitestone, NY	Y 11327 H(I	b) Are all sub	ordinates	s included? 🗌 Yes 🗌 No			
<u> </u>	Tax-exe	empt status:	▼ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or	527	lf "No,"	attach a	list. (see instructions)			
J	Website	e: 🕨 h	ttp://stufunited.org/	H(c) Group exe	emption	number 🕨			
		organization:	X Corporation Trust Association Other ► L Year or	of formation:	2007	M State	of legal domicile: NY			
Ρ	art I	Summ								
	1	Briefly de	scribe the organization's mission or most significant activities:	To promote social	responsibility	y in inter	national enterprises as developed			
ce		and espouse	d by the United Nation's Global Compact; To provide charitable relief, education	ional and cultu	ural develop	oment, er	nvironmental protection and			
nan		public heal	th to the members' respective communities; To encourage youth involvement with	h community se	ervice progra	ams and	global citizens organization			
veri	2	Check th	is box \blacktriangleright \Box if the organization discontinued its operations or disp	osed of mo	ore than 28	5% of	its net assets.			
о С	3	Number	of voting members of the governing body (Part VI, line 1a)			3	26			
Activities & Governance	4		of independent voting members of the governing body (Part VI, lir	,		4	26			
ities	5		nber of individuals employed in calendar year 2018 (Part V, line 2a	5	1					
žť	6		nber of volunteers (estimate if necessary)			6	26			
A	7a		elated business revenue from Part VIII, column (C), line 12			7a	0.			
	b	Net unrel	ated business taxable income from Form 990-T, line 38			7b	0.			
					Prior Year		Current Year			
e	8		ions and grants (Part VIII, line 1h)		1,211,2	226.	794,616.			
Revenue	9	-	service revenue (Part VIII, line 2g)							
Sev.	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		12,8	823.	17,074.			
-	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .							
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line	,	1,224,0		811,690.			
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		672,4	450.	1,041,079.			
	14		paid to or for members (Part IX, column (A), line 4)							
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–	· ·	60,4	477.	63,162.			
ens	16a		nal fundraising fees (Part IX, column (A), line 11e)				3,744.			
Expenses	b		draising expenses (Part IX, column (D), line 25) ► 33,08							
	17		benses (Part IX, column (A), lines 11a–11d, 11f–24e)	•	36,423. 24,					
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	·	769,3		1,132,439.			
	19	Revenue	less expenses. Subtract line 18 from line 12		454,0		-320,749.			
Net Assets or Fund Balances		-			ing of Curre		End of Year			
Sala	20		ets (Part X, line 16)	·	1,037,4		717,329. 4,485.			
let A	21									
	22 art II		ts or fund balances. Subtract line 21 from line 20		1,033,	593.	712,844.			
124		Signal								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

			05	/21/2019					
Sign	Signature of officer		Date	•					
Here	THOMAS CHEN, PRESIDENT								
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN				
Preparer	J WILLIAM LIN, CPA	J WILLIAM LIN, CPA	05/24/2019		P01308042				
Use Only	Firm's name LIN & LINCOLN (CPA'S LLC	Firm's	s EIN ► 36-3'	706894				
	Firm's address ► 1132 WAUKEGAN RD	, SUITE 101, GLENVIEW, IL 60	025-3060 Phone	eno. (847)9	98-8888				
May the IRS	discuss this return with the preparer s	shown above? (see instructions)			🗙 Yes 🗌 No				
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 04/11/19 PRO Form 990 (2018)								

