

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: UNITED WAY OF THE SOUTHERN TIER, INC. D Employer identification number: 16-1451041
E Telephone number: (607) 936-3753
G Gross receipts \$: 5,011,344.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.UWST.ORG
K Form of organization:
L Year of formation: 1993
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2. Discontinued operations; 3-7a. Governance and revenue; 8-12. Revenue; 13-19. Expenses; 20-22. Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: MALEAHA SMITH, CEO
Preparer's name: CHRISTOPHER JOHNSTON
Firm's name: EFPR ADVISORY, LLC
Firm's address: 8 DENISON PARKWAY E., SUITE 407 CORNING, NY 14830

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 3,007,695. including grants of \$ 3,007,695. ) (Revenue \$ ) CAMPAIGN ALLOCATIONS - UWST ADMINISTERS TWO PRIMARY TYPES OF FUNDING STREAMS TO NONPROFIT ORGANIZATIONS: ALLOCATIONS AND STRATEGIC INVESTMENT FUND GRANTS.

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

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

4b (Code: ) (Expenses \$ 253,184. including grants of \$ ) (Revenue \$ ) COMMUNITY INVESTMENT - COMMUNITY INVESTMENT REFLECTS THE COSTS ASSOCIATED WITH CONDUCTING THE ALLOCATION (COMMUNITY INVESTMENT) FUNCTION. ALL PROGRAM INVESTMENTS ARE MADE IN A MATTER CONSISTENT WITH UWST'S FIVE INVESTMENT VALUES. THESE VALUES CONSIDER CLIENT NEED, PROGRAM RESULTS, FOCUSED ALIGNMENT WITH OUR STRATEGIC INTENT, EFFECTIVE USE OF RESOURCES, AND CONTINUOUS LEARNING AND IMPROVEMENT. ULTIMATE AUTHORITY FOR ALL PROGRAM INVESTMENTS RESTS WITH THE UWST BOARD OF DIRECTORS, THESE INVESTMENTS ARE MADE TO QUALIFIED ORGANIZATIONS BASED ON DEMONSTRATION OF STRONG PERFORMANCE IN EACH OF THE FIVE VALUE AREAS.

4c (Code: ) (Expenses \$ 87,743. including grants of \$ ) (Revenue \$ ) COMMUNITY BUILDING - COMMUNITY BUILDING REFLECTS THE COSTS ASSOCIATED WITH COLLECTIVE COMMUNITY EFFORTS TO RESPOND TO SOCIAL ISSUES.

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

THIS WORK INCLUDES:

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

4e Total program service expenses 3,348,622.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MALEAHA SMITH, CEO - 607-377-5828
88 EAST TIOGA AVE, SUITE 102, CORNING, NY 14830

