

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF THE SOUTHERN TIER, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>88 EAST TIOGA AVE 102</b> City or town, state or province, country, and ZIP or foreign postal code <b>CORNING, NY 14830</b> <b>F</b> Name and address of principal officer: <b>STEPHEN M. HUGHES</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>** - ***1041</b> <b>E</b> Telephone number <b>(607) 936-3753</b> <b>G</b> Gross receipts \$ <b>6,223,172.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UWST.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1993</b>		<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO UNITE AND PRIORITIZE RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR EVERY PERSON AND FAMILY</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>19</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>19</b> <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>9</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>623</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>3,967,610.</b> <b>Prior Year</b> <b>4,711,016.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>357,401.</b> <b>84,518.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>128,396.</b> <b>122,683.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>4,453,407.</b> <b>4,918,217.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>3,342,579.</b> <b>3,330,296.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>586,342.</b> <b>570,274.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>150,154.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>383,195.</b> <b>462,370.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>4,312,116.</b> <b>4,362,940.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>141,291.</b> <b>555,277.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>6,340,498.</b> <b>Beginning of Current Year</b> <b>6,464,690.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>3,515,895.</b> <b>3,495,307.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>2,824,603.</b> <b>2,969,383.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>STEPHEN M. HUGHES, PRESIDENT &amp; CEO</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTOPHER JOHNSTON</b>	Preparer's signature <b>CHRISTOPHER JOHNSTON</b>	Date <b>11/09/22</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00896198</b>
	Firm's name ▶ <b>EFPR GROUP, CPAS, PLLC</b>	Firm's EIN ▶ <b>** - ***6160</b>		
	Firm's address ▶ <b>8 DENISON PARKWAY E., SUITE 407 CORNING, NY 14830</b>		Phone no. <b>607-962-6891</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO UNITE AND PRIORITIZE RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR EVERY PERSON AND FAMILY IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,330,296. including grants of \$ 3,330,296. ) (Revenue \$ ) CAMPAIGN ALLOCATIONS - UWST ADMINISTERS TWO PRIMARY TYPES OF FUNDING STREAMS TO NONPROFIT ORGANIZATIONS: ALLOCATIONS AND STRATEGIC INVESTMENT FUND GRANTS.

ALLOCATIONS PROVIDE NONPROFIT ORGANIZATIONS WITH PROGRAM FUNDING FOR OPERATIONS, SPECIFICALLY THOSE THAT ALIGN WITH UWST'S MAIN FOCUS AREAS: SOUTHERN TIER KIDS ON TRACK, SOUTHERN TIER SENIOR SUPPORTS, AND SOUTHERN TIER BASIC NEEDS.

- SOUTHERN TIER KIDS ON TRACK TYPICALLY DEFINES FUNDING FOR SERVICES ASSOCIATED WITH AGES BIRTH TO 8 YEARS OLD, INCLUDING EARLY CHILD CARE AND EDUCATION, TARGETED SCHOOL-AGE PROGRAMMING, AND PARENT SUPPORTS FOR

4b (Code: ) (Expenses \$ 191,725. including grants of \$ ) (Revenue \$ ) COMMUNITY INVESTMENT - COMMUNITY INVESTMENT REFLECTS THE COSTS ASSOCIATED WITH CONDUCTING THE ALLOCATION (COMMUNITY INVESTMENT) FUNCTION. ALL PROGRAM INVESTMENTS ARE MADE IN A MATTER CONSISTENT WITH UWST'S FIVE INVESTMENT VALUES. THESE VALUES CONSIDER CLIENT NEED, PROGRAM RESULTS, FOCUSED ALIGNMENT WITH OUR STRATEGIC INTENT, EFFECTIVE USE OF RESOURCES, AND CONTINUOUS LEARNING AND IMPROVEMENT. ULTIMATE AUTHORITY FOR ALL PROGRAM INVESTMENTS RESTS WITH THE UWST BOARD OF DIRECTORS, THESE INVESTMENTS ARE MADE TO QUALIFIED ORGANIZATIONS BASED ON DEMONSTRATION OF STRONG PERFORMANCE IN EACH OF THE FIVE VALUE AREAS.

4c (Code: ) (Expenses \$ 85,405. including grants of \$ ) (Revenue \$ ) COMMUNITY BUILDING - COMMUNITY BUILDING REFLECTS THE COSTS ASSOCIATED WITH COLLECTIVE COMMUNITY EFFORTS TO RESPOND TO SOCIAL ISSUES.

