Form	99	D
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### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2021

**Open to Public** 

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.
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Intern	al Reve	nue Service		Inspection		
A I	For the	e 2021 calend	lar year, or tax year beginning , 2021, and ending		, 20	
B	Check if	f applicable:	C Name of organization STUF UNITED FUND INC		D Emplo	oyer identification number
<b></b>	Address	s change	Doing business as		32-02	203388
1	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address) Roc	E Teleph	none number	
<u> </u>	nitial ret	turn	3110 WHITESTONE EXPY		(718)	)228-1818
🗌 F	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
<b></b>	Amende	ed return	FLUSHING, NY 11354		G Gross	receipts \$ 778,121.
<b></b>	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gr	oup return fo	or subordinates? 🗌 Yes 🔀 No
			Thomas Chen, 150-121 Powells Cove, Whitestone, NY 1132	7 H(b) Are all s	ubordinat	es included? 🗌 Yes 🗌 No
1 1	Tax-exe	empt status:	X 501(c)(3)       501(c) (       ) ◄ (insert no.)       4947(a)(1) or       527	If "No," a	attach a lis	st. See instructions.
<u>ا ا</u>	Vebsite	e:► http:	//stufunited.org/	H(c) Group e	xemption	number 🕨
-		organization: 🗙	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	on: 2007	M State	of legal domicile: NY
Pa	nrt I	Summa				
	1	Briefly des	cribe the organization's mission or most significant activities: To promote so	cial responsibilit	y in intern	ational enterprises as developed
e		and espoused	by the United Nation's Global Compact; To provide charitable relief, educational and	cultural develo	opment, er	nvironmental protection and
lan		public health	to the members' respective communities; To encourage youth involvement with communi	ty service prog	rams and	global citizens organization;
Veri	2	Check this	box $\blacktriangleright$ if the organization discontinued its operations or disposed o	f more than	25% of	its net assets.
ŝ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	26
õ	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	26
tie	5	Total numb	er of individuals employed in calendar year 2021 (Part V, line 2a) .		5	1
Activities & Governance	6	Total numb	er of volunteers (estimate if necessary)		6	39
¥	7a	Total unrela	ated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Yea	r	Current Year
e	8		ns and grants (Part VIII, line 1h)	734,	,850.	747,478.
Revenue	9	-	ervice revenue (Part VIII, line 2g) .............			
Sec.	10		income (Part VIII, column (A), lines 3, 4, and 7d)	22,	,151.	30,643.
۳.	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	757,	,001.	778,121.
	13		similar amounts paid (Part IX, column (A), lines 1–3)	671,	,870.	577,313.
	14		id to or for members (Part IX, column (A), line 4)			
es	15		ner compensation, employee benefits (Part IX, column (A), lines 5–10)	72,	,116.	76,869.
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			
ă	b		aising expenses (Part IX, column (D), line 25) ►31,895.			
ш	17	-	nses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,	,845.	37,727.
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	,831.	691,909.	
	19	Revenue le	ss expenses. Subtract line 18 from line 12		,830.	86,212.
Net Assets or Fund Balances			Be	eginning of Curr		End of Year
sset	20	Total asset			662	064 050
			s (Part X, line 16)	778,	, 555.	864,850.
ld B	21 22		s (Part X, line 16)		305. ,248.	390.

Part II Signature Block

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.

			0	9/15/2022					
Sign	Signature of officer		Da	te					
Here	THOMAS CHEN, CHAIRMAN								
	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	11/15/2022	2 self-employed	P01308042				
Use Only	Firm's name ► LIN & LINCOLN C	Firm	Firm's EIN ► 36-3706894						
	Firm's address ► 1132 WAUKEGAN R	D, SUITE 101, GLENVIEW, I	L 60025 Pho	neno. (847)9	98-8888				
May the IRS discuss this return with the preparer shown above? See instructions									
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 07/25/22 PRO Form 990 (2021)									