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN HUGHES PRESIDENT & CEO (UNTIL 3/31/25)	40.00			X				130,939.	0.	15,449.
(2) DAVID WALKER CHAIR	1.00	X		X				0.	0.	0.
(3) NATE PIZZINI CHAIR-ELECT	1.00	X		X				0.	0.	0.
(4) HILLARY J. AUSTIN IMMEDIATE PAST-CHAIR	1.00	X		X				0.	0.	0.
(5) TYMON DANIELS TREASURER	1.00	X		X				0.	0.	0.
(6) MARY MEISNER SECRETARY	1.00	X		X				0.	0.	0.
(7) JOSH BEZIO DIRECTOR	1.00	X						0.	0.	0.
(8) KATIE CERVONI DIRECTOR	1.00	X						0.	0.	0.
(9) COLIN FORTIER DIRECTOR	1.00	X						0.	0.	0.
(10) COLTON HILLMAN, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(11) MEGAN HUBBARD DIRECTOR	1.00	X						0.	0.	0.
(12) JORDANA KAMMERUD DIRECTOR	1.00	X						0.	0.	0.
(13) KIM KEPHART DIRECTOR	1.00	X						0.	0.	0.
(14) JOLIE MCCARTHY DIRECTOR	1.00	X						0.	0.	0.
(15) AVERY "HAL" NELSON III DIRECTOR	1.00	X						0.	0.	0.
(16) PAYAL PATEL DIRECTOR	1.00	X						0.	0.	0.
(17) MONICA RIDOSH DIRECTOR	1.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 3,794,624.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 176,038.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 40,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 193,482.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f .....						4,204,144.
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		159,879.	159,879.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	511,801.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	41,578.				
<b>d</b> Net gain or (loss) .....			41,578.	41,578.			
<b>8 a</b> Gross income from fundraising events (not including \$ 176,038. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
		0.					
<b>b</b> Less: direct expenses .....	<b>8b</b>	46,183.					
<b>c</b> Net income or (loss) from fundraising events .....			-46,183.			-46,183.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b> 900099	93,942.	93,942.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			93,942.			
<b>12 Total revenue.</b> See instructions .....			4,453,360.	295,399.	0.	-46,183.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,007,695.	3,007,695.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	251,224.	85,341.	96,570.	69,313.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	188,440.	64,004.	72,438.	51,998.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	28,813.	9,786.	11,077.	7,950.
10 Payroll taxes	35,533.	12,070.	13,659.	9,804.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	59,456.		59,456.	
12 Advertising and promotion	17,456.	6,187.	875.	10,394.
13 Office expenses	8,823.	1,670.	3,826.	3,327.
14 Information technology				
15 Royalties				
16 Occupancy	23,771.	8,074.	9,139.	6,558.
17 Travel	926.	312.	73.	541.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,052.	2,073.	4,825.	1,154.
20 Interest				
21 Payments to affiliates	40,639.		40,639.	
22 Depreciation, depletion, and amortization	3,605.	1,224.	1,386.	995.
23 Insurance	8,665.	2,944.	3,330.	2,391.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a STRATEGY-ALIGNED EXPENS	141,243.	141,243.		
b LEASES AND SOFTWARE MAI	96,698.	5,259.	82,132.	9,307.
c MISCELLANEOUS	29,519.	740.	14,200.	14,579.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,950,558.	3,348,622.	413,625.	188,311.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	170,607.	<b>1</b>	390,852.
	<b>2</b> Savings and temporary cash investments .....	429,937.	<b>2</b>	59,466.
	<b>3</b> Pledges and grants receivable, net .....	1,678,646.	<b>3</b>	1,720,673.
	<b>4</b> Accounts receivable, net .....	39.	<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	12,358.	<b>9</b>	18,907.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 136,732.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 126,490.	<b>10c</b>	10,242.
	<b>11</b> Investments - publicly traded securities .....	4,141,359.	<b>11</b>	4,082,003.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	83,215.	<b>15</b>	133,657.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	6,523,711.	<b>16</b>	6,415,800.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	74,233.	<b>17</b>	85,912.
	<b>18</b> Grants payable .....	2,385,196.	<b>18</b>	1,933,893.
	<b>19</b> Deferred revenue .....	165,080.	<b>19</b>	43,500.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	846,699.	<b>25</b>	699,453.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,471,208.	<b>26</b>	2,762,758.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,965,618.	<b>27</b>	2,574,526.
	<b>28</b> Net assets with donor restrictions .....	1,086,885.	<b>28</b>	1,078,516.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,052,503.	<b>32</b>	3,653,042.
<b>33</b> Total liabilities and net assets/fund balances .....	6,523,711.	<b>33</b>	6,415,800.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,453,360.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,950,558.
3	Revenue less expenses. Subtract line 2 from line 1	3	502,802.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,052,503.
5	Net unrealized gains (losses) on investments	5	97,737.
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	3,653,042.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,967,610.	4,613,431.	3,718,713.	3,479,080.	4,204,144.	19,982,978.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	3,967,610.	4,613,431.	3,718,713.	3,479,080.	4,204,144.	19,982,978.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,482,011.
<b>6 Public support.</b> Subtract line 5 from line 4.						17,500,967.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	3,967,610.	4,613,431.	3,718,713.	3,479,080.	4,204,144.	19,982,978.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	63,853.	106,129.	88,201.	115,226.	159,879.	533,288.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	126,729.	133,799.	127,166.	111,793.	93,942.	593,429.
<b>11 Total support.</b> Add lines 7 through 10						21,109,695.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	82.90 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	83.45 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2025. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

Employer identification number

16-1451041

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	318,010.	318,010.	318,010.	318,010.	318,010.
b Contributions					
c Net investment earnings, gains, and losses	26,300.	16,233.	15,282.	-19,751.	49,921.
d Grants or scholarships					
e Other expenditures for facilities and programs	26,300.	16,233.	15,282.	-19,751.	49,921.
f Administrative expenses					
g End of year balance	318,010.	318,010.	318,010.	318,010.	318,010.

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		136,732.	126,490.	10,242.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,242.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DUE TO OTHER AGENCIES</b>	632,283.
(3) <b>LEASE LIABILITY</b>	67,170.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	699,453.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,923,975.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	97,737.	
b	Donated services and use of facilities	2b	36,568.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		134,305.
3	Subtract line 2e from line 1		3	3,789,670.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	663,690.	
c	Add lines 4a and 4b	4c		663,690.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,453,360.

