				XTENDED					<b>F</b>	OMP No. 1545-0047
_	Q		leturn of C	•		-				OMB No. 1545-0047
For	m J	Under s	ection 501(c), 527						undations)	2022
Depa	rtment o	of the Treasury		ocial security nu rs.gov/Form990			-	•		Open to Public Inspection
	Go to www.irs.gov/Form990 for instructions and the latest information.           For the 2022 calendar year, or tax year beginning         JUL         1,2022         and ending         JUN         30,2023							mopoolion		
	Check if	C Name of organiza			,		j	D Employer		ion number
a	pplicab	e:								
	Addre	e UNITED WA	AY OF THE	SOUTHERN	TIER,	INC.				
	Name Chang	Doing business as						16-1	451041	
	Initial return		et (or P.O. box if mail	is not delivered to	street address)	)	Room/suite			
	Final return termir	-					102		) 936-	
	ated ]Amen	City or town, state	e or province, cour NY 14830		oreign postal	code		G Gross receipt		5,961,799.
	_lreturn ]Applio	CORNING,			м нис	בחבס		H(a) Is this a		
	⊥tiòn pendi	<sup>ng</sup> SAME AS C			M• 1100			H(b) Are all sub	rdinates?	
1.1	Гах-ех	empt status: X 501(c		) (inse	ert no.) 🔄 4	947(a)(1)	or 52	-		. See instructions
	Nebsi			) (1100		011(4)(1)		<b>H(c)</b> Group e		
-		organization: X Corpo	oration Trust	Association	Other		L Year			ate of legal domicile: NY
	art I	Summary								-
e	1	Briefly describe the org	anization's mission	or most significa	ant activities:	TO U	INITE A	AND PRIO	RITIZE	
anc		RESOURCES TO	) IMPROVE	THE QUAL	ITY OF	LIFE	FOR I	EVERY PE	RSON A	ND FAMILY
ern		Check this box	if the organization		-	s or dispo	osed of mor	e than 25% of i		
20		Number of voting mem	-							18
8		Number of independen								18
Activities & Governance		Total number of individe								659
Stivi		Total number of volunte Total unrelated busines								0.55
Ă		Net unrelated business								0.
								Prior Year		Current Year
e	8	Contributions and gran	ts (Part VIII, line 1h	)			Г	4,711,	016.	3,907,996.
Revenue		Program service revenu							0.	0.
Sev.	10	Investment income (Pa	rt VIII, column (A), I	ines 3, 4, and 7d	)				518.	105,202.
		Other revenue (Part VIII						122,		77,208.
		Total revenue - add line						4,918,		4,090,406.
		Grants and similar amo						3,330,	296.	3,259,017.
		Benefits paid to or for n						570,	•	552,615.
Expenses	15	Salaries, other compen Professional fundraising Total fundraising expen	sation, employee b	enents (Part IX, o	column (A), IIr	ies 5-10)		570,	0.	0.
ben	h		Jiees (Fart IX, colum	in (D) line 25)		210.1	80.			
Щ		Other expenses (Part I)						462,	370.	328,859.
		Total expenses. Add lin						4,362,		4,140,491.
	19	Revenue less expenses						555,	277.	-50,085.
s or		÷						eginning of Curre		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line	ə 16)					6,464,		6,887,462.
at As	21	Total liabilities (Part X, li						3,495,		3,854,988.
		Net assets or fund bala		21 from line 20				2,969,	383.	3,032,474.
	art II	Signature Block			<u> </u>					1 1 11 12 12 12
Und	er pena	alties of perjury, I declare th	at I have examined th	ns return, including	g accompanying	g schedul	es and staten	nents, and to the l	pest of my kn	lowledge 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.

		· · · · · · · · · · · · · · · · · · ·						
Sign	Signature of officer			Date				
	STEPHEN M. HUGHES, PRESID	ENT & CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	CHRISTOPHER JOHNSTON	CHRISTOPHER	JOHNSTON12/15		₽00896198			
Preparer	Firm's name EFPR GROUP, CPAS,	PLLC		Firm's EIN 47-	-4526160			
Use Only	Firm's address 8 DENISON PARKWAY	E., SUITE	407					
	CORNING, NY 14830			Phone no. 607 -	-962-6891			
May the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No			
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check if Schedub Quardians a response or note to any line in this Part III.           Develop describe the organization window.           Did the organization undertake any significant program services during the year which were not listed on the prof Form 980 or 900 E27           Did the organization undertake any significant program services during the year which were not listed on the prof Form 980 or 900 E27           Did the organization cases conducting, or make significant changes in how it conducts, any program services, an ensured by expenses. Section 501(4) and 501(4) comparization cases conducting, or make significant changes in how it conducts, any program services, an ensured by expenses. Section 501(4) and 501(4) comparization cases completion there and addication to there, the total expenses, an exercise of an organization are exercised.           (vot. )         (General) and 501(4) comparization are required to report the annound tor grants and adactations to there shows the total expenses, an exercise of the New Integration cases conducting or make significant changes are annound tor grants and adactations to there shows the total expenses, an exercise of the New Integration of the Section 51(1) (Newsars)           Content.         (General) and 51(2) (Contents) and 2,259,017.           Content.         (General) and 51(2) (Contents) and 2,259,017.           (Vot. )         (General) and 2,259,017.           Content.         3,259,017.           (Content.         (General) and 2,259,017.           (Content.         (General) and 2,259,017.           (Content.         3,259,017.		990 (2022) UNITED WAY OF THE SOUTHERN TIER, INC. 16-1451041 Pa
Bieley describe the organization's mission: TO UNITE AND PRIORITIZE RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR EVERY PERSON AND FAMILY IN OUR COMMUNITY. Deferror 960 060627 Deferror 960 0607 Deferror	Par	T III Statement of Program Service Accomplishments
TO UNITE AND PRIORITIZE RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR EVERY PERSON AND FAMILY IN OUR COMMUNITY.  Did the organization undertake any significant program services during the year which were not listed on the proform 500 or 500 E2?  Did the organization condertake any significant program services during the year which were not listed on the proform 500 or 500 E2?  Did the organization enders accomplethments for each of its three largest program services, as measured by expenses. Sector 501 (501 and 501(40) organizations are required to report the amount of grants and allocations to others, the total expenses are revenue, fary, for each program service accomplethments for each of its three largest program services, as measured by expenses. Sector 501 (501 and 501(40) organizations are required to report the amount of grants and allocations to others, the total expenses are revenue, fary, for each program service accomplethments for each of its three largest program services. ACOVENTIES ALLOCATIONS - UWST ADMINISTERS TWO PRIMARY TYPES OF FUNDING STREAMS TO NONPROFIT ORGANIZATIONS: ALLOCATIONS SAID STRATEGIC INVESTMENT FUND GRANTS. ALLOCATIONS PROVIDE NONPROFIT ORGANIZATIONS WITH PROGRAM FUNDING FOR OPERATIONS, SPECIFICALLY THOSE THAT ALIGN WITH UWST'S MAIN POCUS ARE SOUTHERN TIER KIDS ON TRACK. SOUTHERN TIER SENIOR SUPPORTS, AND SOUTHERN TIER KIDS ON TRACK. SOUTHERN TIER SENIOR SUPPORTS, AND SOUTHERN TIER KIDS ON TRACK. SOUTHERN TIER SENIOR SUPPORTS (community invESTMENT A CONMUNITY INVESTMENT REFLECTS THE COSTS ASSOCIATED WITH AGES BITTH TO 8 YEARS OLD, INCLUDING GRAVY CHILD CAR AND EDUCATION, TARGETED SCHOOL-AGE PROGRAMMING, AND PARENT SUPPORTS (community INVESTMENT VALUES, NEESE VALUES CONSISTENT WI UWST'S FIVE INVESTMENT VALUES. THESE VALUES CONSISTENT WI UWST'S FIVE IN	4	
EVERY PERSON AND FAMILY IN OUR COMMUNITY.         Did the organization undertake any significant program services during the year which were not listed on the prior form 380 or 390.62?       Image: Common Comm	1	
Did the organization undertake any significant program services during the year which were not listed on the proform 960 or 990-E2?       Ives: deciment of the decime services on Schedule 0.         Did the organization ceases conducting, or make significant changes in how it conducts, any program services?       Ives: decime the decime services on Schedule 0.         Did the organization ceases conducting, or make significant tor each of its three largest program services, as measured by expenses.       Section Sticle(3)         Did the organization service accomplethrents for each of its three largest program services, as measured by expenses.       Section Sticle(3)         Code:       [fuenome: 1] (fuenome: 1		
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Did the organization cases conducting, or make significant changes in how it conducts, any program services?		
<pre>If 'Yes,' describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50((s) and 50)((s) (and 50)((s) (and 50)((s) (and 50)(s) (b) (and 50)(s) (b) (b) (b) (c) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c</pre>	3	
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		Form <b>990</b>
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Form	990	(2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	- 23	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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Form 990 (2022)	UNITED	WAY	OF	THE			
Part IV Checklist of Required Schedules (continued							