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Part	
1	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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?
	If "Yes," describe these changes on Schedule O.
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 \$ 73,400. including grants of \$ 73,400. ) (Revenue \$ 73,400. )
	STUF United Fund partnered with JCI (Junior Chamber International) in India and
	Indonesia to donate oxygen concentrators to hospitals. 40 oxygen concentrators were
	delivered to India and 31 to Indonesia.
4b	(Code:) (Expenses \$166,984. including grants of \$166,984. ) (Revenue \$166,984. )
	The grant was used to provide HOOP (Helping Overcome Obstacles Peru), one of
	STUF's coding project NGO partners, the needed funding to set up the coding program.
	Computer coding online courses and curriculum materials were developed to be offered
	to communities that need related education resources. Project partnerships were
	formed with NGOs in Kenya and Peru. In December 2021, STUF also signed a MoU
	with the Ministry of Education of Saint Lucia to offer training courses to instructors, who
	will teach students in Saint Lucia.
4c	(Code: ) (Expenses \$ 282,623. including grants of \$ 282,623. ) (Revenue \$ 282,623. )
	STUF United Fund partnered with several affiliate NGOs to carry out education projects
	in Asia. First, STUF supported the Reindeer Social Welfare Foundation to provide
	education resources and welfare benefits to children and families in disadvantaged
	communities in East Asia.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 93,809. including grants of \$ 93,809.) (Revenue \$ 93,809.) See Statement
4e	Total program service expenses ►     616,816.
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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)? If "Yes," complete Schedule A	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	<b>Section 501(c)(3) organizations.</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	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</i> "Yes," <i>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? If "Yes," complete Schedule D, Part III	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 donor-restricted endowments or in 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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	×	
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b	~	

Part	V Checklist of Required Schedules (continued)			
		_	Yes	Ν
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		;
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> .			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23		
<b>h</b>		24a 24b		-
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24D		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┢
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	32 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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	<u> </u>		
			Yes	1
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0Did the organization comply with backup withholding rules for reportable payments to vendors and0			
U	reportable gaming (gambling) winnings to prize winners?	1c		F

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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 <b>2a</b> 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . 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 on 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,			
h	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 a	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	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		
c	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			
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 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	7h		×
U	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 . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
5	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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		
	<b>Note:</b> 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			
~	the organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
	excess parachute payment(s) during the year?	15		
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would regult in the imposition of an available tax under section 4051, 4052 or 40522			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

**Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Secti	on A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26									
	If there are material differences in voting rights among members of the governing body, or											
	if the governing body delegated broad authority to an executive committee or similar											
	committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	26									
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	elation										
	any other officer, director, trustee, or key employee?			2		×						
3	Did the organization delegate control over management duties customarily performed by or u	under	the direct									
	supervision of officers, directors, trustees, or key employees to a management company or other person? .											
4												
5	Did the organization become aware during the year of a significant diversion of the organizatio			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 e											
	one or more members of the governing body?			7a		×						
b	Are any governance decisions of the organization reserved to (or subject to approval	by) r	nembers,									
	stockholders, or persons other than the governing body?			7b		×						
8	Did the organization contemporaneously document the meetings held or written actions und	dertak	en during									
	the year by the following:		•									
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	t be re	eached at									
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule C	).		9		×						
Secti	on B. Policies (This Section B requests information about policies not required by the	Inter	nal Reven	ue Co	ode.)							
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		×						
b	If "Yes," did the organization have written policies and procedures governing the activities of											
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing	g the form?	11a		×						
b	Describe on 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 give			12b	×							
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"									
	describe on 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 and											
	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 on Schedule O. See instructions.		_									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taughta antity during the upper											
	with a taxable entity during the year?			16a		×						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization											
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			4.01								
0		• •		16b								
	on C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed NY			<b></b>	<b>1</b>	04/						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable			(sec	tion t	(C) FUG						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that											
10	X Own website Another's website Upon request Other (explain on Sch		,	finter	root m							

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Jerry Chen, 3110 Whitestone Expy, Flushing, NY 11354 (914)433-0415

Page 6

### 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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

				(0	C)					
(A)	(B)	(-1	- 4 - 1-		ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours per week	office			1	or/trust	- ´	compensation from the	compensation from related	of other compensation
	(list any hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
	below dotted line)	trustee	al trustee		yee	Highest compensated employee				
(1) Thomas Chen	10.00									
Chairman				×				0.	0.	0.
(2) KICO LIN	10.00									
VICE Chairwoman				×				0.	0.	0.
(3) JOHN LIN	10.00			×						0
	10.00			^				0.	0.	0.
(4) JERRY CHEN CFO	10.00			×				0.	0.	0.
(5) Yi-Miao Huang	40.00									
EXECUTIVE ADMINISTRATOR					×			60,000.	0.	0.
(6) PAUL CHEN SECRETARY GENERAL	10.00			×				0.	0.	0.
(7)								0.	0.	
(8)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
	<u> </u>			<u> </u>	L	ļ		ļ	<u> </u>	C 000 (0001)