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

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

1	Total expenses and losses per audited financial statements		1	3,323,436.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	36,568.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		36,568.
3	Subtract line 2e from line 1		3	3,286,868.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	663,690.	
c	Add lines 4a and 4b	4c		663,690.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,950,558.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

IN ACCORDANCE WITH ASC 740-10-50, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, UWST RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY 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 663,690.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

CAMPAIGN DESIGNATIONS 663,690.

**PART XII AND XIII, LINE 4B:**





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TOUR DE KEUKA (event type)	ANNUAL DINNER (event type)	NONE (total number)	
Revenue	1	Gross receipts	110,268.	53,364.	163,632.
	2	Less: Contributions	110,268.	53,364.	163,632.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	16,285.	17,492.	33,777.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			33,777.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-33,777.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF THE SOUTHERN TIER, INC.** Employer identification number **16-1451041**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADDISON CENTRAL SCHOOL 7 CLEVELAND DRIVE ADDISON, NY 14801	16-6001452	501(C)(3)	8,991.	0.			PROGRAM FUNDING
ARBOR HOUSING AND DEVELOPMENT 26 BRIDGE STREET CORNING, NY 14830	16-1166737	501(C)(3)	69,607.	0.			PROGRAM FUNDING
CASA OF THE SOUTHERN TIER, INC. PO BOX 778 CORNING, NY 14830	22-2984339	501(C)(3)	12,568.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF CHEMUNG COUNTY - 215 EAST CHURCH ST, SUITE 101 - ELMIRA, NY 14901	36-4618548	501(C)(3)	101,510.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF STEUBEN COUNTY - 23 LIBERTY STREET - BATH, NY 14810	13-4365481	501(C)(3)	163,867.	0.			PROGRAM FUNDING
LEGAL ASSISTANCE OF WESTERN NEW YORK, INC. - 215 EAST CHURCH ST, SUITE 301 - ELMIRA, NY 14901	16-0955954	501(C)(3)	25,136.	0.			PROGRAM FUNDING