COMMUNITY BUILDING IS ABOUT AUTHENTIC RELATIONSHIPS TO COLLECTIVELY SOLVE SOCIAL ISSUES. IT BRINGS TOGETHER PEOPLE FROM THE COMMUNITY, GOVERNMENT, BUSINESS, ACADEMIA, NON-PROFITS, THE FAITH COMMUNITY AND OTHERS TO IDENTIFY AND TAKE STEPS TOWARDS SOLUTIONS TO ISSUES AFFECTING THEIR COMMUNITIES. UWST IS ENGAGED SPECIFICALLY IN A "COLLECTIVE IMPACT" FRAMEWORK, SERVING IN A BACKBONE CAPACITY, COORDINATING THESE COMMUNITY CHANGE EFFORTS.

THIS WORK INCLUDES:

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,607,426.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

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 [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 19		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 19		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 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 **STEPHEN M. HUGHES - 607-377-5828**  
**88 EAST TIOGA AVE, SUITE 102, CORNING, NY 14830**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN HUGHES PRESIDENT & CEO	40.00			X			108,397.	0.	14,182.	
(2) LISA GILL DIR OF FINANCE & ADM (END. AUG 2021)	40.00			X			50,991.	0.	4,349.	
(3) MICHELLE DUNDAS DIR OF FINANCE & ADM (BEG. NOV 2021)	40.00			X			7,547.	0.	0.	
(4) MARTIN CURRAN CHAIR	1.00	X		X			0.	0.	0.	
(5) DAVID WALKER CHAIR-ELECT	1.00	X		X			0.	0.	0.	
(6) HILLARY AUSTIN IMMEDIATE PAST-CHAIR	1.00	X		X			0.	0.	0.	
(7) MICHAEL BURNS TREASURER	1.00	X		X			0.	0.	0.	
(8) MARY MEISNER SECRETARY	1.00	X		X			0.	0.	0.	
(9) ROBERT STANTON DIRECTOR	1.00	X					0.	0.	0.	
(10) JULIE MONAHAN DIRECTOR	1.00	X					0.	0.	0.	
(11) MARK CLARK DIRECTOR	1.00	X					0.	0.	0.	
(12) IAN HARROP DIRECTOR	1.00	X					0.	0.	0.	
(13) ANNE WELLSIVER-HARTSING DIRECTOR	1.00	X					0.	0.	0.	
(14) JUDY MCINTOSH DIRECTOR	1.00	X					0.	0.	0.	
(15) DR. WILLIAM POCHAL DIRECTOR	1.00	X					0.	0.	0.	
(16) JOLIE MCCARTHY DIRECTOR	1.00	X					0.	0.	0.	
(17) JOSHUA BEZIO DIRECTOR	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AVERY NELSON III DIRECTOR	1.00	X						0.	0.	0.
(19) MONICA RIDOSH DIRECTOR	1.00	X						0.	0.	0.
(20) NATE PIZZINI DIRECTOR	1.00	X						0.	0.	0.
(21) KATIE CERVONI DIRECTOR	1.00	X						0.	0.	0.
(22) WARREN ROMAN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								166,935.	0.	18,531.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								166,935.	0.	18,531.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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 **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	3,778,905.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	97,585.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	834,526.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			4,711,016.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		105,295.	105,295.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	834.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	834.				
	<b>d</b> Net rental income or (loss) .....			834.		834.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	1,268,753.	3,475.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,293,005.	0.			
<b>c</b> Gain or (loss) .....	<b>7c</b>	-24,252.	3,475.				
<b>d</b> Net gain or (loss) .....			-20,777.	-24,252.	3,475.		
<b>8 a</b> Gross income from fundraising events (not including \$ 97,585. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	11,950.					
<b>c</b> Net income or (loss) from fundraising events .....			-11,950.		-11,950.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	133,799.	133,799.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			133,799.			
<b>12 Total revenue.</b> See instructions .....			4,918,217.	214,842.	0.	-7,641.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,330,296.	3,330,296.		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	185,466.	38,364.	118,188.	28,914.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	301,392.	62,080.	190,682.	48,630.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	41,585.	8,930.	28,214.	4,441.
10 Payroll taxes	41,831.	8,769.	26,935.	6,127.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,813.		713.	12,100.
12 Advertising and promotion	18,711.	3,780.	412.	14,519.
13 Office expenses	8,804.	1,237.	5,957.	1,610.
14 Information technology				
15 Royalties				
16 Occupancy	57,958.	9,314.	41,348.	7,296.
17 Travel	785.	114.	303.	368.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,585.	98.	2,612.	12,875.
20 Interest				
21 Payments to affiliates	64,160.	3,420.	58,061.	2,679.
22 Depreciation, depletion, and amortization	9,376.	1,779.	6,203.	1,394.
23 Insurance	6,506.	1,075.	4,589.	842.
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.)				
a <b>STRATEGY-ALIGNED EXPENS</b>	134,912.	134,912.		
b <b>TEMPORARY SERVICES</b>	79,637.		79,637.	
c <b>LEASES AND SOFTWARE MAI</b>	34,160.	2,378.	29,775.	2,007.
d <b>MISCELLANEOUS</b>	18,963.	880.	11,731.	6,352.
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,362,940.	3,607,426.	605,360.	150,154.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	238,737.	<b>1</b>	297,056.
	<b>2</b> Savings and temporary cash investments .....	462,115.	<b>2</b>	302,268.
	<b>3</b> Pledges and grants receivable, net .....	1,786,686.	<b>3</b>	1,747,837.
	<b>4</b> Accounts receivable, net .....	293.	<b>4</b>	3,475.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	23,986.	<b>9</b>	26,168.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 127,865.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 113,581.	13,743.	<b>10c</b> 14,284.
	<b>11</b> Investments - publicly traded securities .....	3,814,938.	<b>11</b>	4,073,602.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	6,340,498.	<b>16</b>	6,464,690.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	44,767.	<b>17</b>	51,374.
	<b>18</b> Grants payable .....	2,627,755.	<b>18</b>	2,509,363.
	<b>19</b> Deferred revenue .....	12,972.	<b>19</b>	25,860.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	830,401.	<b>25</b>	908,710.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,515,895.	<b>26</b>	3,495,307.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,398,374.	<b>27</b>	1,742,126.
	<b>28</b> Net assets with donor restrictions .....	426,229.	<b>28</b>	1,227,257.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,824,603.	<b>32</b>	2,969,383.
<b>33</b> Total liabilities and net assets/fund balances .....	6,340,498.	<b>33</b>	6,464,690.	