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Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Emj	plo	yee	s, an	d⊦	lighest Compe	nsated	Employ	yees (d	contin	nued)
		(C)												
	(A)	(B)	(do n	ot of		ition	e than c	200	(D)	(E)	)		(F)	
	Name and title	Average	``				is both		Reportable	Report			ted am	ount
		hours per week	office	er and		lirect	or/trust	r – –	compensation from the	compen from re			f other pensati	on
		(list any	Indi or c	Inst	Officer	Key	High	Former	organization (W-2/	organizatic	ons (W-2/	fro	om the	
		hours for	Individual t or director	ltti	cer	Key employee	bloy	mer	1099-MISC/	1099-N		•	ization	
		related organizations	tor t	ona		plo	ee or		1099-NEC)	1099-1	NEC)	related of	organiza	ations
		below	Individual trustee or director	tru		yee	npe							
		dotted line)	ee	Institutional trustee			Highest compensated employee							
(4 5)							be							
(15)			-											
(16)														
(10)			-											
(17)														
S			1											
(18)														
(19)														
(20)			-											
(0.1)														
(21)			-											
(22)														
(22)			-											
(23)														
()			-											
(24)														
<u></u>			1											
(25)														
1b	Subtotal				•				60,000.		0.			0.
С	Total from continuation sheets to Part	VII, Sectio	n A			•	•							
d	Total (add lines 1b and 1c)				•	•			60,000.		0.			0.
2	Total number of individuals (including but		d to th	iose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of		
	reportable compensation from the organ	zation												
•	Did the eventiation list and former	ficer div		<b>.</b>		- 1			laviaa ay biahaa				Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> of								loyee, or highes	-		0		
4	For any individual listed on line 1a, is the											3		×
-	organization and related organizations													
	individual							., 				4		×
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m anv	, un	related organizat	tion or ind	dividual			^
Ū	for services rendered to the organization								, ,			5		×
Secti	on B. Independent Contractors								,					
1	Complete this table for your five high	nest comp	ensat	ed	inde	epei	ndent	СС	ontractors that r	eceived	more t	han \$*	100,00	00 of
	compensation from the organization. Rep													
	(A)								(B)			(C)		
	Name and business add	ress							Description of serv	/ices	0	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 >										

Part VIII Statement of Revenue Check if Schedule O contain

Pari	: VIII	Statement of Revenue			u line in this De	١١١/ ٩٠٠		
		Check if Schedule O contai	ins a respon	se or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b	Federated campaigns Membership dues	1b					Sections 512-514
An G	c	Fundraising events						
Gift lar	d e	Related organizations Government grants (contribu						
)s, ( Simi	f	All other contributions, gifts,						
er S		and similar amounts not included		747,478.				
ofh Ofh	g	Noncash contributions includ						
ont		lines 1a-1f	- 3					
0 @	h	Total. Add lines 1a-1f		<b>&gt;</b> Business Code	747,478.			
e	2a			Busiliess Code				
Program Service Revenue	b							
n Se	с							
jram Ser Revenue	d							
Бол	e							
ā	f g	All other program service rev <b>Total.</b> Add lines 2a–2f						
	3	Investment income (includir						
		other similar amounts)			30,643.	0.	0.	30,643.
	4	Income from investment of ta						
	5	Royalties						
	6a	Gross rents 6a	(i) Real	(ii) Personal				
	b	Less: rental expenses <b>6b</b>						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss)		🕨				
	7a		(i) Securities	(ii) Other				
		sales of assets other than inventory <b>7</b> a						
đ	ь	other than inventory <b>7a</b> Less: cost or other basis						
venue		and sales expenses . 7b						
	с	Gain or (loss) 7c						
л В	d	• • •		🕨				
Other Re	8a	Gross income from fundra events (not including \$ of contributions reported on 1c). See Part IV, line 18 .	n line					
	b	Less: direct expenses						
		Net income or (loss) from fur		nts 🕨				
	9a	Gross income from ga	<u> </u>					
	_	activities. See Part IV, line 19						
		Less: direct expenses		<u> </u>				
		Net income or (loss) from gai Gross sales of inventory,		s 🕨				
			· · 10a					
	b	Less: cost of goods sold .						
	С	Net income or (loss) from sal	les of invento	ry 🕨				
sn				Business Code				
oer Nue	11a							
scellaneo Revenue	b c							
Miscellaneous Revenue	d	All other revenue						
Σ	e	Total. Add lines 11a–11d .		🕨				
	12	Total revenue. See instruction		🕨	778,121.	0.	0.	30,643.
				REV 07/25/22				Earm <b>000</b> (2021)