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	000		x
29	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a6Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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022)	UNITED	WAY	OF	THE	SOUTHERN	TIER,	INC.
Statements F	Regarding C	Other I	RS F	ilings a	and Tax Com	oliance (co	ontinued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 8					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).			37		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v		
_		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8				
9	sponsoring organization have excess business holdings at any time during the year?					
э а		9a				
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b				
10	Section 501(c)(7) organizations. Enter:	00				
a	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.) 11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand 13c			V		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v		
	excess parachute payment(s) during the year?	15		X		
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

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Form 990 (2022)

Part V

Form **990** (2022)

Form 990 (2022)
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Section A. Governing Body and Management

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### UNITED WAY OF THE SOUTHERN TIER, INC.

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

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Х

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.

			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	3				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	on Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Х			
b	Other officers or key employees of the organization	15b	Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		X		
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?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>					
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	) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X 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, a	nd fina	ncial			
	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					
232006	5 12-13-22	Forn	1 <b>990</b>	(2022)		

2022.05010 UNITED WAY OF THE SOUTHERN 00149121

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensat	ted
	Employees, and Independe	ent Contrac	tors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector			the	organizations	compensation			
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	d ual tr	tional		nploy	st con yee	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			er gan Lanerre
(1) STEPHEN HUGHES	40.00	_	_			1 0				
PRESIDENT & CEO				x				118,258.	0.	14,571.
(2) MICHELLE DUNDAS	40.00									
DIR OF FINANCE & ADM				x				77,024.	0.	3,803.
(3) MARTIN CURRAN	1.00							-		
CHAIR		х		x				0.	0.	Ο.
(4) DAVID WALKER	1.00									
CHAIR-ELECT		Х		X				0.	0.	0.
(5) HILLARY AUSTIN	1.00									
IMMEDIATE PAST-CHAIR		Х		Х				0.	0.	0.
(6) MICHAEL BURNS	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) MARY MEISNER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) JOSH BEZIO	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KATIE CERVONI	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) IAN HARROP	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MEGAN HUBBARD	1.00									
DIRECTOR		Х						0.	0.	0.
(12) HONG LIU	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(13) JOLIE MCCARTHY	1.00							0		0
DIRECTOR	1 00	X						0.	0.	0.
(14) AVERY NELSON III	1.00	37						0		0
DIRECTOR	1 00	Х						0.	0.	0.
(15) PAYAL PATEL	1.00	v						0.	0.	0
DIRECTOR	1 00	Х						0.	0.	0.
(16) NATE PIZZINI	1.00	v						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0.
(17) MONICA RIDOSH	<u> </u>	x						0.	0.	0.
DIRECTOR		Δ		L			I	0.	0.	
232007 12-13-22										Form <b>990</b> (2022)

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2022.05010 UNITED WAY OF THE SOUTHERN 00149121

		NITED WA	AY OF TH	ΙE	SC	רטכ	CHE	ERN	1 .	ΓIER,	INC.	16-14	51	041	Page <b>8</b>
Par	t VII Section A. Officers, I	Directors, Trus	tees, Key Em	oloy	ees,	, and	d Hi	ghe	st C	ompensate	ed Employe	es (continued)			
	(A) Name and title		<b>(B)</b> Average hours per week (list any hours for	box offic	not cl , unle:	heck ss pe	ition more rson i irecto	than o is both pr/trus	h an	Repo compe fro tł	<b>D)</b> rtable nsation om ne ization	(E) Reportable compensatior from related organizations (W-2/1099-MIS	;	(F Estim amou oth comper from	ated nt of er nsation
(18)	WARREN ROMAN		related organizations below line) <b>1 • 0 0</b>	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/109	99-MISC/ -NEC)	1099-NEC)		organi: and re organiz	zation lated
	CTOR		1.00	х							0.		Ο.		0.
(19)	ROB STANTON		1.00												
	CTOR		1 0 0	Х							0.		0.		0.
	ANNE WELLIVER-HARTSI	NG	1.00	x							0.		0.		0.
	Subtotal									19	5,282.		0.	18,	374.
	Total from continuation sh									10	0. 5,282.		0.	10	0. 374.
	Total (add lines 1b and 1c) Total number of individuals										-	000 of reportable	-	10,	5/4.
	compensation from the orga	· •												Ye	1 s No
3	Did the organization list any line 1a? If "Yes," complete S	,	,			•	,	<i>,</i>	Ŭ	, ,		ployee on		3	X
4	For any individual listed on I and related organizations gr	ine 1a, is the su	im of reportab	e co	ompe	ensa	ation	n and	d otl	her compen	sation from			4	x
5	Did any person listed on line rendered to the organization	a 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ed organiza	tion or indiv	idual for services		5	x
Sec	tion B. Independent Contra														
1	Complete this table for your the organization. Report cor												pens	ation fron	ו 
(A) (B) (C) Name and business address NONE Description of services Compensation								tion							
2	Total number of independer	nt contractors (i	ncludina but n	ot liv	mite	d to	thos	se lie	sted	above) who	o received n	nore than			
_	\$100,000 of compensation		•				(	•						- 00	
														Form <b>99</b>	J (2022)