Form 99	0 (2018) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	To promote social responsibility in international enterprises as developed
	and espoused by the United Nation's Global Compact; To provide charitable relief, educational and cultural development, environmental protection and
	public health to the members' respective communities; To encourage youth involvement with community service programs and global citizens organization;
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 13,000. including grants of \$ 13,000.) (Revenue \$ 13,000.)
	Working with NGO Cherish A Child and Imvula Foundation to provide health related projects in Uganda and South Africa.
	In Uganda, the grant was used to support the operation of the Hope Clinic, which provides health services to
	approximately 5000 local residents including both children and adults.
	In South Africa, the grant was used to provide swimming training classes since drowning is a serious issue
4b	(Code:) (Expenses \$4,970. including grants of \$4,970.) (Revenue \$4,970.)
	The grant was used to provide funding needed for animal rescue and protection in Asia. Education workshops were also conducted to educate the general public on related issues.
4c	(Code:) (Expenses \$ 224,656. including grants of \$ 224,656.) (Revenue \$ 224,656.)
	STUF United Fund partners with several affiliate NGOs to carry out education projects in Asia First, STUF worked with Junyi Academy to offer online academic courses and computer coding education programs to children from underprivileged families in East Asia.
	The funding covers curriculum design, hardware device, software program, and training instructors.
	The program aims to provide not only mathematics and science training to children but also a chance to cultivate problem solving skills, especially in communities that lack support of resources.
	Second, since 2011, STUF has been working with affiliate NGO CTEP to provide education programs in rural Cambodia.
	Digital divide creates economic and social inequality; the education program offers computer courses to children in rural regions. Over 5,500 students graduated from the program in 2018.
	Third, part of the funding is used to the reconstruction project of Agape Children's House, which provides education and shelter to needed children, with affiliate NGO Mustard Seeds Mission.
14	Other program services (Describe in Schedule O)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 835,131. including grants of \$ 835,131.) (Revenue \$ 835,131.) See Statement
4e	Total program service expenses ► 1,077,757.
	REV 04/11/19 PRO Form 990 (2018)

Form 99	0 (2018)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		× ×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	×	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20 a		20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #EV/GR/1/16 PROPORTE Schedule I, Parts I and II	21	×	

Form 99	00 (2018)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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		×
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		×
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		×
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2 8a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
с	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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? <i>If "Yes," complete Schedule R, Part I</i> .	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		×
Part	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
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable11Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		1 10		i i

Form 99	D (2018)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		×
b	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form 99	0 (2018)				Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	tructi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI				X
Secti	on A. Governing Body and Management				
10	Enter the number of veting members of the governing heady of the and of the tay year	10 00		Yes	No
1a	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	1a 26			
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2		×
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or othe		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		×
5	Did the organization become aware during the year of a significant diversion of the organization		5		×
6	Did the organization have members or stockholders?		6		×
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint	7-		
b	one or more members of the governing body?	 l by) members	7a		×
2	stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		8a	×	
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		×
Secti	on B. Policies (This Section B requests information about policies not required by th	e internal Reven	ue Co		
100	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No
10a	If "Yes," did the organization have written policies and procedures governing the activities of	fouch chaptors	IUa		×
b	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	-	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv		12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c	×	
13	Did the organization have a written whistleblower policy?		13	×	
14	Did the organization have a written document retention and destruction policy?		14		×
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
1 6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure		100		<u> </u>
17	List the states with which a copy of this Form 000 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e), 990, and 990-T			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sc.	at apply.	1200		
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	,	erest	policy	/, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords		

Jimmy Chiou, 80 Remington Road, Schaumburg, IL 60173 (847)884-7900

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an Reportabl							(E) Reportable	(F) Estimated
Name and The	hours per week (list any hours for related organizations below dotted line)	office or direct	Institutional trustee	is pe d a d Officer	rson lirecti Key employee	or/trust Highest compensated employee	an ee) Former	compensation	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Thomas Chen Chairman	10.00			×				0.	0.	0.
(2) KICO LIN VICE Chairwoman	10.00							0.	0.	0.
(3) JOHN LIN CEO	10.00			×				0.	0.	0.
(4) JERRY CHEN CFO	10.00			×				0.	0.	0.
(5) Yi-Miao Huang EXECUTIVE ADMINISTRATOR	40.00				×			50,000.	0.	0.
(6) PAUL CHEN SECRETARY GENERAL	10.00			×				0.	0.	0.
(7)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
	•	REV 0	4/11/ [.]	19 PR	20			:		Form 990 (2018)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (continu	ued)		
					(0									
	(A)	(B)	(do n	ot ch	Posi		than c	no	(D)	(E)			(F)	
	Name and title	Average					is both		Reportable	Reportab		Esti	mated	
		hours per	office	er and	d a d	irecto	or/trust	ee)	compensation	compensation	n from		ount of	
		week (list any hours for	or Inc	Ins	ę	Ke	em	Fo	from the	related organizatio	ons		ther ensatio	n
		related	Individual trustee or director	titu	Officer	Key employee	plo	Former	organization	(W-2/1099-N			m the	
		organizations	cto	tion	Ì	ηdu	st co yee	Ť	(W-2/1099-MISC)				nization	
		below dotted line)	r trus	al tr		суе	pmp						related	
			stee	Institutional trustee		Ű	ens					9		-
				Эе			Highest compensated employee							
(15)							-							
(10)														
(16)														
(10)														
(17)														
(17)														
(10)														
(18)														
(10)														
(19)														
(0.0)														
(20)														
<u></u>														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Sub-total								50,000.		0.			0.
С	Total from continuation sheets to Part	VII, Sectio	n A											
d	Total (add lines 1b and 1c)								50,000.		0.			0.
2	Total number of individuals (including but							e) w	ho received me	ore than \$1	00,000) of		
	reportable compensation from the organi	zation 🕨												
													Yes	No
3	Did the organization list any former of	ficer. direc	tor. c	or tr	uste	e.	kev e	emp	olovee. or high	est compe	nsated	2		
	employee on line 1a? If "Yes," complete s							-				3		×
4	For any individual listed on line 1a, is the	sum of rei	nortal	പം	rom	ner	nsatio	n a	nd other comr	ensation fr	om the			
-	organization and related organizations	areater that	an \$1	50.	000	? If	' "Yes	s."	complete Sch	edule J fa	r such	2		
	individual	-		,								4		×
5	Did any person listed on line 1a receive of	r accrue co	mnei	nsat					related organiz	ation or inc	lividua			
Ŭ	for services rendered to the organization'											5		×
Sectio	on B. Independent Contractors		<u>ep</u>					0. 0						
							+	+ -				000 -4	:	
1	Complete this table for your five highest of compensation from the organization. Rep													
		bon compe	nsauc	mic	ט נו	ie c	alenu	ar y	ear ending wit	n or within	the org	yanizatio	Siste	ix
	year.								(5)			(0)		
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 990 (2018)