	Statement of Functional Expenses				Page <b>10</b>
	on 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All	other organizations	must complete colur	mn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	577,313.	577,313.	<u> </u>	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	60,000.	19,800.	19,800.	20,400.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	13,992.	4,617.	4,617.	4,758.
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes	2,877.	949.	949.	979.
a b		1,476.	0.	1,476.	0.
c		4,100.	0.	4,100.	0.
d		1,1001		1,1001	
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	8,383.	2,515.	1,676.	4,192.
13	Office expenses	9,613.	4,108.	5,480.	25.
14	Information technology	4,531.	1,495.	1,495.	1,541.
15	Royalties				
16	Occupancy	4,000.	4,000.	0.	0.
17 18	Travel				
19 20	Conferences, conventions, and meetings	2,019.	2,019.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0.	0.	0.	0.
23	Insurance	2,903.	0.	2,903.	0.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	702.	0.	702.	0.
b					
С С					
d e	All other expenses				
25	All other expenses	691,909.	616,816.	43,198.	31,895.
25	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 ► □ if following SOP 98-2 (ASC 958-720)	UJL, 9UJ.	010,010.	43,190.	31,033.

Form 990 (2021)

Р	art X				
		Check if Schedule O contains a response or note to any line in this Par	<b>(A)</b> Beginning of year	· · ·	
	1	Cash-non-interest-bearing	164,043.	1	220,153.
	2	Savings and temporary cash investments	195,856.	2	209,892.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation		10c	
	11	Investments – publicly traded securities	390,119.	11	406,270.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	28,535.	15	28,535.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	778,553.	16	864,850.
	17	Accounts payable and accrued expenses	305.	17	390.
	18	Grants payable		18	
	19			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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	305.	26	390.
nces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	775,198.	27	861,410.
Ä	28	Net assets with donor restrictions	3,050.	28	3,050.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
∍t ⊅	32	Total net assets or fund balances	778,248.	32	864,460.
Ž	33	Total liabilities and net assets/fund balances	778,553.	33	864,850.

REV 07/25/22 PRO

Form **990** (2021)

orm 99	00 (2021)				Pa	ge <b>12</b>	
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		77	8,1	21.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		69	1,9	09.	
3	Revenue less expenses. Subtract line 2 from line 1	3			6,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		86	4,4	60.	
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 X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	on				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a		×	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2	2b	×		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	ו a				
	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 ov	ersight	t of				
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	. 2	2c	×		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in <sup>.</sup>	the				
	Single Audit Act and OMB Circular A-133?		.  з	Ba		×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits	. 3	8b			
	REV 07/25/22 PRO			Form	990	(2021)	
	REV 07/25/22 PRO			Form	9	90	

STUF UNITED FUND INC	32-020338
Form 990: Return of Organization Exempt from Income Tax Part III: Line 4d (continued)	Continuation Statemen
(Code: ) (Expenses \$5,092 including grants of \$5,092) (Revenue \$5,092)	Continuation Statemen
SPECIAL PROJECTS: To strengthen communities through	
specific suport programs and training.	
(Code: ) (Expenses \$50,000 including grants of \$50,000) (Revenue \$50,000	))
Special project with MoU to be signed with JCI India	
for COVID-19 Oxygen Concentrators donation	
(Code: ) (Expenses \$23,400 including grants of \$23,400) (Revenue \$23,400	))
Indonesia COVID-19 Relief Project	,
(Code: ) (Expenses \$15,317 including grants of \$15,317) (Revenue \$15,317	7)
Designated Donation for Russia Philanthropy Project	-

SCHEDULE A (Form 990)

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

OMB No. 1545-0047 2021

•	•	
	rtment of the al Revenue	

(E) Total 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.