232008 12-13-22

				TED WAY	OF	THE	SOU	THERN	TIER	, INC.	16-1451	041 Page 9
Pa	rt V	/	Statement of Re	venue								
			Check if Schedule O	contains a respo	nse o	or note to	o any lir			(5)		
								<b>(A</b> Total re		(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
e Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a		3,565	,397.					
àran oun	_		Membership dues									
An G			Fundraising events			189	,283.					
Gift lar			Related organizations									
imi,		е	Government grants (contr	ributions) <b>1e</b>								
er S		f	All other contributions, gifts,	grants, and								
Oth			similar amounts not included			153	,316.					
ont nd (		-	Noncash contributions included in	lines 1a-1f <b>1g</b> \$								
<u>a</u> C		h	Total. Add lines 1a-1f					3,9	07,996.			
•		_			ł	Business	Code					
vice	2	a h			-							
Ser		b c			-							
evel evel		d			_							
Program Service Revenue		e			-							
Pr		f	All other program service	revenue	_							
		g	Total. Add lines 2a-2f		<u></u>							
	3		Investment income (inclue	ding dividends, ii	ntere	st, and						
		other similar amounts)							88,201.	88,201.		
	4				-							
	5		Royalties	(i) Real		(ii) Pers						
	6	_	Cross ranta				onai					
	0		Gross rents Less: rental expenses	6a 6b								
			Rental income or (loss)	6c								
			Net rental income or (loss)									
	7		Gross amount from sales of	(i) Securit		(ii) Ot						
			assets other than inventory	<b>7a</b> 1,838,4	136.							
		b	Less: cost or other basis									
evenue			and sales expenses	<b>7b</b> 1,821,4								
eve			Gain or (loss)	7c 17,0						17.001		
r Re	_		Net gain or (loss)						17,001.	17,001.		
Other	8	а	Gross income from fundraisin including \$	-								
0			contributions reported on									
			Part IV, line 18	,	8a		Ο.					
		b	Less: direct expenses		8b	49	,958.					
			Net income or (loss) from		nts			-	49,958.			-49,958.
	9	а	Gross income from gamin	g activities. See								
			Part IV, line 19		9a							
			Less: direct expenses		9b							
			Net income or (loss) from		s							
	10	а	Gross sales of inventory, I		100							
		h	and allowances Less: cost of goods sold		10a 10b							
			Net income or (loss) from									
<i>(</i> )		-			<u>,</u>	Business						
Miscellaneous Revenue	11	а	MISCELLANEOUS INCOM	Е	ľ	90009	9	1	27,166.	127,166.		
ane		b										
cell }eve		С			_ [							
Mis			All other revenue									
			Total. Add lines 11a-11d						27,166.		-	
	12		Total revenue. See instruction	ons	<u></u>	<u></u>		4,0	90,406.	232,368.	0.	-49,958.
23200	9 12	-13	-22									Form <b>990</b> (2022)

### UNITED WAY OF THE SOUTHERN TIER, INC. Form 990 (2022)

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	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		chperiode	general expenses	oxperiece
	and domestic governments. See Part IV, line 21	3,259,017.	3,259,017.		
2	Grants and other assistance to domestic	-,, -	-,,-		
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
5		213,656.	53,884.	97,299.	62,473.
~	trustees, and key employees	215,050.	55,004.		02,4750
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	261,460.	65,944.	119,057.	76,459.
7	Other salaries and wages	201,400.	05,944.	119,057.	/0,459.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	27 002	0 252	16.000	10 044
9	Other employee benefits	37,083.	9,353.	16,886.	10,844.
10	Payroll taxes	40,416.	10,193.	18,405.	11,818.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
	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 0.)	18,114.		4,614.	13,500.
12	Advertising and promotion	19,389.	4,299.	1,040.	14,050.
13	Office expenses	7,743.	1,354.	3,442.	2,947.
14	Information technology				
15	Royalties				
16	Occupancy	23,104.	5,590.	11,032.	6,482.
17	Travel	4,922.	454.	4,007.	461.
18	Payments of travel or entertainment expenses	<b>,</b> -	-	,	-
.0	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	9,473.	130.	8,997.	346.
19 20		517150	1000		540
20 01	Interest	44,693.		44,693.	
21	Payments to affiliates	5,787.	1,492.	2,565.	1,730.
22	Depreciation, depletion, and amortization	5,787.	742.	2,505.	1,702.
23	Insurance	J, UJ4•	/42•	4,000.	1,/02.
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 0.)	126 515	126 515		
a	STRATEGY-ALIGNED EXPENS	136,515.	136,515.	21 002	1 71 -
b	LEASES AND SOFTWARE MAI	38,053.	1,355.	34,983.	1,715. 5,653.
С	MISCELLANEOUS	15,972.	5,376.	4,943.	5,653.
d					
е	All other expenses	4 1 4 0 4 0 4			010 100
25	Total functional expenses. Add lines 1 through 24e	4,140,491.	3,555,698.	374,613.	210,180.
	Joint costs. Complete this line only if the organization				
26	1				
-	reported in column (B) joint costs from a combined				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)				