**Part 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	4,918,217.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,362,940.
3	Revenue less expenses. Subtract line 2 from line 1	3	555,277.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,824,603.
5	Net unrealized gains (losses) on investments	5	-410,497.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,969,383.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,038,966.	4,004,060.	4,319,083.	3,967,610.	4,613,431.	20,943,150.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	4,038,966.	4,004,060.	4,319,083.	3,967,610.	4,613,431.	20,943,150.
<b>5</b> 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) .....						2,308,439.
<b>6 Public support.</b> Subtract line 5 from line 4.						18,634,711.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	4,038,966.	4,004,060.	4,319,083.	3,967,610.	4,613,431.	20,943,150.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	60,909.	62,104.	56,745.	63,853.	106,129.	349,740.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	161,742.	171,967.	190,903.	126,729.	133,799.	785,140.
<b>11 Total support.</b> Add lines 7 through 10						22,078,030.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	84.40 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	84.22 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> 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: \$		
a	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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 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.)

Lined area for supplemental information with a large diagonal 'COPY' watermark.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

Employer identification number

\*\* - \*\*\*1041

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>UNITED WAY OF THE SOUTHERN TIER, INC.</b>	Employer identification number  <b>** - ***1041</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>560,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF THE SOUTHERN TIER, INC.</b>	Employer identification number  <b>** - ***1041</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>UNITED WAY OF THE SOUTHERN TIER, INC.</b>	Employer identification number  <b>** - ***1041</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF THE SOUTHERN TIER, INC. Employer identification number \*\* - \*\*\* 1041

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	318,010.	318,010.	318,010.	318,010.	318,010.
b Contributions					
c Net investment earnings, gains, and losses	-19,751.	49,921.	-16,930.	21,988.	9,240.
d Grants or scholarships					
e Other expenditures for facilities and programs	-19,751.	49,921.	-16,930.	21,988.	9,240.
f Administrative expenses					
g End of year balance	318,010.	318,010.	318,010.	318,010.	318,010.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.0000 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		127,865.	113,581.	14,284.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>14,284.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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) <b>DUE TO OTHER AGENCIES</b>	<b>908,710.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>908,710.</b>

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...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,095,766.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-410,497.	
b	Donated services and use of facilities	2b	18,167.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-392,330.	
3	Subtract line 2e from line 1	3	4,488,096.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	430,121.	
c	Add lines 4a and 4b	4c	430,121.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,918,217.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,950,986.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	18,167.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	18,167.	
3	Subtract line 2e from line 1	3	3,932,819.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	430,121.	
c	Add lines 4a and 4b	4c	430,121.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,362,940.	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE INTENDED USE OF THE NET INVESTMENT EARNINGS, GAINS AND LOSSES FROM THE ENDOWMENT FUND IS TO SUPPORT THE AGENCY'S OPERATING EXPENSES.