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **67.**

**3** Enter total number of other organizations listed in the line 1 table ..... **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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEMUNG COUNTY YOUTH BUREAU 599 HARRIS HILL ROAD ELMIRA, NY 14903	16-6002557	170(C)(1)	6,864.	0.			PROGRAM FUNDING
CIDS 161 SULLIVAN STREET ELMIRA, NY 14901	16-0996008	501(C)(3)	150,815.	0.			PROGRAM FUNDING
CORNING MEALS ON WHEELS INC. 144 CEDAR STREET CORNING, NY 14830	16-0912403	501(C)(3)	37,897.	0.			PROGRAM FUNDING
ECONOMIC OPPORTUNITY PROGRAM 650 BALDWIN STREET ELMIRA, NY 14901	16-0906941	501(C)(3)	47,371.	0.			PROGRAM FUNDING
FAITH IN ACTION STEUBEN COUNTY PO BOX 117 HORSELL, NY 14843	16-1561317	501(C)(3)	84,108.	0.			PROGRAM FUNDING
FAMILY READING PARTNERSHIP PO BOX 3493 ELMIRA, NY 14905	20-2074184	501(C)(3)	7,734.	0.			PROGRAM FUNDING
FAMILY SERVICE SOCIETY, INC. 280 PRINCETON AVENUE EXTENSION CORNING, NY 14830	16-0743189	501(C)(3)	257,757.	0.			PROGRAM FUNDING
FAMILY SERVICES OF CHEMUNG COUNTY, INC. - 1019 EAST WATER STREET - ELMIRA, NY 14901	16-0743995	501(C)(3)	88,266.	0.			PROGRAM FUNDING
FRIENDS OF THE ADDISON YOUTH CENTER - 21 COMMUNITY DRIVE - ADDISON, NY 14801	16-1554204	501(C)(3)	16,435.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF NYPENN PATHWAYS, INC. - 8170 THOMPSON ROAD - CICERO, NY 13039	16-0844808	501(C)(3)	24,169.	0.			PROGRAM FUNDING
HOME & HEALTH CARE SERVICES, INC. 82 MAIN STREET, 3RD FLOOR HORNELL, NY 14843	16-0771756	501(C)(3)	82,175.	0.			PROGRAM FUNDING
HORNELL AREA CONCERN FOR YOUTH, INC. - 76 EAST MAIN STREET - HORNELL, NY 14843	16-1060573	501(C)(3)	15,952.	0.			PROGRAM FUNDING
HORNELL CHILDREN'S HOME 233 MAIN STREET HORNELL, NY 14843	16-0764346	501(C)(3)	15,468.	0.			PROGRAM FUNDING
INSTITUTE FOR HUMAN SERVICES 6666 COUNTY ROUTE 11, SUITE 2 BATH, NY 14810	22-2552824	501(C)(3)	68,640.	0.			PROGRAM FUNDING
MEALS ON WHEELS OF CHEMUNG COUNTY INC. - 150 FOX STREET - ELMIRA, NY 14901	16-1353247	501(C)(3)	44,858.	0.			PROGRAM FUNDING
PRO ACTION OF STEUBEN AND YATES, INC. - 117 EAST STEUBEN STREET - BATH, NY 14810	16-0914512	501(C)(3)	535,025.	0.			PROGRAM FUNDING
SALVATION ARMY - ELMIRA 414 LAKE STREET ELMIRA, NY 14901	13-5562351	501(C)(3)	64,773.	0.			PROGRAM FUNDING
THE SALVATION ARMY (OF STEUBEN COUNTY) - 32 DENISON PARKWAY - CORNING, NY 14830	13-5562351	501(C)(3)	157,583.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE COMMUNITY CENTER 215 PARTRIDGE STREET ELMIRA, NY 14904	22-2201957	501(C)(3)	18,369.	0.			PROGRAM FUNDING
STEUBEN COUNTY OFFICE FOR AGING 3 EAST PULTENEY SQUARE BATH, NY 14810	16-6002567	170(C)(1)	13,438.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF CHEMUNG SCHUYLER - 215 E. CHURCH STREET - ELMIRA, NY 14901	36-4618548	501(C)(3)	11,488.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES OF STEUBEN & LIVINGSTON, DIOCESE OF ROCHESTER - 23 LIBERTY STREET - BATH, NY 14810	30-0553416	501(C)(3)	11,453.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CORNING DAY PROGRAMS D/B/A CORNING CHILDREN'S CENTER - 107 ARTHUR STREET - CORNING, NY 14830	22-2361362	501(C)(3)	5,144.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CORNING MEALS ON WHEELS INC. 144 CEDAR STREET CORNING, NY 14830	16-0912403	501(C)(3)	13,793.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY SERVICE SOCIETY, INC. 280 PRINCETON AVENUE EXTENSION CORNING, NY 14830	16-0743189	501(C)(3)	8,361.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	20-8808059	501(C)(3)	17,467.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDS OF THE ADDISON YOUTH CENTER, INC. - 21 COMMUNITY DRIVE - ADDISON, NY 14801	16-1554204	501(C)(3)	5,052.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF CHEMUNG COUNTY INC. - 409 WILLIAM STREET - ELMIRA, NY 14901	16-1353247	501(C)(3)	6,378.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES - 620 WEST SENECA STREET - ITHACA, NY 14850	16-0953368	501(C)(3)	10,377.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SALVATION ARMY 32 DENISON PARKWAY EAST CORNING, NY 14830	13-5562351	501(C)(3)	7,693.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF SCHUYLER COUNTY PO BOX 270 WATKINS GLEN, NY 14891	22-2627958	501(C)(3)	6,532.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ECONOMIC OPPORTUNITY PROGRAM 650 BALDWIN STREET ELMIRA, NY 14901	16-0906941	501(C)(3)	7,138.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHEMUNG COUNTY CHILD CARE COUNCIL 1580 LAKE STREET, SUITE 200 ELMIRA, NY 14901	13-3358600	501(C)(3)	14,501.	0.			PROGRAM FUNDING
NONNIE HOOD PARENT RESOURCE CENTER 300 CIVIC CENTER PLAZA #210 CORNING, NY 14830	16-1595533	501(C)(3)	24,169.	0.			PROGRAM FUNDING
HUMAN SERVICE DEVELOPMENT PO BOX 97 CORNING, NY 14830			35,770.	0.			PROGRAM FUNDING
CORNING COMFORT CARE, INC PO BOX 965 CORNING, NY 14830	81-2058973	501(C)(3)	18,369.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD TRANSFORMATION CENTER, INC - 314 W CHURCH ST - ELMIRA, NY 14901	81-1943364	501(C)(3)	16,822.	0.			PROGRAM FUNDING