2022.05010 UNITED WAY OF THE SOUTHERN 00149121 Form 990 (2022)

### UNITED WAY OF THE SOUTHERN TIER, INC.

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Part X Balance Sheet								
		Check if Schedule O contains a response or no	te to ar	y line in this Part X				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			297,056.	1	269,373.	
	2	Savings and temporary cash investments			302,268.	2	330,307.	
	3	Pledges and grants receivable, net			1,747,837.	3	2,069,554.	
	4	Accounts receivable, net			3,475.	4	0.	
	5	Loans and other receivables from any current of						
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%				
		controlled entity or family member of any of the	se pers	ons		5		
	6	Loans and other receivables from other disqual						
		under section 4958(f)(1)), and persons describe				6		
ts	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
Ä	9	Prepaid expenses and deferred charges			26,168.	9	19,557.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	127,865.				
	b	Less: accumulated depreciation			14,284.	10c	8,497.	
	11	Investments - publicly traded securities			4,073,602.	11	8,497. 4,095,476.	
	12	Investments - other securities. See Part IV, line			12			
	13	Investments - program-related. See Part IV, line				13		
	14	Intangible assets		F		14		
	15	Other assets. See Part IV, line 11			0.	15	94,698.	
	16	Total assets. Add lines 1 through 15 (must equ	6,464,690.	16	6,887,462.			
	17	Accounts payable and accrued expenses			51,374.	17	51,958.	
	18	Grants payable		F	2,509,363.	18	2,714,911.	
	19	Deferred revenue	25,860.	19	177,675.			
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
S	22	Loans and other payables to any current or form	ner offi	cer, director,				
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%				
abi		controlled entity or family member of any of the	se pers	ons		22		
	23	Secured mortgages and notes payable to unrel		F		23		
	24	Unsecured notes and loans payable to unrelate		F		24		
	25	Other liabilities (including federal income tax, pa	ayables	to related third				
		parties, and other liabilities not included on line	s 17-24	). Complete Part X				
		of Schedule D			908,710.	25	910,444.	
	26	Total liabilities. Add lines 17 through 25			3,495,307.	26	3,854,988.	
(0		Organizations that follow FASB ASC 958, cho	eck hei	re X				
Cei		and complete lines 27, 28, 32, and 33.						
alan	27	Net assets without donor restrictions			1,742,126.	27	1,787,695.	
1Be	28	Net assets with donor restrictions		<u></u>	1,227,257.	28	1,244,779.	
nu		Organizations that do not follow FASB ASC 9	958, ch	eck here				
Ē		and complete lines 29 through 33.						
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29		
Se	30	Paid-in or capital surplus, or land, building, or e	quipme	nt fund		30		
t As	31	Retained earnings, endowment, accumulated in	ncome,	or other funds		31		
Ne	32	Total net assets or fund balances			2,969,383.	32	3,032,474.	
	33	Total liabilities and net assets/fund balances .			6,464,690.	33	6,887,462.	
							Form <b>990</b> (2022)	

Form	990 (2022) UNITED WAY OF THE SOUTHERN TIER, INC.	16-	1451041	Pag	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,090		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,140		
3	Revenue less expenses. Subtract line 2 from line 1	3	-50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,969		
5	Net unrealized gains (losses) on investments	5	113	3,1	76.
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	3,032	2,4	74.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	1		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	·		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2022)

232012 12-13-22

SCH	IEDU	ILE	Α

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nam	Ime of the organization UNITED WAY OF THE SOUTHERN TIER, INC. Employer identification number 16-1451041											
										6-1451041		
Par	tΙ	Reason for Public	Charity Status.	(All org	panizations must c	omplete th	nis part.) S	See instruction	าร.			
The c	rgan	ization is not a private found	dation because it is:	(For lin	es 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or associati	on of c	hurches describe	d in <b>sectio</b>	n 170(b)( <sup>.</sup>	1)(A)(i).				
2		A school described in sect										
3		A hospital or a cooperative					(b)(1)(A)(i	ii).				
4		A medical research organiz							.)(iii). Enter	the hospital's name,		
		city, and state:	I.	,	·				~ /	, ,		
5		An organization operated for	or the benefit of a co	olleae a	or university owned	d or operat	ted bv a d	overnmental	unit describ	bed in		
•		section 170(b)(1)(A)(iv). (C			,,,							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	77											
• •	section 170(b)(1)(A)(vi). (Complete Part II.)											
8												
i i												
5	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
10	university:											
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)											
11			• •	sivoly to	a toat far public or	foty Soo	nantian El	O(a)(4)				
i i		An organization organized	-	-	-	•			orn out the	purpassa of one or		
12												
	more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2</b> ). See <b>section 509(a)(3).</b> Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
-		7	• •				-		-			
а		<b>Type I.</b> A supporting orga		-		•	-					
		the supported organization				a majority (	of the dire	ctors or trust	ees of the s	supporting		
		organization. You must o	-									
b		<b>Type II.</b> A supporting org						•		-		
		control or management o				ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus										
С		☐ Type III functionally interest.			-				illy integrate	ed with,		
-		its supported organizatio		-	-							
d		Type III non-functionally		-	-				-			
		that is not functionally int	с С					•	d an attent	iveness		
		requirement (see instruct										
е		Check this box if the orga						а Туре I, Туре	e II, Type III			
		functionally integrated, o	,,	onally ir	ntegrated support	ing organiz	zation.			<b></b>		
		er the number of supported of	•									
g		vide the following information				(iv) is the orga	nization listed	( .) A	( <b>.</b>			
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN		/pe of organization ribed on lines 1-10		nization listed ng document?	(v) Amount o support (see ii		(vi) Amount of other support (see instructions)		
		organization			e (see instructions))	Yes	No	support (see ii	istructions)			
			<u> </u>									
			<u> </u>									
			1									

### Schedule A (Form 990) 2022 UNITED WAY OF THE SOUTHERN TIER, INC. 16-1451041 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	4,004,060.	4,319,083.	3,967,610.	4,613,431.	3,718,713.	20,622,897.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	4,004,060.	4,319,083.	3,967,610.	4,613,431.	3,718,713.	20,622,897.			
	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)						2,339,990.			
6	Public support. Subtract line 5 from line 4.						18,282,907.			
	ction B. Total Support						10,202,907.			
-	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	4,004,060.	4,319,083.	3,967,610.	4,613,431.	3,718,713.	20,622,897.			
	Gross income from interest.									
0	,									
	dividends, payments received on									
	securities loans, rents, royalties,	62,104.	56,745.	63,853.	106,129.	88,201.	377,032.			
_	and income from similar sources	02,104.	50,745.	03,055.	100,129.	00,201.	577,052.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	1 - 1 - 0	4	106 500	4	105 166				
	assets (Explain in Part VI.)	171,967.	190,903.	126,729.	133,799.	127,166.				
11	Total support. Add lines 7 through 10						21,750,493.			
	Gross receipts from related activities					12				
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, <sup>-</sup>	fourth, or fifth tax	year as a section 5	501(c)(3)				
	organization, check this box and stop									
See	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2022 (	line 6, column (f), c	livided by line 11, o	column (f))		14	84.06 %			
15	Public support percentage from 2021	I Schedule A, Part	II, line 14			15	84.40 %			
<b>16</b> a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				X			
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation						
17a	17a 10% -facts-and-circumstances test - 2022. 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 fact									
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	ublicly supported of	organization	-				
b	10% -facts-and-circumstances tes	-		• • • •						
	more, and if the organization meets the									
	organization meets the facts-and-circ									
18	Private foundation. If the organization		•							
			, . •	. , ,			(Farma 000) 0000			

Schedule A (Form 990) 2022

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Schedule A (Form 990				SOUTHERN		INC.	16-1451041	Page <b>3</b>
Part III Support	Schedule for Org	anizations I	Described i	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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						.,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	ction C. Computation of Publ						
15	Public support percentage for 2022 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	1 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and lin	e 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	6, and
	line 18 is not more than 33 1/3% , che	eck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organizatio	on
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
2320	23 12-09-22					Schedule	e A (Form 990) 2022

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### Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

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Yes No

1

2

3a

3b

3c

4a

### 16-1451041 Page 5 UNITED WAY OF THE SOUTHERN TIER, INC. Schedule A (Form 990) 2022 Part IV Supporting Organiz

ıч	cupporting organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			

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

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

000	stion e. Type in supporting organizations
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	

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

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- **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.