**PART X, LINE 2:**

INCOME TAXES - UWST IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE UWST'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

IN ACCORDANCE WITH ASC 740-10-50, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, UWST RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY

**Part XIII** Supplemental Information (continued)

IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT UWST IS CURRENTLY OPERATING IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE. THEREFORE, NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS HAS BEEN INCLUDED ON THE UWST'S FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN DESIGNATIONS 430,121.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN DESIGNATIONS 430,121.

PART XII AND XIII, LINE 4B:

LINE 4B IN PART XII AND XIII ARE CAMPAIGN FUND DESIGNATIONS. THE SUPPORT RECEIVED IS IMMEDIATELY DISBURSED, DUE TO THE FACT THAT IT IS DISTRIBUTED TO THE DESIGNATIONS ASSIGNED BY THE DONOR. IT IS THEREFORE RECOGNIZED AS A REVENUE AND AN EXPENSE IN SECTION VIII OF THE IRS FORM 990. THESE FUNDS ARE RECOGNIZED AS AN ASSET AND A CORRESPONDING LIABILITY IN THE AUDITED FINANCIAL STATEMENTS OF THE AGENCY.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TOUR DE KEUKA		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	97,585.		97,585.
	2	Less: Contributions	97,585.		97,585.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	11,950.		11,950.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			11,950.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-11,950.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF THE SOUTHERN TIER, INC.** Employer identification number **\*\* - \*\*\* 1041**

**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?  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.

1 (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
ADDISON CENTRAL SCHOOL 7 CLEVELAND DRIVE ADDISON, NY 14801	** - *** 1452	501(C)(3)	10,523.	0.			PROGRAM FUNDING
ARBOR HOUSING AND DEVELOPMENT 26 BRIDGE STREET CORNING, NY 14830	** - *** 6737	501(C)(3)	71,496.	0.			PROGRAM FUNDING
CASA OF THE SOUTHERN TIER, INC. PO BOX 778 CORNING, NY 14830	** - *** 4339	501(C)(3)	15,083.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF CHEMUNG COUNTY - 215 EAST CHURCH ST, SUITE 101 - ELMIRA, NY 14901	** - *** 8548	501(C)(3)	157,576.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF STEUBEN COUNTY - 23 LIBERTY STREET - BATH, NY 14810	** - *** 5481	501(C)(3)	182,798.	0.			PROGRAM FUNDING
CORNELL COOPERATIVE EXTENSION OF CHEMUNG COUNTY - 425 PENNSYLVANIA AVENUE - ELMIRA, NY 14904	** - *** 2875	501(C)(3)	25,955.	0.			PROGRAM FUNDING