n

	Open to Public					
	Inspection					
identification number						

Name	or the	organization	

Name	of the organization					Employer identification	number		
STU	F UNITED FUND INC					32-0203388			
Par	t I Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	part.) See instruction	ons.		
The o	organization is not a private found	ation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)			
1	A church, convention of church	hes, or associati	on of churches descri	bed in <b>se</b>	ction 17	0(b)(1)(A)(i).			
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990).	.)				
3	$\square$ A hospital or a cooperative ho			-		)(A)(iii).			
4	A medical research organizati						iii). Enter the		
-	hospital's name, city, and stat	•	, ,						
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 gover	mment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).			
7	An organization that normally described in section 170(b)(1			port from	a gover	nmental unit or from	the general public		
8	A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	An agricultural research organ or university or a non-land-gra university:								
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu it income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a e (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> /3% of its		
11	An organization organized and	d operated exclus	sively to test for public	c safety. S	See <b>sect</b> i	ion 509(a)(4).			
12	An organization organized and	operated exclusi	vely for the benefit of,	to perfori	m the fun	ctions of, or to carry	out the purposes of		
	one or more publicly supporte	d organizations d	escribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	on 509(a)(3). Check		
	the box on lines 12a through 1	2d that describes	the type of supporting	g organiza	tion and	complete lines 12e,	12f, and 12g.		
а	<b>Type I.</b> A supporting organization supporting organization supporting organization.	n(s) the power to	regularly appoint or e	lect a ma	jority of t				
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same					
С	Type III functionally integrits supported organization						ally integrated with,		
d	Type III non-functionally that is not functionally inter requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an			
е	Check this box if the organ	,	•						
0	functionally integrated, or						, туре ш		
f	Enter the number of supported		lionally integrated ear	sporting c	gamzat				
g	Provide the following information	-	orted organization(s)						
9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
	() Hand of Supported organization		(described on lines 1–10 above (see instructions))	listed in you docur	r governing	support (see instructions)	other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									

Schedu	le A (Form 990) 2021						Page <b>2</b>
Part	II Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	e box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support			/1		,	
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4						
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here	organization		l, third, fourth,	or fifth tax ye		
Secti	on C. Computation of Public Suppor	t Percentag	je				
14 15 16a	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2021.</b> If the organi box and <b>stop here.</b> The organization qual	nedule A, Part zation did not	II, line 14 . check the box	 x on line 13, a	 nd line 14 is 3		
b	<b>331</b> /3% <b>support test—2020.</b> If the organization this box and <b>stop here.</b> The organization						
17a	<b>10%-facts-and-circumstances test</b> — <b>20</b> 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts	s-and-circumst	ances test, ch st. The organiz	eck this box a	and stop here	. Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa facts-and-ci	acts-and-circu	mstances test, est. The organ	, check this bo	ox and <b>stop he</b>	<b>re.</b> Explain
18	<b>Private foundation.</b> If the organization of instructions	did not check	a box on line	e 13, 16a, 16b			

### 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			,		,	
-	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,211,226.	785,431.	367,602.	734,850.	747 478	3,846,587.
2	Gross receipts from admissions, merchandise	1,211,220.	,00,101.	507,002.	,31,030.	, , , , , , , , , , , , , , , , , , , ,	
	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						
Ū	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						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1,211,226.	785,431.	367,602.	734,850.	747,478	. 3,846,587.
7a	Amounts included on lines 1, 2, and 3		,00,1011		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1, 1, 1, 0,	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						3,846,587.
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	1,211,226.	785,431.	367,602.	734,850.	747,478	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	12,823.	17,074.	24,455.	22,151.		76,503.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	12,823.	17,074.	24,455.	22,151.		76,503.
11	Net income from unrelated business						
	activities not included on 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.)	1,224,049.	802,505.	392,057.	757,001.	747,478	3,923,090.
14	First 5 years. If the Form 990 is for the	-			•		
	organization, check this box and stop he						🕨 🗌
	on C. Computation of Public Suppo						
15	Public support percentage for 2021 (line						98.05 %
16	Public support percentage from 2020 Sc					16	98.28 %
	on D. Computation of Investment In		-		(0)	4-	01
17	Investment income percentage for 2021	•		•	( ))		1.95 %
18	Investment income percentage from <b>202</b>						<u>1.72 %</u>
19a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> - <b>2021.</b> If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	<b>331</b> /3% <b>support tests</b> -2020. If the organize line 18 is not more than 331/3%, check this						
00			-	-			
20	Private foundation. If the organization d			, 19a, or 19b, c	CHECK THIS DOX		
		RE\	/ 07/25/22 PRO			Schedule	A (Form 990) 2021

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **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 line 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 B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

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).