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Schedule A (Form 990) 2022

2a

2b

За

3b

Yes No

Yes No

Yes No

No

1

2

Sche	dule A (Form 990) 2022 UNITED WAY OF THE SOUT:			16-1451041 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain )	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting o	organization (see

instructions).

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# UNITED WAY OF THE SOUTHERN TIER, INC. 16-1451041 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continue</sub>	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A	(Form 990) 2022	UNITED	WAY OF TH	E SOUTHERN	TIER, IN	C. 16-1451	041 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	<b>rmation.</b> Provid 1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; Pa	de the explanation c, 5a, 6, 9a, 9b, 9c ırt IV, Section E, lir	s required by Part II , 11a, 11b, and 11c ies 1c, 2a, 2b, 3a, ai	, line 10; Part II, lin ; Part IV, Section E nd 3b; Part V, line	e 17a or 17b; Part III, line 3, lines 1 and 2; Part IV, 5 1; Part V, Section B, line	e 12; Section C,
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**SCHEDULE D** 

Department of the Treasury

(Form	990)
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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.



Internal Revenue Service Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC. Employer identification number 16-1451041

Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or A	ccounts.Complete if the
		(a) Donor advised funds		<b>b)</b> Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in do	nor advised fur	nds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	purpose confe	rring
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Fo	rm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	on or education) 🛛 Preser	vation of a histo	prically important land area
	Protection of natural habitat	Preser	vation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in	the form of a co	pnservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic strue	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter July 25,2006, and not on a		
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminat	ed by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, har	dling of	
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enfor	cing conservati	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing	conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	entiefy the requirements of ser	tion 170(b)(4)(	2)/i)
0				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
5	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasure	s. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
-1a	If the organization elected, as permitted under FASB ASC 958		tement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publi	•		
	service, provide in Part XIII the text of the footnote to its finance			·
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items:	, ,		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treas			provide
	the following amounts required to be reported under FASB AS		J,	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

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		WAY OF THE					6-14			age <b>2</b>
Par	t III Organizations Maintaining C							<b>tS</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make si	gnificant ı	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange program	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	-	-	-			se in Parl	t XIII.		
5	During the year, did the organization solicit o						_	7		7
De	to be sold to raise funds rather than to be ma		Q					Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	on answered "	Yes" on	Form 990	, Part IV,	line 9, or	•	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		•					7.2	v	No
	on Form 990, Part X?						∟	Yes	Δ	J NO
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amoun	+	
	De vientie e la devien							Amoun		
	Beginning balance									
	Additions during the year									
e f	Distributions during the year									
י 22	Ending balance Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.									1
Par										
		(a) Current year	(b) Prior year	(c) Two years		d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance	318,010.	318,010.	318	,010.	31	L8,010.		318,	010.
	Contributions	,	,		,					
	Net investment earnings, gains, and losses	15,282.	-19,751.	49	,921.	- 1	L6,930.		21,	988.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	15,282.	-19,751.	49	,921.	- 1	16,930.		21,	988.
f	Administrative expenses									
g	End of year balance	318,010.	318,010.	318	,010.	31	L8,010.		318,	010.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (	a)) held as:	•					
а	Board designated or quasi-endowment		%							
b	Permanent endowment 100.0000	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administer	ed for th	ne				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization			•				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm				-					
	Complete if the organization answered		· · · · ·							
	Description of property	(a) Cost or ot basis (investm	. ,	t or other (other)	• •	cumulated	d	(d) Boo	k value	Э
1a	Land									
	Buildings									
С	Leasehold improvements					10 0			<u> </u>	~ -
d	Equipment		12	7,865.	1	.19,36	.8.		8,4	97.
	Other								<u> </u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line	10c.)		<u></u>			8,4	97.

Schedule D (Form 990) 2022

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Schedu	le D (Form 990) 2022	UNITED	WAY	OF	THE	SOUTHE	RN	TIER,	INC.	16-1451041 Page 3
Part	VII Investments	- Other Securit	ties.							
		organization answere		on F	orm 990	, Part IV, line	11b.	See Form 99	90, Part X,	line 12.
<b>(a)</b> De	scription of security or ca	tegory (including name of	f security)		<b>(b)</b> Boo	k value		(c) Method c	of valuation	n: Cost or end-of-year market value
	sely held equity interes	sts								
(3) Oth	er									
(A)										
(B)				<u> </u>						
(C)										
(D) (E)										
(E)										
(G)										
(H)										
	ol. (b) must equal Form 9	990, Part X, col. (B) line	e 12.)							
Part	VIII Investments									
		organization answere	ed "Yes"	on F						
	(a) Description	of investment			<b>(b)</b> Boo	k value		(c) Method c	of valuation	n: Cost or end-of-year market value
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
<u>(7)</u> (8)										
(9)										
	ol. (b) must equal Form 9	990, Part X, col. (B) lin	e 13.)							
Part			,							
	Complete if the c	organization answere	ed "Yes"	on F	orm 990	, Part IV, line	11d.	See Form 99	90, Part X,	line 15.
			(a)	Desc	ription					(b) Book value
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9) Total (	Column (b) must equal	Form 990 Part X c	ol (R) lin	e 15	)					
Part			01. (D) 11.1	0 10.	/					
		organization answere	ed "Yes"	on F	orm 990	, Part IV, line	11e d	or 11f. See F	orm 990, F	Part X, line 25.
1.	· ·	Description of liabili								(b) Book value
	Federal income taxes									
(2)	DUE TO OTHE	R AGENCIES	5							869,582.
(3)	LEASE LIABI	LITY								40,862.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										010 444
	Column (b) must equal									
	•							-		I statements that reports the
org	anızation's liability for u	uncertain tax positio	ns unde	r FAS	B ASC 7	40. Check he	ere if	the text of th	ne footnote	e has been provided in Part XIII $[X]$

Schedule D (Form 990) 2022

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Sche	edule D (Form 990) 2022 UNITED WAY OF THE SOUTHERN	[ TIER,	INC.	16-	1451041 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	3,891,664.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	113,176.	•	
b	Donated services and use of facilities	2b	32,576.	•	
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	145,752.
3	Subtract line 2e from line 1			3	3,745,912.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	344,494.	•	
С				4c	344,494.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,090,406.
_					
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per		ırn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wit	· ·	r Retu	
<b>Pa</b>	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	· ·		ırn. 3,828,573.
_	rt XII         Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit		r Retu	
1	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit	· ·	r Retu	
1 2	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit		r Retu	
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b		r Retu	
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	32,576.	r Retu	3,828,573.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	32,576.	r Retu	3,828,573. 32,576.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	32,576.		3,828,573.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	32,576.	r Retu	3,828,573. 32,576.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	32,576.	r Retu 1 2e 3	3,828,573. 32,576.
1 2 3 4 3 4	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	32,576.	r Retu 1 2e 3	3,828,573. 32,576. 3,795,997.
1 2 3 4 3 4	rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	32,576.	r Retu 1 2e 3 3	3,828,573. 32,576. 3,795,997. 344,494.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	32,576.	r Retu 1 2e 3	3,828,573. 32,576. 3,795,997.