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
ts ts	1a	Federated campaigns	s 1a								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .									
Ano G	с	Fundraising events .									
ar /	d	Related organizations									
s, 0	е	Government grants (cor									
r Si	f	All other contributions, g	jifts, grants,								
the		and similar amounts not inc	cluded above 1f	794,616.							
d O	g	Noncash contributions includ	ded in lines 1a–1f: \$								
aŭ Co	h	Total. Add lines 1a-1	f	🕨	794,616.						
ne				Business Code							
ven	2a										
Re	b										
/ice	с										
Program Service Revenue	d										
	е										
ogra	f	All other program ser									
Pr	g	Total. Add lines 2a-2									
	3	Investment income									
		and other similar amo	,		17,074.	0.	0.	17,074.			
	4	Income from investmen	nt of tax-exempt b	ond proceeds 🕨							
	5	Royalties									
			(i) Real	(ii) Personal							
	6a	Gross rents									
	b	Less: rental expenses									
	С	Rental income or (loss)									
	d	Net rental income or	<u>`</u>	🕨							
	7a	Gross amount from sales of	(i) Securities	(ii) Other							
		assets other than inventory									
	b	Less: cost or other basis									
		and sales expenses .									
	С	Gain or (loss)									
	d	Net gain or (loss) .		🕨							
enue	8a	Gross income from fu events (not including \$	undraising								
Other Revenue		of contributions report See Part IV, line 18									
the	h	Less: direct expenses									
0		Net income or (loss) f									
		Gross income from ga									
	ou	See Part IV, line 19 .									
	b	Less: direct expenses									
		Net income or (loss) f									
		Gross sales of in									
		returns and allowance									
	b	Less: cost of goods s	-								
		Net income or (loss) f									
		Miscellaneous F		Business Code							
	11a										
	b										
	c										
	d	All other revenue									
	e	Total. Add lines 11a-									
	12	Total revenue. See in			811,690.	0.	0.	17,074.			

Form 990 (2018) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . 1,041,079. 1,041,079. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): Management а Legal b С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties Occupancy 16 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) SUPPLIES а PRINTING b

FILING FEE

BANK FEES

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

All other expenses

following ŠOP 98-2 (ASC 958-720)

С

d

е

25

26

50,000.	25,000.	5,000.	20,000.
	23,000.	5,000.	20,000.
5,610.	2,805.	561.	2,244.
7,552.	3,776.	755.	3,021.
1,174.	0.	1,174.	0.
3,300.	0.	3,300.	0.
3,744.			3,744.
			5,, 11.
2,509.	1,254.	251.	1,004.
1,650. 726.	410. 363.	912. 73.	328. 290.
120.		/3.	250.
5,809.	2,905.	581.	2,323.
220	165.	2.2	132.
330.	105.	33.	132.
3,382.	0.	3,382.	0.
40.	0.	40.	0.
4,575.	0.	4,575.	0.
278.	0.	278.	0.
681.	0.	681.	0.
1,132,439.	1,077,757.	21,596.	33,086.
_,,	_,,	,0,0,	