### 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 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
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		<u> </u>		

Schedule A (Form 990) 2021

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

REV 07/25/22 PRO

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted 2		
3	Administrative expenses paid to accomplish exempt purp	nizations 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	VI) 5	
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	ponsive 8		
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1(	)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI.</b></i> See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

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Schedule A (Form 990) 2021

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

Department of the Treasury

Internal Revenue Service

## **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. *.*\_\_ ..... 000 ( . ... mation.

2021 **Open to Public** Inspection

OMB No. 1545-0047

Go to ww	w.irs.gov/F	orm990 fc	or instructio	ns and the	atest info	r
						_

Name o	f the organization		Employer identification number
	F UNITED FUND INC		32-0203388
Par			Is or Accounts.
	Complete if the organization answered "		1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		-
6	Did the organization inform all grantees, donors, ar		
0	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		
Par			
Par	Complete if the organization answered "	Vos" on Form 000 Part IV line 7	
	Purpose(s) of conservation easements held by the c		
1	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Protection of natural nabitat     Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	Id a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►	-	
4	Number of states where property subject to conserv	vation easement is located >	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas	sements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	►\$		
8	Does each conservation easement reported on line 2		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports c		
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easement		lincial statements that describes the
Part			Other Similar Acceta
Paru	III Organizations Maintaining Collections Complete if the organization answered "		other Similar Assets.
10	If the organization elected, as permitted under FAS		a statement and balance sheet works
Id	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		· · · · · · · · · · · · · · · · · · ·
			► \$
	(ii) Assets included in Form 990. Part X		· · · ► \$
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X $\ldots$ . If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	ASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 .		► \$
b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		► \$

Schedu	le D (Form 990) 2021								Page <b>2</b>
Part	III Organizations Maintaining	<b>Collections of</b>	Art, Histo	rical T	reasures	, or O	ther Similar A	ssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		ther record	s, checl	k any of th	e follov	ving that make	significant	use of its
а	Public exhibition		d 🗌	Loan d	or exchang	e proa	ram		
b	Scholarly research		e [		-				
С	Preservation for future generations	6							
4	Provide a description of the organizat XIII.		and explair	n how th	ney further	the org	ganization's exe	empt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.		" on Form	990, F	Part IV, line	e 9, or	reported an a	mount on l	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Pa								
	······································							Amount	
с	Beginning balance					10	;		
d	Additions during the year					10			
e	Distributions during the year					16			
f	Ending balance					11	F		
2a	Did the organization include an amou					ustodia	l account liabili	ty? 🗌 Yes	No
b	If "Yes," explain the arrangement in Pa							-	
Par						,			
	Complete if the organization	answered "Yes	" on Form	990, F	Part IV, line	e 10.			
		(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three years ba	ick <b>(e)</b> Four y	ears 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	the current year er	nd balance	(line 1g,	, column (a	)) held	as:		
а	Board designated or quasi-endowmen	nt 🕨	%						
b	Permanent endowment	%							
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the	e possession of t	he organiza	tion tha	at are held	and ad	Iministered for	the	
	organization by:							Y	'es No
	(i) Unrelated organizations							. 3a(i)	
	()							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							. 3b	
4	Describe in Part XIII the intended uses		on's endow	ment fu	ınds.				
Part									
	Complete if the organization							), Part X, lir	ne 10.
	Description of property	(a) Cost or o (investr			r other basis :her)		Accumulated epreciation	<b>(d)</b> Book	value
<b>1</b> a	Land								
b	Buildings	·							
С	Leasehold improvements	·							
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X,	column	(B), line 10	)c.) .	►		

#### Investments-Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (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. (b) Book value (a) Description of investment (c) Method of valuation: 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. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ► . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2021

Schedu	e D (Form 990) 2021				Page <b>4</b>
Part				Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part I\	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	778,121.
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 <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>	· · .		3	778,121.
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 <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	778,121.
Part				er Returi	າ.
	Complete if the organization answered "Yes" on Form 990, I	Part I\	/, line 12a.		
1	Total expenses and losses per audited financial statements			1	691,909.
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		1	
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	691,909.
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			
	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	691,909.
Part					
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Schedule D (Fo	Schedule D (Form 990) 2021 Page 5				
Part XIII	Supplemental Information (continued)				