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **56.**

**3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
LEGAL ASSISTANCE OF WESTERN NEW YORK, INC. - 215 EAST CHURCH ST, SUITE 301 - ELMIRA, NY 14901	**_***5954	501(C)(3)	28,594.	0.			PROGRAM FUNDING
CHEMUNG COUNTY YOUTH BUREAU 599 HARRIS HILL ROAD ELMIRA, NY 14903	**_***2557	170(C)(1)	8,283.	0.			PROGRAM FUNDING
CIDS 161 SULLIVAN STREET ELMIRA, NY 14901	**_***6008	501(C)(3)	168,988.	0.			PROGRAM FUNDING
CORNELL COOPERATIVE EXTENSION OF STEUBEN COUNTY - 3 PULTENEY SQUARE - BATH, NY 14810	**_***2895	501(C)(3)	17,253.	0.			PROGRAM FUNDING
CORNING MEALS ON WHEELS INC. 144 CEDAR STREET CORNING, NY 14830	**_***2403	501(C)(3)	73,782.	0.			PROGRAM FUNDING
ECONOMIC OPPORTUNITY PROGRAM 650 BALDWIN STREET ELMIRA, NY 14901	**_***6941	501(C)(3)	66,608.	0.			PROGRAM FUNDING
FAITH IN ACTION STEUBEN COUNTY PO BOX 117 HORSELL, NY 14843	**_***1317	501(C)(3)	40,006.	0.			PROGRAM FUNDING
FAMILY READING PARTNERSHIP PO BOX 3493 ELMIRA, NY 14905	**_***4184	501(C)(3)	7,665.	0.			PROGRAM FUNDING
FAMILY SERVICE SOCIETY, INC. 280 PRINCETON AVENUE EXTENSION CORNING, NY 14830	**_***3189	501(C)(3)	270,571.	0.			PROGRAM FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES OF CHEMUNG COUNTY, INC. - 1019 EAST WATER STREET - ELMIRA, NY 14901	**-***3995	501(C)(3)	83,097.	0.			PROGRAM FUNDING
FRIENDS OF THE ADDISON YOUTH CENTER - 21 COMMUNITY DRIVE - ADDISON, NY 14801	**-***4204	501(C)(3)	17,016.	0.			PROGRAM FUNDING
GIRL SCOUTS OF NYPENN PATHWAYS, INC. - 8170 THOMPSON ROAD - CICERO, NY 13039	**-***4808	501(C)(3)	43,645.	0.			PROGRAM FUNDING
HOME & HEALTH CARE SERVICES, INC. 82 MAIN STREET, 3RD FLOOR HORNELL, NY 14843	**-***1756	501(C)(3)	89,095.	0.			PROGRAM FUNDING
HORNELL AREA CONCERN FOR YOUTH, INC. - 76 EAST MAIN STREET - HORNELL, NY 14843	**-***0573	501(C)(3)	13,037.	0.			PROGRAM FUNDING
HORNELL CHILDREN'S HOME 233 MAIN STREET HORNELL, NY 14843	**-***4346	501(C)(3)	17,126.	0.			PROGRAM FUNDING
INSTITUTE FOR HUMAN SERVICES 6666 COUNTY ROUTE 11, SUITE 2 BATH, NY 14810	**-***2824	501(C)(3)	73,557.	0.			PROGRAM FUNDING
MEALS ON WHEELS OF CHEMUNG COUNTY INC. - 150 FOX STREET - ELMIRA, NY 14901	**-***3247	501(C)(3)	62,998.	0.			PROGRAM FUNDING
PRO ACTION OF STEUBEN AND YATES, INC. - 117 EAST STEUBEN STREET - BATH, NY 14810	**-***4512	501(C)(3)	589,099.	0.			PROGRAM FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - ELMIRA 414 LAKE STREET ELMIRA, NY 14901	**_***2351	501(C)(3)	65,299.	0.			PROGRAM FUNDING
THE SALVATION ARMY (OF STEUBEN COUNTY) - 32 DENISON PARKWAY - CORNING, NY 14830	**_***2351	501(C)(3)	152,998.	0.			PROGRAM FUNDING
SOUTHSIDE COMMUNITY CENTER 215 PARTRIDGE STREET ELMIRA, NY 14904	**_***1957	501(C)(3)	9,162.	0.			PROGRAM FUNDING
BOY SCOUTS FIVE RIVERS COUNCIL, INC. - 3300 CHAMBERS RD, STE 5190 - HORSEHEADS, NY 14845	**_***1969	501(C)(3)	48,745.	0.			PROGRAM FUNDING
STEUBEN COUNTY OFFICE FOR AGING 3 EAST PULTENEY SQUARE BATH, NY 14810	**_***2567	170(C)(1)	59,680.	0.			PROGRAM FUNDING
ALL SAINTS ACADEMY 158 STATE STREET CORNING, NY 14830	**_***4298	501(C)(3)	9,051.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALTERNATIVE SCHOOL FOR MATH AND SCIENCE - PO BOX 114 - CORNING, NY 14830	**_***0204	501(C)(3)	8,457.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES OF CHEMUNG SCHUYLER - 215 E. CHURCH STREET - ELMIRA, NY 14901	**_***8548	501(C)(3)	10,821.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER - 23 LIBERTY STREET - BATH, NY 14810	**_***3416	501(C)(3)	10,083.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CHEMUNG COUNTY HUMANE SOCIETY AND SPCA - 2435 STATE ROUTE 352 - ELMIRA, NY 14903	**-***3999	501(C)(3)	6,788.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHEMUNG VALLEY MONTESSORI SCHOOL 23 WINTERS ROAD ELMIRA, NY 14903	**-***9566	501(C)(3)	5,657.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CORNING DAY PROGRAMS D/B/A CORNING CHILDREN'S CENTER - 107 ARTHUR STREET - CORNING, NY 14830	**-***1362	501(C)(3)	10,350.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CORNING MEALS ON WHEELS INC. 144 CEDAR STREET CORNING, NY 14830	**-***2403	501(C)(3)	17,204.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY SERVICE SOCIETY, INC. 280 PRINCETON AVENUE EXTENSION CORNING, NY 14830	**-***3189	501(C)(3)	9,101.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS FIVE RIVERS COUNCIL, INC. - 244 WEST WATER STREET, STE 10 - ELMIRA, NY 14901	**-***1969	501(C)(3)	12,896.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	**-***8059	501(C)(3)	15,223.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDS OF THE ADDISON YOUTH CENTER, INC. - 21 COMMUNITY DRIVE - ADDISON, NY 14801	**-***4204	501(C)(3)	6,495.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MEALS ON WHEELS OF CHEMUNG COUNTY INC. - 409 WILLIAM STREET - ELMIRA, NY 14901	**-***3247	501(C)(3)	10,904.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