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

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 Schedule D (Form 990) 2022

12271215 101824 0014912 2022.05010 UNITED WAY OF THE SOUTHERN 00149121

Schedule D (Form 990) 2022 UNITED WAY OF THE SOUTHERN TIER, INC. 16-1451041 Page 5 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

344,494.

344,494.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN DESIGNATIONS

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.

Schedule D (Form 990) 2022

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12271215 101824 0014912

SCHEDULE G	Suppleme	ntal Inforr	nation	Regardin	g Fun	drais	ing or Gaming	Acti	vities	OMB N	o. 1545-0047	
(Form 990)							Part IV, line 17, 18, rm 990-EZ, line 6a.		, or if the	20	<b>D22</b>	
Department of the Treasury Internal Revenue Service	0	- warne iro or		o Form 990			-EZ. he latest informatio			Open Inspe	to Public	
Name of the organization		0 www.ii s.go	JV/FUITIJ	50 101 11150	uctions	anu t		511.	Employer		ation number	
	UNITED	WAY OF	THE :	SOUTHE	RN T	IER	, INC.		16-14	51041		
	ing Activities. complete this part		the organ	ization answ	wered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990	)-EZ filers	are not	
<ul> <li>a Ail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 10</li> </ul>	<ul> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>											
.,	(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross recention of contributions? (iv) Gross recention of contributions?							tò (o	Amount pai or retained b fundraiser ted in col. <b>(i</b>	<sup>(V)</sup> to (o	Amount paid r retained by) rganization	
					Yes	No						
Total												
3 List all states in whi or licensing.	ch the organizatio	n is registere	d or licens	sed to solici	it contrib	oution	s or has been notifie	d it is	exempt fro	m registra	ation	

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

Schedule G (Form 990) 2022

232081 10-27-22

UNITED WAY OF THE SOUTHERN TIER, INC. 16-

16-1451041 Page 2

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.

		of fundraising event contributions and gr		(1) 5 1 10		-
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				ANNUAL	NONE	(add col. <b>(a)</b> through
			KEUKA	DINNER	<i>(</i> , , , , , , , , , , , , , , , , , , ,	col. <b>(c)</b> )
anı			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	125,618.	48,366.		173,984.
	2	Less: Contributions	125,618.	48,366.		173,984.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs				
<b>Direct Expenses</b>	7	Food and beverages				
	0	Entertainment				
	8	Entertainment Other direct expenses		21,085.		37,530.
	10	Direct expense summary. Add lines 4 through				37,530.
	11	Net income summary. Subtract line 10 from I				-37,530.
Pa	irt I					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	└── Yes %	<b>Yes</b> %	
	6	Volunteer labor	No No	└── No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
			,			•
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		ter the state(s) in which the organization condi the organization licensed to conduct gaming a				Yes No
а	ls t		ctivities in each of these	states?		Yes No
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
a b 10a	Ist If"	the organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	states? erminated during the tax	year?	
a b 10a	Ist If"	the organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	states? erminated during the tax	year?	
a b 10a	Ist If"	the organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	states? erminated during the tax	year?	
a b 10a b	Is t If " We If "	the organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	states? erminated during the tax	year?	

Sch	edule G (Form 990) 2022	UNITED	WAY	OF	THE	SOUTH	IERN	TIER,	INC.	16-1	451	041	Page 3
11	Does the organization conduct ga	ming activities	with no	nmem	bers?							Yes	No
12	Is the organization a grantor, bene												
	to administer charitable gaming?											Yes	🗌 No
13	Indicate the percentage of gaming	g activity condu	ucted in:	:									
а	The organization's facility										13a		%
	An outside facility										13b		%
14	Enter the name and address of the	e person who p	orepares	s the o	organizat	tion's gamir	ng/spec	cial events l	books and re	ecords:			
	Name												
	Address												
	, laarooo												
15a	Does the organization have a cont	tract with a thin	d party	from v	vhom th	e organizat	tion rece	eives gamir	ng revenue?			Yes	No No
b	If "Yes," enter the amount of game			y the o	organiza	tion \$			and the	amount			
	of gaming revenue retained by the					_							
С	If "Yes," enter name and address	of the third par	ty:										
	Nomo												
	Name												
	Address												
16	Gaming manager information:												
	Name												
	Gaming manager compensation	\$											
	Carning manager compensation	\$											
	Description of services provided												
								4					
	Director/officer	Employee	9	I		lependent o	contrac	tor					
17	Mandatory distributions:												
	Is the organization required under	state law to m	ake cha	ritable	distribu	utions from	the gar	ning proce	eds to				
	we had to a share a manufactor the second											Yes	🗌 No
b	Enter the amount of distributions												
_	organization's own exempt activiti			\$									
Pa	rt IV Supplemental Infor									d (v); and Pa	rt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	so provid	de any	additio	nal informat	tion. Se	e instructio	ons.				
2320	33 10-27-22									Schedu	ule G (	Form	990) 2022

12271215 101824 0014912	12271215	101824	0014912
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2022.05010 UNITED WAY OF THE SOUTHERN 00149121

Schedule G	(Form 990) Supplemental Inf	UNITED	WAY	OF	THE	SOUTHERN	TIER,	INC.	16-1451041	Page 4
Part IV	Supplemental Inf	ormation (contin	nued)							
									Schedule G (F	orm 990)
232084 04-01-	22									