Form 990 (2018)

Pa	rt X	Balance Sheet			Page 11
		Check if Schedule O contains a response or note to any line in this Pa	rtX		🗌
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	752,658.	1	171,413.
	2	Savings and temporary cash investments		2	250,000.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
s	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	
set	7	Notes and loans receivable, net		7	
Assets	8			8	
	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
1	11	Investments-publicly traded securities	281,000.	11	292,096.
1	12	Investments-other securities. See Part IV, line 11		12	
1	13	Investments-program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	3,820.	15	3,820.
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,037,478.	16	717,329.
1	17	Accounts payable and accrued expenses	3,885.	17	4,485.
1	18	Grants payable		18	
1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
	20	of Schedule D	2 005	25	4 405
	26	Total liabilities. Add lines 17 through 25	3,885.	26	4,485.
Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
an 🛛	27	Unrestricted net assets	1,030,543.	27	709,794.
Ba A	28	Temporarily restricted net assets	3,050.	28	3,050.
p 2	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
ts s	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds .		32	
S S	33	Total net assets or fund balances	1,033,593.	33	712,844.
	34	Total liabilities and net assets/fund balances	1,037,478.	34	717,329. Form 990 (2018

	90 (2018)			Pa	ge 12
Par	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	8	11,6	90.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	32,4	39.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	20,7	49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0	33,5	93.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	7	12,8	44.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:	piled or			
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	 Adonia		~	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiaht			
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	0	3b		

Form **990** (2018)

STUF UNITED FUND INC Form 990: Return of Organization Exempt from Income Tax Part III: Line 4d (continued)

Continuation Statement

(Code:) (Expenses \$2,000 including grants of \$2,000) (Revenue \$2,000) STUF partnered with Carlo Urbani Association to sponsor doctors in Asia to conduct medical research in Africa, sharing medical resources and leveling treatment standards in this global age.

(Code:) (Expenses \$10,100 including grants of \$10,100) (Revenue \$10,100) Grant support is provided for cultural events that foster cultural interaction, understanding, and community development.

(Code:) (Expenses \$13,162 including grants of \$13,162) (Revenue \$13,162) STUF United Fund contributed to the disaster relief fundraising for Hurricane Maria that hit Puerto Rico and the wildfire in California. STUF partnered with the American Red Cross to provide needed help to the victims in Puerto Rico. For the wildfire in California, STUF teamed up with Community Foundation Sonoma County. In addition, part of the funding was used to provide emergency aid to people in the greater New York area.

(Code:) (Expenses \$10,000 including grants of \$10,000) (Revenue \$10,000) STUF sponsored affiliate NGO HOOP (Helping Overcome Obstacles Peru) to carry out the community health empowerment project in Arequipa, Peru. Through workshops and medical and dental checks, the project increased the community awareness of preventable diseases such as diabetes and malnutrition. The project served around 200 people, including children and adults and 91 nutritionist consultations were provided, increasing health awareness and the quality of life of the community residents. On the other hand, STUF partnered with Fundacion Para La Salud Los Angeles Paraguay China to provide medical assistance to the poor communities in Paraguay.

(Code:) (Expenses \$214,185 including grants of \$214,185) (Revenue \$214,185) The project provides teaching materials and training to course participants in 6 cities in the U.S. through the "Life Education" curriculum, which aims to help adults and young people in schools understand the value and purpose of life. In 2018, the project focused on the importance of interpersonal communication between parents and children. Workshops, lectures, and online training courses were offered.

(Code:) (Expenses \$141,970 including grants of \$141,970) (Revenue \$141,970) Scholarships for college and graduate studies were provided to students in the U.S. and in Asia. The scholarships enabled outstanding students with financial difficulties to pursue their studies.

(Code:) (Expenses \$294,520 including grants of \$294,520) (Revenue \$294,520) STUF contributed to the disaster relief fundraising in Asia, including earthquake and fire disaster.

(Code:) (Expenses \$69,000 including grants of \$69,000) (Revenue \$69,000) STUF supported a few projects in the area of youth education in the U.S., focusing on leadership training, communication development, and event planning skills.

STUF UNITED FUND INC Form 990: Return of Organization Exempt from Income Tax Part III: Line 4d (continued)

Continuation Statement

(Code:) (Expenses \$9,000 including grants of \$9,000) (Revenue \$9,000) STUF worked with Keep Austin Fed to reduce hunger rate and food waste in Austin, Texas in accordance with the Health Development Projects. STUF also worked with TCC of Greater Salt Lake to provide needed resources to the adults and children at the Road Home shelter center. In addition, STUF supported assistance to women and children victims of domestic violence through the partnership with Garden of Hope, Inc.