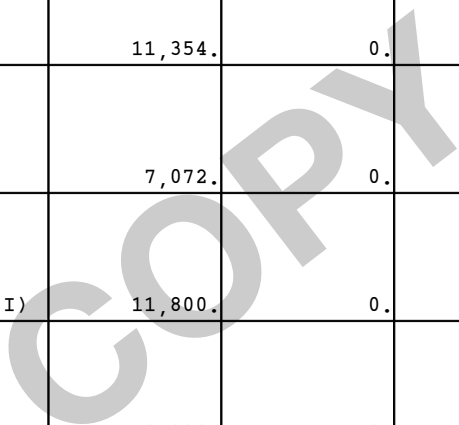
**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES - 620 WEST SENECA STREET - ITHACA, NY 14850	**-***3368	501(C)(3)	14,729.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SALVATION ARMY 32 DENISON PARKWAY EAST CORNING, NY 14830	**-***2351	501(C)(3)	7,406.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF SCHUYLER COUNTY PO BOX 270 WATKINS GLEN, NY 14891	**-***7958	501(C)(3)	7,995.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DSS CHEMUNG FOR SOUTHSIDE COMMUNITY CENTER - 425 PENNSYLVANIA AVENUE - ELMIRA, NY 14904	**-***2557	170(C)(1)	10,000.	0.			PROGRAM FUNDING
ECONOMIC OPPORTUNITY PROGRAM 650 BALDWIN STREET ELMIRA, NY 14901	**-***6941	501(C)(3)	6,110.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHEMUNG COUNTY CHILD CARE COUNCIL 1580 LAKE STREET, SUITE 200 ELMIRA, NY 14901	**-***8600	501(C)(3)	43,115.	0.			PROGRAM FUNDING
NONNIE HOOD PARENT RESOURCE CENTER 300 CIVIC CENTER PLAZA #210 CORNING, NY 14830	**-***5533	501(C)(3)	27,629.	0.			PROGRAM FUNDING
HUMAN SERVICE DEVELOPMENT PO BOX 97 CORNING, NY 14830			35,894.	0.			PROGRAM FUNDING
THE AMERICAN RED CROSS, FINGER LAKES CHAPTER - 11371 LPG A DRIVE - CORNING, NY 14830		501(C)(3)	27,486.	0.			PROGRAM FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

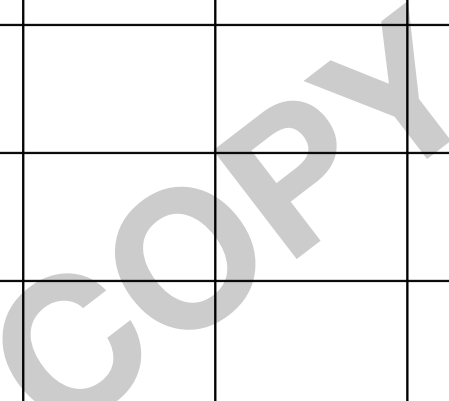
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNING COMFORT CARE, INC PO BOX 965 CORNING, NY 14830	**-***8973	501(C)(3)	31,731.	0.			PROGRAM FUNDING
NEIGHBORHOOD TRANSFORMATION CENTER, INC - 314 W CHURCH ST - ELMIRA, NY 14901	**-***3364	501(C)(3)	11,354.	0.			PROGRAM FUNDING
NOTRE DAME HIGH SCHOOL 1400 MAPLE AVENUE ELMIRA, NY 14904	**-***1040	501(C)(3)	7,072.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. MARY OUR MOTHER SCHOOL 816 WEST BROAD STREET HORSEHEADS, NY 14845	**-***5865	170(B)(1)(A)(I)	11,800.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMET INFORMATION LLC 1080 PITTSFORD-VICTOR ROAD, SUITE 3 PITTSFORD, NY 14534			20,000.	0.			PROGRAM FUNDING