ST. MARY OUR MOTHER SCHOOL 816 WEST BROAD STREET HORSEHEADS, NY 14845	16-0755865	170(B)(1)(A)(I)	10,988.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TWIN TIERS BABY BANK 130 WEST WATER STREET PAINTED POST, NY 14870	83-2833198	501(C)(3)	11,601.	0.			PROGRAM FUNDING
STEUBEN SENIOR SERVICES FUND, INC. 3 EAST PULTENEY SQUARE BATH, NY 14810	16-1586972	501(C)(3)	19,335.	0.			PROGRAM FUNDING
HORSEHEADS FAMILY RESOURCE CENTER 1034 WEST BROAD STREET HORSEHEADS, NY 14845	27-3576674	501(C)(3)	11,601.	0.			PROGRAM FUNDING
VINCENT HOUSE 310 SECOND AVENUE WAYLAND, NY 14572	16-1580254	501(C)(3)	9,668.	0.			PROGRAM FUNDING
TRI-COUNTY YMCA OF NY 18 CENTER STREET HORNELLS, NY 14843	16-0743237	501(C)(3)	21,656.	0.			PROGRAM FUNDING
GENESEO PARISH OUTREACH CENTER 4520 GENESEE STREET GENESEO, NY 14454	14-1916822	501(C)(3)	7,251.	0.			PROGRAM FUNDING
GREAT FALLS COUNCIL, SCOUTING AMERICA - 244 WEST WATER STREET - ELMIRA, NY 14901	16-0743929	501(C)(3)	29,003.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATAWBA COUNTY UNITED WAY PO BOX 2425 HICKORY, NC 28603	56-0774714	501(C)(3)	51,464.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DOMESTIC VIOLENCE SHELTER AND SERVICES - PO BOX 1555 - WILMINGTON, NC 28402	56-1497076	501(C)(3)	9,617.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EAST LINCOLN CHRISTIAN MINISTRY PO BOX 42 DENVER, NC 28037	56-1394959	501(C)(3)	9,243.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREAT FALLS COUNCIL, SCOUTING AMERICA - 244 WEST WATER STREET - ELMIRA, NY 14901	16-0743929	501(C)(3)	9,308.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HEART OF KENTUCKY UNITED WAY 118 N 3RD ST DANVILLE, KY 40422	23-7166092	501(C)(3)	17,962.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF BRADFORD COUNTY, PA 24 MAIN ST, SUITE 1 TOWANDA, PA 18848	23-2077784	501(C)(3)	19,307.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN ST, SUITE 1700 WINSTON-SALEM, NC 27101	23-7357234	501(C)(3)	11,040.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER CHARLOTTE PO BOX 890685 CHARLOTTE, NC 28289	56-0529948	501(C)(3)	80,775.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVE ROCHESTER, NY 14607	16-1015782	501(C)(3)	7,197.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY - 51 SLEEPER ST - BOSTON, MA 02210	04-2382233	501(C)(3)	6,096.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF NORTHERN NEW YORK, INC. - 167 POLK ST, SUITE 300 - WATERTOWN, NY 13601	15-0543356	501(C)(3)	6,341.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF SOUTHERN MAINE 550 FOREST AVE, SUITE 100 PORTLAND, ME 04101	01-0276862	501(C)(3)	9,677.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF TARRANT COUNTY 201 N RUPERT ST, SUITE 107 FORT WORTH, TX 76107	75-0858360	501(C)(3)	9,667.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE CAPE FEAR AREA 127 GRACE STREET WILMINGTON, NC 82687	56-0529949	501(C)(3)	82,687.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE, INC. - PO BOX 110583 - DURHAM, NC 27709	56-1949103	501(C)(3)	6,946.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE NEW RIVER VALLEY PO BOX 6202 CHRISTIANSBURG, VA 24068	54-0739250	501(C)(3)	7,285.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
VALLEY OF THE SUN UNITED WAY 3115 N 3RD AVENUE STE G130 PHOENIX, AZ 85013	86-0104419	501(C)(3)	12,660.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

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

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

**PART I, LINE 2:**

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

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

- I) AN APPLICATION PROCESS THAT INCLUDES EXPLANATION FOR THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING
- 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 PROCESS REPORT THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THE RESULTS ACHIEVED AGAINST MISSION AS A RESULT.



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization **UNITED WAY OF THE SOUTHERN TIER, INC.** Employer identification number **16-1451041**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
IN OUR COMMUNITY.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
CHILD SUCCESS.**

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

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

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

**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:**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization UNITED WAY OF THE SOUTHERN TIER, INC.	Employer identification number 16-1451041
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ANNUALLY, BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT AND NOTE ANY POTENTIAL CONFLICTS OF INTEREST TO BE FURTHER 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.