(Code:) (Expenses \$71,194 including grants of \$71,194) (Revenue \$71,194)

specific suport programs and training courses.

SPECIAL PROJECTS: To strengthen communities through

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

STUF UNITED FUND INC

Employer	identification	number

21	2-0	20	22	00	
24	<u> </u>	<u> </u>	55	00	

					<i></i>
Part I	Reason for Public Charity	Status (All org	ganizations must c	omplete this p	art.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 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 section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 X An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

5																																																				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No																																																
(A)																																																				
(B)																																																				
(C)																																																				
(D)																																																				
(E)																																																				
Total																																																				

	lle A (Form 990 or 990-EZ) 2018						Page 2
Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Sect	on A. Public Support					-	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not 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 facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	1	I	I	1	1	
	idar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	•			•		
0	organization, check this box and stop he						· · ►
	on C. Computation of Public Suppor	·		1			0/
14	Public support percentage for 2018 (line 6		•			14 15	<u>%</u>
15 16a	Public support percentage from 2017 Sch 33 ¹ / ₃ % support test-2018. If the organization qua	ization did not	check the box	k on line 13, ai	nd line 14 is 3	3 ¹ /3% or more,	
b	33 ¹ / ₃ % support test — 2017. If the organi this box and stop here. The organization	zation did not	check a box c	on line 13 or 16	Sa, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst umstances" te	ances" test, cł est. The organi	neck this box a zation qualifie	and stop here s as a publicly	. Explain in supported
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization resupported organization	017. If the org ation meets th neets the "fac	anization did r e "facts-and-o ts-and-circum	not check a bo circumstances stances" test.	ox on line 13, ⁻ " test, check The organizat	16a, 16b, or 17 this box and s ion qualifies as	a, and line stop here. a publicly

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			· •	•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	829,682.	499,231.	1,684,691.	1,211,226.	785,431.	5,010,261.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	829,682.	499.231	1,684,691.	1,211,226	785,431	5,010,261.
	Amounts included on lines 1, 2, and 3	02370021	17772311	1,001,001.	1,211,2201	,00,101.	5701072011
	received from disqualified persons .						
h	Amounts included on lines 2 and 3		<u> </u>				
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
U							5,010,261.
Secti	on B. Total Support						5,010,2011
-	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	829,682.		1,684,691.			5,010,261.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	6,049.	12,409.	7,213.	12,823.	17,074.	55,568.
b	Unrelated business taxable income (less		,	,	,		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	6,049.	12,409.	7,213.	12,823.	17,074.	55,568.
11	Net income from unrelated business		,	,	,		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	835,731.	511,640.	1,691,904.	1,224,049.	802,505.	5,065,829.
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					🕨 🔲
Secti	on C. Computation of Public Support	-					
15	Public support percentage for 2018 (line						98.9 %
16	Public support percentage from 2017 Scl					16	99.12 %
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (•	())		1.1 %
18	Investment income percentage from 2017						0.88 %
19a	331/3% support tests-2018. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2017. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this	box and stop h	ere. The organ	ization qualifies	s as a publicly s	upported orgar	nization 🕨 🗌
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌
		RE\	/ 10/24/18 PRO		Eak	adula A (Earm 00	0 or 990-FZ) 2018

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

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		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2

1

Yes No

Yes No

2a

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

instructions. All other Type III non-functionally integrated supporting organ Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (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		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (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	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).	0		

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) 2018

Part	e A (Form 990 or 990-EZ) 2018 V Type III Non-Functionally Integrated 509(a)(3	N Supporting Organi	zations (continued)	Page /
		b) Supporting Organi		
Secti	Current Year			
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, 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.)