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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance



**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROGRAM ALLOCATION FUNDING - AGENCIES RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY OF THE SOUTHERN TIER FROM THE 'GAME CHANGER FUND' (PREVIOUSLY KNOWN AS THE COMMUNITY FUND). ALL PROGRAMS RECEIVING FUNDING UNDERGO THE FOLLOWING:

A. INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING

INCLUDES:

I) AN APPLICATION PROCESS THAT INCLUDES EXPLANATION FOR THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING

**Part IV Supplemental Information**

II) FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES

III) VERIFICATION OF COMPLIANCE WITH PROVISIONS OF THE U.S. PATRIOT ACT

IV) VERIFICATION OF CURRENT STATUS AS AN IRC CODE SECTION 501(C)(3)

NONPROFIT ORGANIZATION OR LOCAL GOVERNMENT PROGRAM

B. ARE REQUIRED TO PROVIDE UNITED WAY OF THE SOUTHERN TIER WITH QUARTERLY PROGRESS REPORT THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THE RESULTS ACHIEVED AGAINST MISSION AS A RESULT.

DONOR DESIGNATIONS - ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY:

A. UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES:

I) VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE U.S. PATRIOT ACT

II) VERIFICATION OF CURRENT STATUS AS AN IRC CODE SECTION 501(C)(3)

NONPROFIT ORGANIZATION

SCHEDULE I, PART II:

THE UNITED WAY OF THE SOUTHERN TIER PAID DONOR DESIGNATIONS FOR OPERATING SUPPORT IN AMOUNTS LESS THAN \$5,000 EACH TO 173 AGENCIES. THE AGGREGATE TOTAL PAID WAS \$159,973.

THERE IS ALSO ONE AGENCY THAT RECEIVED PROGRAM ALLOCATIONS OF LESS THAN \$5,000, FOR A TOTAL OF \$4,422.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

Employer identification number

\*\* - \*\*\*1041

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILD SUCCESS.

- SOUTHERN TIER SENIOR SUPPORTS IS DEFINED AS FUNDING FOR SERVICES THAT HELP OUR SENIOR POPULATION AGE SAFELY IN PLACE. THIS INCLUDES THOSE WHO NEED ASSISTANCE TO CARE FOR THEMSELVES, OR IN ACCOMPLISHING THEIR ACTIVITIES OF DAILY LIVING IN AND AROUND THE HOME. THIS ALSO INCLUDES THOSE WHO NEED HOME-DELIVERED MEALS TO MEET THEIR NUTRITIONAL NEEDS OR TRANSPORTATION TO MEDICAL APPOINTMENTS.

- SOUTHERN TIER BASIC NEEDS IS DEFINED AS FUNDING FOR SERVICES THAT HELP OUR MOST VULNERABLE NEIGHBORS. THIS INCLUDES THOSE NEEDING FOOD FOR THEMSELVES AND THEIR FAMILIES AND THOSE NEEDING LONGER-TERM SHELTER, BOTH TO PREVENT AND ADDRESS HOMELESSNESS.

STRATEGIC INVESTMENT FUND GRANTS ARE USED TO ASSIST UWST IN ACHIEVING ITS STRATEGIC GOALS IN THE COMMUNITY, MAKING IT POSSIBLE FOR UWST TO SEIZE UNANTICIPATED OPPORTUNITIES FOR IMPACT OUTSIDE OF THE REGULAR INVESTMENT CYCLE. ADDITIONALLY, THE FUND ENABLES UWST TO CONSIDER PROVIDING ADDITIONAL SUPPORT TO EXISTING PROGRAMS OR STRATEGIC INITIATIVES THAT EXPERIENCE AN UNANTICIPATED, SUBSTANTIAL CHANGE IN CLIENT NEED WHICH, IF LEFT UNAIDED, COMPROMISES THE IMPACT OF THE PROGRAM. EXTRA CONSIDERATION CAN BE GIVEN TO THOSE PROPOSALS WHICH PRESENT OPPORTUNITIES TO LEVERAGE ADDITIONAL RESOURCES THAT ADVANCE UWST'S STRATEGIC INTERESTS.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