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth overnments, an lete if the organizatio Go to www.irs	nd Individua	<b>s in the Ŭni</b> on Form 990, Pa 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization							Employer identification number
		SOUTHERN TI	ER, INC.				16-1451041
Part I General Information on Grants a							
<b>1</b> Does the organization maintain records t							
<ul><li>criteria used to award the grants or assis</li><li>2 Describe in Part IV the organization's pro</li></ul>							X Yes No
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990 Par	t IV line 21 for any
recipient that received more than 9							
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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	16-6001452	501(C)(3)	10,836.	0.			PROGRAM FUNDING
ARBOR HOUSING AND DEVELOPMENT 26 BRIDGE STREET							
CORNING, NY 14830	16-1166737	501(C)(3)	120,222.	Ο.			PROGRAM FUNDING
CASA OF THE SOUTHERN TIER, INC. PO BOX 778 CORNING, NY 14830	22-2984339	501(C)(3)	15,531.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF CHEMUNG COUNTY - 215 EAST CHURCH ST, SUITE 101 - ELMIRA, NY 14901	36-4618548	501(C)(3)	169,616.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF STEUBEN COUNTY - 23 LIBERTY STREET - BATH, NY 14810	13-4365481		197,496.	0.			PROGRAM FUNDING
LEGAL ASSISTANCE OF WESTERN NEW YORK, INC 215 EAST CHURCH ST, SUITE 301 - ELMIRA, NY 14901	16-0955954		31,782.	0.			PROGRAM FUNDING
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>			ne line 1 table				<u> </u>

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

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Schedule I (Form 990) UNLTED WA	Y OF THE	SOUTHERN TI	ER, INC.			L	_0-1451041 Pa					
Part II Continuation of Grants and Other	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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
CHEMUNG COUNTY YOUTH BUREAU												
599 HARRIS HILL ROAD												
ELMIRA, NY 14903	16-6002557	170(C)(1)	8,529.	0.			PROGRAM FUNDING					
	10 0001007											
CIDS												
161 SULLIVAN STREET												
ELMIRA, NY 14901	16-0996008	501(C)(3)	174,013.	٥.			PROGRAM FUNDING					
CORNELL COOPERATIVE EXTENSION OF												
STEUBEN COUNTY - 3 PULTENEY SQUARE												
- BATH, NY 14810	16-6072895	501(C)(3)	17,766.	0.			PROGRAM FUNDING					
CORNING MEALS ON WHEELS INC.												
144 CEDAR STREET	1.6 0010400	501(2)(2)	<b>F1 000</b>									
CORNING, NY 14830	16-0912403	501(C)(3)	51,080.	0.			PROGRAM FUNDING					
ECONOMIC OPPORTUNITY PROGRAM												
650 BALDWIN STREET												
ELMIRA, NY 14901	16-0906941	501(C)(3)	68,589.	0.			PROGRAM FUNDING					
FAITH IN ACTION STEUBEN COUNTY												
PO BOX 117												
HORNELL, NY 14843	16-1561317	501(C)(3)	84,646.	٥.			PROGRAM FUNDING					
FAMILY READING PARTNERSHIP												
PO BOX 3493												
ELMIRA, NY 14905	20-2074184	501(C)(3)	8,520.	0.			PROGRAM FUNDING					
FAMILY SERVICE SOCIETY, INC.												
280 PRINCETON AVENUE EXTENSION	16 0540100	F01 ( d) ( ) )	0.00 (1.5									
CORNING, NY 14830	16-0743189	501(C)(3)	278,617.	0.			PROGRAM FUNDING					
FAMILY SERVICES OF CHEMUNG COUNTY,												
INC 1019 EAST WATER STREET -												
ELMIRA, NY 14901	16-0743995	501(C)(3)	99,924.	0.			PROGRAM FUNDING					
	1 10 07 10000		,524.	••								

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Schedule I (Form 990) UNLTED WA	I OF THE	SOUTHERN TI	ER, INC.			L	.0-1451041	Page 1			
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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grar or assistance	ıt			
GIRL SCOUTS OF NYPENN PATHWAYS, INC 8170 THOMPSON ROAD - CICERO, NY 13039	16-0844808	501(C)(3)	44,942.	0.			PROGRAM FUNDING				
HOME & HEALTH CARE SERVICES, INC. 82 MAIN STREET, 3RD FLOOR HORNELL, NY 14843	16-0771756	501(C)(3)	115,019.	0.			PROGRAM FUNDING				
HORNELL AREA CONCERN FOR YOUTH, INC 76 EAST MAIN STREET - HORNELL, NY 14843	16-1060573	501(C)(3)	13,573.	0.			PROGRAM FUNDING				
HORNELL CHILDREN'S HOME 233 MAIN STREET HORNELL, NY 14843	16-0764346	501(C)(3)	17,635.	0.			PROGRAM FUNDING				
INSTITUTE FOR HUMAN SERVICES 6666 COUNTY ROUTE 11, SUITE 2 BATH, NY 14810	22-2552824	501(C)(3)	75,744.	0.			PROGRAM FUNDING				
MEALS ON WHEELS OF CHEMUNG COUNTY INC 150 FOX STREET - ELMIRA, NY 14901	16-1353247	501(C)(3)	68,561.	0.			PROGRAM FUNDING				
PRO ACTION OF STEUBEN AND YATES, INC 117 EAST STEUBEN STREET - BATH, NY 14810	16-0914512	501(C)(3)	617,523.	0.			PROGRAM FUNDING				
SALVATION ARMY - ELMIRA 414 LAKE STREET ELMIRA, NY 14901	13-5562351	501(C)(3)	72,581.	0.			PROGRAM FUNDING				
THE SALVATION ARMY (OF STEUBEN COUNTY) - 32 DENISON PARKWAY - CORNING, NY 14830	13-5562351	501(C)(3)	165,922.	0.			PROGRAM FUNDING				

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Schedule I (Form 990) UNIIED WA	I OF INE	SOOTHERN II	ER, INC.			±					
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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SOUTHSIDE COMMUNITY CENTER 215 PARTRIDGE STREET FLMIDA NY 14904	22-2201957	501(C)(3)	9,732.	0.			PROGRAM FUNDING				
ELMIRA, NY 14904	22-2201957	501(C)(3)	9,732.	0.			PROGRAM FUNDING				
BOY SCOUTS FIVE RIVERS COUNCIL, INC 3300 CHAMBERS RD, STE 5190 - HORSEHEADS, NY 14845	23-7421969	501(C)(3)	50,194.	0.			PROGRAM FUNDING				
STEUBEN COUNTY OFFICE FOR AGING 3 EAST PULTENEY SQUARE											
BATH, NY 14810	16-6002567	170(C)(1)	32,531.	0.			PROGRAM FUNDING				
ALL SAINTS ACADEMY 158 STATE STREET CORNING, NY 14830	16-0984298	501(C)(3)	6,731.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT				
CATHOLIC CHARITIES OF CHEMUNG SCHUYLER - 215 E. CHURCH STREET -							DONOR DESIGNATED FOR				
ELMIRA, NY 14901	36-4618548	501(C)(3)	8,979.	0.			GENERAL SUPPORT				
CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER - 23 LIBERTY STREET - BATH, NY 14810	30-0553416	501(C)(3)	7,267.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT				
CHEMUNG COUNTY HUMANE SOCIETY AND SPCA - 2435 STATE ROUTE 352 -							DONOR DESIGNATED FOR				
ELMIRA, NY 14903	16-0743999	501(C)(3)	8,041.	0.			GENERAL SUPPORT				
CORNING DAY PROGRAMS D/B/A CORNING CHILDREN'S CENTER - 107 ARTHUR STREET - CORNING, NY 14830	22-2361362	501(C)(3)	8,392.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT				
CORNING MEALS ON WHEELS INC. 144 CEDAR STREET CORNING, NY 14830	16-0912403	501(C)(3)	15,596.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT				