SCHEDULE	D
(Form 990)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. 20**18** Open to Public Inspection

OMB No. 1545-0047

	ent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest inform	ation. Open to Public Inspection
	f the organization			Employer identification number
	F UNITED FU	IND INC		32-0203388
Par			rised Funds or Other Similar Fund	
			'Yes" on Form 990, Part IV, line 6.	
		<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number	at end of year		
2	Aggregate val	ue of contributions to (during year)		
3	Aggregate val	ue of grants from (during year) .		
4		ue at end of year		
5	•		advisors in writing that the assets he	
			e organization's exclusive legal control	
6			nd donor advisors in writing that gran	
			fit of the donor or donor advisor, or fo	
Dout				· · · · · · L Yes L No
Part		rvation Easements.	'Vos" on Form 990 Part IV line 7	
1		conservation easements held by the	'Yes" on Form 990, Part IV, line 7.	
			tion or education)	a historically important land area
		of natural habitat	·	a certified historic structure
		on of open space		
2			eld a qualified conservation contribution	n in the form of a conservation
		he last day of the tax year.		Held at the End of the Tax Year
а	Total number	of conservation easements		. 2a
b	Total acreage	restricted by conservation easement	S	. 2b
С	-	-	nistoric structure included in (a)	
d			(c) acquired after 7/25/06, and not c	
3	Number of cor tax year ►	nservation easements modified, trans	sferred, released, extinguished, or term	inated by the organization during the
4	Number of sta	tes where property subject to conse	rvation easement is located \blacktriangleright	
5			garding the periodic monitoring, insp sements it holds?	
6	Staff and volunt	teer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year
	▶			
7	Amount of exp ►\$	enses incurred in monitoring, inspectin	g, handling of violations, and enforcing c	conservation easements during the year
8			2(d) above satisfy the requirements of	
9	balance sheet	e .	conservation easements in its revenue of the footnote to the organization's fina	•
Part			s of Art, Historical Treasures, or	Other Similar Assets
	Compl	ete if the organization answered '	'Yes" on Form 990, Part IV, line 8.	
1a	works of art,	historical treasures, or other similar	AS 116 (ASC 958), not to report in its assets held for public exhibition, edu ootnote to its financial statements that	ucation, or research in furtherance of
b	works of art, public service,	historical treasures, or other similar , provide the following amounts relati		ucation, or research in furtherance of
	(i) Revenue in	cluded on Form 990, Part VIII, line 1		· · · ▶ \$
-	(ii) Assets inclu	uded in Form 990, Part X		> \$
2	following amo	unts required to be reported under S	historical treasures, or other similar FAS 116 (ASC 958) relating to these ite	ems:
а	Revenue inclu	ded on Form 990, Part VIII, line 1 .		🕨 💲

b Assets included in Form 990, Part X . . .

▶ \$

Schedu	le D (Form 990) 2018							Page 2
Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther recor	ds, chec	k any of th	e follov	wing that are a si	gnificant use of its
а	Public exhibition		d	Loan	or exchang	e proa	rams	
b	Scholarly research							
c	Preservation for future generations	6						
4	Provide a description of the organizat		and expla	in how t	hey further	the orę	ganization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							r Yes No
Part	IV Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	n 990, F	Part IV, line	e 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X? .							t
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:			
							Ar	nount
С	Beginning balance					10	;	
d	Additions during the year					10	ł	
е	Distributions during the year					16	•	
f	Ending balance					11	-	
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in Pa	art XIII. Check her	re if the ex	planatio	n has been	provid	ed on Part XIII .	🗌
Par								
	Complete if the organization							1
		(a) Current year	(b) Pric	or year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t		nd balanc	e (line 1g	i, column (a)) held	as:	
а	Board designated or quasi-endowment	nt 🕨	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of t	he organiz	ation that	at are held	and ad	Iministered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o					• •		3b
4 Dort	Describe in Part XIII the intended uses	-	on s endo	wment it	unas.			
Part			" on For	~ 000 E	Dart IV/ line	110	Soo Form 000	Part V lina 10
	Complete if the organization Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book value
	Description of property	(investro		• •	ther)	• • •	epreciation	(a) Book value
1a	Land							
b		·						
С	Leasehold improvements	·						
d								
e	Other			, .				
I otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part λ	, column	і (В), line 10	ic.) .	🕨 📔	

Part VII Investments-Other Securities. 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 (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (b) Book value (a) Description of liability (1) Federal income taxes (2) (3)(4) (5) (6) (7)

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(8)

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

Schedu	le D (Form 990) 2018				Page 4
Part				Returr	ı.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	802,505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	802,505.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	802,505.
Part				er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,132,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	1,132,439.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	ne 18.)		5	1,132,439.
Part	XIII Supplemental Information.				
2; Pan	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	vide any additional in	itormati	on.