SCHEDULE F (Form 990) Statement of Activities Outside the United States		,	OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	16.	20 Open to Inspection	Public
Name of the organization		Employe	er identificatior	number
STUF UNITED FU	ND INC	32-02	203388	
	I Information on Activities Outside the United States. Complete if the orga D, Part IV, line 14b.	inizatior	n answered	"Yes" on
other assistar	<b>Kers.</b> Does the organization maintain records to substantiate the amount of its grance, the grantees' eligibility for the grants or assistance, and the selection criteria ints or assistance?	used t	o	🗌 No
2 For grantmal outside the Ur	<b>Gers.</b> Describe in Part V the organization's procedures for monitoring the use of its nited States.	grants a	and other as	ssistance

### **3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

3 Activities per Region. (The fo	3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)				
<b>(a)</b> Region	<b>(b)</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 recipien located in the region)	a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1) Sub-Saharan Africa	0	0	program services	Health & Education Services	10,481.
(2) East Asia and Pacific	0	0	Program services	Health Education & Check up	393,366.
(3) South America	0	0	Program services	Latin America poverty relief	10,481.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					414 200
3a Subtotal b Total from continuation sheets to Part I	0	0			414,328.
c Totals (add lines 3a and 3b)	0	0			414,328.

# 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	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	IT DE OUDIICATEO IT a (f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	<b>(i)</b> 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 3	exempt 501(c)	(3) organizatio	n by the IRS, or for v	sted above that are r which the grantee or c ties	ounsel has provid	led a section 501(c)(3	) equivalency letter	🕨	7

REV 07/25/22 PRO

Schedule F (Form 990) 2021

BAA

Part III can be duplicat (a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> 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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
5)							
(6)							
7)							
AA		REV 07/25/22 PRO					nedule F (Form 990)

# 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.

Page 3

chedul	e F (Form 990) 2021		Page
Part	V 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)	Ves	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X 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</i> (see Instructions for Form 8621)	Yes	🗙 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? 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

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REV 07/25/22 PRO

Schedule F (Form 990) 2021

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### 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 L	ine 2:	Grant	s are	given t	o area	ls in	need,	and	grant	ts oi	utside	of the	e US	 
					c	. 1.				. 1.		-	c	
are mo	nitorec	i by w	ritten	report	s iron	the	recei	pient	s on	the	actua	1 usage	e oi	 
the gr	ants.													

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.



Internal Revenue Service Name of the organization

STUF UNITED FUND INC

Department of the Treasury

Employer identification number

32-0203388

#### 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?	X Yes	🗌 No
•			

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.

<b>1</b> (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) TCCNA									
1050 E Southern Ave Ste 5 TEMPE AZ 85282	76-0261821		19,500.				Accident Relief		
(2) Wisdom Culture & Education Organization									
44599 South Grimmer Blvd FREMONT CA 94538	94-3353598		88,926.				Educational		
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li></ul>									

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

REV 07/25/22 PRO Schedule I (Form 990) 2021

Part III	Part III can be duplicated if additional space is needed.										
	(a) Type of grant or assistance	<b>(b)</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 Doubly/	Constant of the second of the	the information of	e au time al time De art I. Lit								
Part IV	Supplemental Information. Provide	the information r	equired in Part I, III	ne 2; Part III, colum	n (b); and any other additi	onal mormation.					
BAA		REV 07/25/22 P	RO			Schedule I (Form 990) 2021					

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Pt III, Line 4d:

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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



32-0203388

STUF UNITED FUND INC 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.

Expenses: \$5,092 including grants of: \$5,092 Revenue: \$5,092

Description: SPECIAL PROJECTS: To strengthen communities through

specific suport programs and training.

for COVID-19 Oxygen Concentrators donation

Expenses: \$50,000 including grants of: \$50,000 Revenue: \$50,000

Description: Special project with MoU to be signed with JCI India

Expenses: \$23,400 including grants of: \$23,400 Revenue: \$23,400

Description: Indonesia COVID-19 Relief Project

Expenses: \$15,317 including grants of: \$15,317 Revenue: \$15,317

Description: Designated Donation for Russia Philanthropy Project