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Schedule I (Form 990) UNITED WA	I OF IIIE	SOUTHERN II	$\Delta \mathbf{R}$ , $\mathbf{M} \mathbf{C}$ .			<u>ــــــــــــــــــــــــــــــــــــ</u>	0-1451041	Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	irt II.)		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance	t
FAMILY SERVICE SOCIETY, INC. 280 PRINCETON AVENUE EXTENSION CORNING, NY 14830	16-0743189	501(C)(3)	9,922.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT	٤
BOY SCOUTS FIVE RIVERS COUNCIL, INC. – 244 WEST WATER STREET, STE 10 – ELMIRA, NY 14901	23-7421969	501(C)(3)	11,582.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT	<u>'</u>
FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	20-8808059	501(C)(3)	12,348.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT	2
FRIENDS OF THE ADDISON YOUTH CENTER, INC 21 COMMUNITY DRIVE - ADDISON, NY 14801	16-1554204	501(C)(3)	17,522.	0.			PROGRAM FUNDING	
MEALS ON WHEELS OF CHEMUNG COUNTY INC 409 WILLIAM STREET - ELMIRA, NY 14901	16-1353247	501(C)(3)	6,742.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT	Ľ
PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES - 620 WEST SENECA STREET - ITHACA, NY 14850	16-0953368	501(C)(3)	15,202.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT	Ľ
THE SALVATION ARMY 32 DENISON PARKWAY EAST CORNING, NY 14830	13-5562351	501(C)(3)	8,702.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT	2
UNITED WAY OF SCHUYLER COUNTY PO BOX 270 WATKINS GLEN, NY 14891	22-2627958	501(C)(3)	9,333.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT	2
DSS CHEMUNG FOR SOUTHSIDE COMMUNITY CENTER - 425 PENNSYLVANIA AVENUE - ELMIRA, NY 14904	16-6002557	170(C)(1)	10,000.	0.			PROGRAM FUNDING	

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Schedule I (Form 990) UNLTED WA	I OF THE	SOUTHERN TI	ER, INC.				.0-1451041 Page				
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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ECONOMIC OPPORTUNITY PROGRAM 650 BALDWIN STREET ELMIRA, NY 14901	16-0906941	501(C)(3)	7,273.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT				
CHEMUNG COUNTY CHILD CARE COUNCIL 1580 LAKE STREET, SUITE 200 ELMIRA, NY 14901	13-3358600	501(C)(3)	44,397.	0.			PROGRAM FUNDING				
NONNIE HOOD PARENT RESOURCE CENTER 300 CIVIC CENTER PLAZA #210 CORNING, NY 14830	16-1595533	501(C)(3)	28,451.	0.			PROGRAM FUNDING				
HUMAN SERVICE DEVELOPMENT PO BOX 97 CORNING, NY 14830			36,962.	0.			PROGRAM FUNDING				
THE AMERICAN RED CROSS, FINGER LAKES CHAPTER - 11371 LPGA DRIVE - CORNING, NY 14830		501(C)(3)	19,313.	0.			PROGRAM FUNDING				
CORNING COMFORT CARE, INC PO BOX 965 CORNING, NY 14830	81-2058973	501(C)(3)	26,409.	0.			PROGRAM FUNDING				
NEIGHBORHOOD TRANSFORMATION CENTER, INC - 314 W CHURCH ST - ELMIRA, NY 14901	81-1943364	501(C)(3)	11,691.	0.			PROGRAM FUNDING				
NOTRE DAME HIGH SCHOOL 1400 MAPLE AVENUE ELMIRA, NY 14904	16-0791040	501(C)(3)	6,629.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT				
ST. MARY OUR MOTHER SCHOOL 816 WEST BROAD STREET HORSEHEADS, NY 14845	16-0755865	170(B)(1)(A)(I)	11,699.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT				

		SOUTHERN TI			/=		6-1451041 Pa
Part II Continuation of Grants and Other							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ARTS OF ELMIRA, INC. 413 LAKE STREET							
ELMIRA, NY 14901	20-4291106	501(C)(3)	21,798.	0.			PROGRAM FUNDING
STEUBEN SENIOR SERVICES FUND, INC. 3 EAST PULTENEY SQUARE	16-1586972	501(0)(2)	26 275	0.			PROGRAM FUNDING
BATH, NY 14810 THE SENIOR CENTER, INC. DBA	10-1300972	501(C)(3)	36,375.	0.			PROGRAM FUNDING
CHEMUNG FAMILY FITNESS CENTER - 425 PENNSYLVANIA AVENUE - ELMIRA,							
NY 14904	16-1508141	501(C)(3)	33,410.	0.			PROGRAM FUNDING
THE POTTER'S HANDS FOUNDATION, INC PO BOX 1564 - CORNING, NY 14830	46-4010419	501(C)(3)	6,249.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990) 2022

UNITED WAY OF THE SOUTHERN TIER, INC.

16-1451041

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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 RECEVING 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

Schedule I (Form 990) UNITED WAY OF THE SOUTHERN TIER, INC. 16-1451041 Page 2 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 PROGESS 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 180 AGENCIES. THE

AGGREGATE TOTAL PAID WAS \$166,472.

THERE WERE ALSO THREE AGENCIES THAT RECEIVED PROGRAM ALLOCATIONS OF

LESS THAN \$5,000, FOR A TOTAL OF \$7,073.

Schedule I (Form 990)

232291 04-01-22 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 for the latest information.

EX 2022 Open to Public Inspection Employer identification number

16-1451041

OMB No 1545-0047

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

### 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 DEFIND 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. 232211 10-28-22

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

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
232212 10-28-22
Schedule O (Form 990) 2022

12271215 101824 0014912 2022.05010 UNITED WAY OF THE SOUTHERN 00149121

Schedule O (Form 990) 20	22							Page <b>2</b>
Name of the organization	UNITED	WAY	OF	mur	COLIMBERN	mted	INC.	Employer identification number 16-1451041
	ONTIED	WAI	Or	TUP	SOUTHERN	IICK,	INC.	10-1451041

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.

232212 10-28-22

Schedule O (Form 990) 2022

12271215 101824 0014912 2022.05010 UNITED WAY OF THE SOUTHERN 00149121