Schedule D (Form 990) 2018 Page								
Part XIII	Supplemental Information (continued)							

(Form	EDULE F n 990) nent of the Treasury Revenue Service	State ► Complet	16.	OMB No. 1545-0047 20 18 Open to Public Inspection					
Name o	f the organization						Employer ic	lentification number	
STUF	UNITED FU	ND INC					32-0203	3388	
Part		, Part IV, line		ies Outside	the United States. Com	plete if the orga	anization a	nswered "Yes" on	
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	outside the Un		in Part V the	e organization	's procedures for monitorir	ig the use of its	grants and	o other assistance	
3	Activities per F	Region. (The fo	llowing Part	I, line 3 table c	can be duplicated if addition	al space is need	ded.)		
	(a) Regior	1	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in th	ervice, ic type of	(f) Total expenditures for and investments in the region	
(1) S	Sub-Saharan	Africa	0	0	program services	Health & Educati	on Services	13,000.	

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Sub-Saharan Africa	0	0	program services	Health & Education Services	13,000.
(2) South America	0	0	Program services	Health Education & Check up	10,000.
(3) East Asia and Pacific	0	0	Program services	Education & Scholarship	81,970.
(4) East Asia and Pacific	0	0	Program services	Online education for children	45,752.
(5) East Asia and Pacific	0	0	Program services	Health & Medical Training	2,000.
(6) East Asia and Pacific	0	0	Program services	Education& Employment	77,354.
(7) East Asia and Pacific	0	0	Program services	Reconstruction of childrens shelter	5,695.
(8) East Asia and Pacific	0	0	Program services	Education& Community Development	100,826.
(9) East Asia and Pacific	0	0	Program services	Disaster relief	294,520.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
 Subtotal b Total from continuation sheets to Part I 	0	0			631,117.
c Totals (add lines 3a and 3b)	0	0			631,117.

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Public Health					
(2)			East Asia and Pacific	Disaster Relief					
(3)			Europe	Refugee Support					
(4)			East Asia and Pacific	Community Support					
(5)			East Asia and Pacific	Education					
(6)			Sub-Saharan Africa	Public Safety					
(7)			East Asia and Pacific	Community Support					
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	by the IRS, o	r for which the g	grantee or counsel h	ed above that are reco as provided a section	501(c)(3) equivale	ency letter		🕨	7
3	Enter total nu	umber of other o	organizations or enti	ties				🕨	

Schedule F (Form 990) 2018

(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
	(b) Region	(b) Region (c) Number of recipients	(b) Region (c) Number of recipients (d) Amount of cash grant Image:	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement	(b) Region (e) Number of recipients (d) Amount of cash grant (e) Manner of cash grant (f) Amount of noncash assistance Image: Ima	(b) Region (c) Number of recipients (c) Amount of lassistance (f) Amount of lassistance (g) Description of noncash assistance Image: I

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.

Page 3

Schedule F (Form 990) 2018

conouc			i age -
Part	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 Receipt 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; don't file with Form 990)	☐ Yes	🗙 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 Certain Foreign Corporations (see Instructions for Form 5471)	Yes	🗙 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>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)</i>	Yes	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	🗵 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	🗵 No

BAA

REV 11/05/18 PRO

Schedule F (Form 990) 2018

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 32-0203388

STUF UNITED FUND INC

Part I	General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	🗌 No
~	Describes in Deat IV/the supervised in the result of a mere the description of supervised in the United Otester	

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TAIWANESE AMERICAN COUNCIL							
120 E. 36TH ST STE 1A NEW YORK NY 10016			25,300.				EDUCATION
(2) NCACLS							
914 HARVARD ST SANTA MONICA CA 90403	33-0695758		10,000.				EDUCATION
(3) YIN-CHIN SCHOLARSHIP							
13373 PERRIS BLVD C-203 MORENO VALLEY CA 92553	26-1851830		60,000.				EDUCATION
(4) SHIN SHIN EDUCATIONAL FOUNDATION							
47399 FREMONT BLVD FREMONT CA 94538	77-0524748		10,000.				EDUCATION
(5) GREATER HOUSTON COMMUNITY FOUNDATION							
5120 WOODWAY DR STE 6000 HOUSTON TX 77056	23-7160400		261,220.				DISASTER RELIEF
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section	n 501(c)(3) and gov	vernment organiza	tions listed in the l	ine 1 table			. ► 4
3 Enter total number of other c	organizations listed	in the line 1 table					. ► 0

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

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 cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7 Part IV	Supplemental Information. Prov	ide the information re	equired in Part L li	ine 2 [.] Part III. colum	n (b): and any other addit	ional information
			<u> </u>	<u>,</u> ,,		
BAA		REV 11/06/18 PF	२०			Schedule I (Form 990) (2018)

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.