Employer identification number

\*\*-\*\*\*1041

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

- CONVENING THE COUNCILS OF THE BOARD OF DIRECTORS THAT ARE RESPONSIBLE FOR MONITORING PROGRAM INVESTMENTS TO ENSURE INTENDED OUTCOMES ARE ACHIEVED, AND EVALUATION OF RESULTS IS USED TO DRIVE THE DESIRED COMMUNITY CHANGE;

- GATHERING CONSTITUENT VOICE AND FEEDBACK USED TO IDENTIFY ISSUES AND DRIVE UWST-LED COMMUNITY CHANGE EFFORTS;

- MEETING REGULARLY WITH REPRESENTATIVES FROM OTHER VARIOUS SECTORS TO DEVELOP A SHARED VISION FOR CHANGE - A COMMON UNDERSTANDING OF THE PROBLEM AND A JOINT APPROACH TO SOLUTIONS THROUGH AGREED UPON ACTIONS (COMMON AGENDA):

- WORKING WITH OTHERS TO ENSURE AUTHENTIC IMPLEMENTATION OF THE COMMON AGENDA AND MUTUALLY REINFORCING ACTIVITIES;

- COLLECTING AND MEASURING RESULTS CONSISTENTLY ACROSS ALL PARTICIPANTS; AND

- PROVIDING CONSISTENT AND OPEN COMMUNICATION WITH THE MANY PLAYERS TO BUILD TRUST, ASSURE MUTUAL OBJECTIVES, AND APPRECIATE COMMON MOTIVATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE OR BOARD OF DIRECTORS APPROVE FORM 990 PRIOR TO FILING. ALL BOARD MEMBERS RECEIVE A COPY OF FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT AND NOTE ANY POTENTIAL CONFLICTS OF INTEREST TO BE FURTHER

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

Employer identification number

\*\* - \*\*\*1041

EVALUATED BY THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY IN REGULAR BOARD MEETINGS.

FORM 990, PART VI, SECTION C, LINE 19:

THE AGENCY MAKES ITS POLICIES, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE ON THE AGENCY'S WEBSITE AND UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS AND FINANCE COMMITTEE ASSUME RESPONSIBILITY AND OVERSIGHT OF THE AUDIT, AS WELL AS THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, PART X, LINE 18:

ALLOCATIONS PAYABLE - ANNUAL CAMPAIGNS ARE CONDUCTED IN THE FALL OF EACH YEAR ("CURRENT CAMPAIGN") TO SUPPORT PROGRAMS PRIMARILY IN THE SUBSEQUENT FISCAL YEAR. CAMPAIGN CONTRIBUTIONS ARE USED GENERALLY TO SUPPORT COMMUNITY IMPACT PARTNERSHIP PROGRAMS AND TO PAY UNITED WAY'S OPERATING EXPENSES. CURRENT CAMPAIGN REVENUE COLLECTION GENERALLY BEGINS IN JANUARY AND IS DISTRIBUTED TO PROGRAM PARTNERS ON A JULY 1 TO JUNE 30 ALLOCATION CYCLE. ALLOCATION EXPENSE IS RECOGNIZED IN THE PERIOD THE ALLOCATION IS UNCONDITIONALLY COMMITTED TO PROGRAM PARTNERS.

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2021**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>07/01/2021</b> and Ending (mm/dd/yyyy) <b>06/30/2022</b>		
Check if Applicable: <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>UNITED WAY OF THE SOUTHERN TIER, INC.</b>	Employer Identification Number (EIN): <b>** - ***1041</b>
	Mailing Address: <b>88 EAST TIOGA AVE, NO. 102</b>	NY Registration Number: <b>05-34-99</b>
	City / State / ZIP: <b>CORNING, NY 14830</b>	Telephone: <b>607 936-3753</b>
	Website: <b>WWW.UWST.ORG</b>	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .		

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	Signature	Print Name and Title	Date
		<b>STEPHEN M. HUGHES</b> <b>PRESIDENT &amp; CEO</b>	
Chief Financial Officer or Treasurer:	Signature	Print Name and Title	Date
		<b>MICHAEL BURNS</b> <b>TREASURER</b>	

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.  
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)