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

OMB No. 1545-0047 **2018** Open to Public Inspection

Internal Revenue Service	
Department of the Treasury	

Name of the organization STUF UNITED FUND INC Employer identification number

32-0203388

Pt XI: They are available on the website.
Pt VI, Line 19: They are also available on the website.
Pt XII, Line 2c: The organization did not change either its oversight process
or selection process during the tax year.
Pt VI, Line 11b: The annual report is made available on the website.
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.
Pt III, Line 4d:
Expenses: \$2,000 including grants of: \$2,000 Revenue: \$2,000
Description: STUF partnered with Carlo Urbani Association to sponsor doctors in Asia to conduct medical research in Africa,
sharing medical resources and leveling treatment standards in this global age.
Expenses: \$10,100 including grants of: \$10,100 Revenue: \$10,100
Description: Grant support is provided for cultural events that foster cultural interaction, understanding, and community development.
Expenses: \$13,162 including grants of: \$13,162 Revenue: \$13,162
Description: STUF United Fund contributed to the disaster relief fundraising for Hurricane Maria that hit Puerto Rico and the wildfire in California.
STUF partnered with the American Red Cross to provide needed help to the victims in Puerto Rico. For the wildfire in California, STUF teamed up with Community Foundation Sonoma County.
In addition, part of the funding was used to provide emergency aid to people in the greater New York area.
Expenses: \$10,000 including grants of: \$10,000 Revenue: \$10,000
Description: STUF sponsored affiliate NGO HOOP (Helping Overcome Obstacles Peru) to carry out the community health empowerment project in Arequipa, Peru.
Through workshops and medical and dental checks, the project increased the community awareness of preventable diseases such as diabetes and malnutrition. The project served around 200 people, including children and adults and 91 mutritionist consultations were provided,
increasing health awareness and the quality of life of the community residents. On the other hand, STUF partnered with Fundacion Para La Salud Los Angeles Paraguay China to provide medical assistance to the poor communities in Paraguay.
Expenses: \$214,185 including grants of: \$214,185 Revenue: \$214,185
Description: The project provides teaching materials and training to course participants in 6 cities in the U.S. through the
"Life Education" curriculum, which aims to help adults and young people in schools understand the value and purpose of life. In 2018, the project focused on the importance of interpersonal communication between parents and children. Workshops, lectures, and online training courses were offered.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2			
Name of the organization	Employer identification number			
STUF UNITED FUND INC	32-0203388			
Expenses: \$141,970 including grants of: \$141,970 Revenue: \$141,970				
Description: Scholarships for college and graduate studies were provided to student	ts in the U.S. and in Asia.			
The scholarships enabled outstanding students with financial difficulties	to pursue their studies.			
Expenses: \$294,520 including grants of: \$294,520 Revenue: \$294,520				
Description: STUF contributed to the disaster relief fundraising in Asia, including ea	arthquake and fire disaster.			
Expenses: \$69,000 including grants of: \$69,000 Revenue: \$69,000				
Description: STUF supported a few projects in the area of youth education in the U.S., focusing on leadership training, communicati	on development, and event planning skills.			
Expenses: \$9,000 including grants of: \$9,000 Revenue: \$9,000				
Description: STUF worked with Keep Austin Fed to reduce hunger rate and food waste in Austin, Texas in accordamce wi	th the Health Development Projects.			
STUF also worked with TCC of Greater Salt Lake to provide needed resources to the adults and children at the Road Home shelter center. In addition, STUF supported assistance to women and children victims of	domestic violence through the partnership with Garden of Hope, Inc.			
Expenses: \$71,194 including grants of: \$71,194 Revenue: \$71,194				
Description: SPECIAL PROJECTS: To strengthen communities through				
specific suport programs and training courses.				

Form 8879-E0

Name and title of officer

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning , 2018, and ending

Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information 	
Name of exempt organization	n	Employ

STUF UNITED FUND INC

Employer identification number

32-0203388

THOMAS CHEN, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1 a F	Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .		1b	811,690.
2 a F	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		2b	
3a F	Form 1120-POL check here Total tax (Form 1120-POL, line 22)		3b	
4a F	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		4b	
5a F	Form 8868 check here ► 🗌 b Balance Due (Form 8868, line 3c)		5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize		to enter my PIN			as my signature
	ERO firm name	_	Enter fiv do not e		

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►	Date ► 05/21/2019
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	3 6 5 1 2 5 6 5 1 2 5
	Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date ► 05/24/2019

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

For Paperwork Reduction Act Notice, see back of form. BAA

Form 8879-EO (2018)