

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
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.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE SOUTHERN TIER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 NASSER CIVIC CTR PL 220 City or town, state or province, country, and ZIP or foreign postal code CORNING, NY 14830 F Name and address of principal officer: STEPHEN M. HUGHES SAME AS C ABOVE	D Employer identification number ** - ***1041 E Telephone number (607)936-3753 G Gross receipts \$ 5,239,919. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UWST.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1993		M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO UNITE AND PRIORITIZE RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR EVERY PERSON AND FAMILY		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	462
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	4,319,083.	3,967,610.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,280.	357,401.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	192,470.	128,396.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,548,833.	4,453,407.
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,494,622.	3,342,579.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	656,503.	586,342.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 215,901.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	420,470.	383,195.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,571,595.	4,312,116.
19	Revenue less expenses. Subtract line 18 from line 12	-22,762.	141,291.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	6,094,708.	6,340,498.
22	Net assets or fund balances. Subtract line 21 from line 20	3,810,689.	3,515,895.
		2,284,019.	2,824,603.

Part II Signature Block

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

Sign Here	Signature of officer STEPHEN M. HUGHES, PRESIDENT & CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER JOHNSTON	Preparer's signature CHRISTOPHER JOHNSTON	Date 10/25/21	Check if self-employed <input type="checkbox"/>	PTIN P00896198
	Firm's name ▶ EFPR GROUP, CPAS, PLLC	Firm's EIN ▶ ** - ***6160			
	Firm's address ▶ 8 DENISON PARKWAY E., SUITE 407 CORNING, NY 14830		Phone no. 607-962-6891		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 3,342,579. including grants of \$ 3,342,579.) (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 \$ 183,638. 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 \$ 138,713. 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 3,664,930.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-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 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (25), 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

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 instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN HUGHES PRESIDENT & CEO	40.00			X				107,549.	0.	25,318.
(2) LISA GILL DIRECTOR OF FINANCE & ADMI	40.00			X				79,643.	0.	6,155.
(3) ARNE FEYLING CHAIR	1.00	X		X				0.	0.	0.
(4) MARTIN CURRAN CHAIR-ELECT	1.00	X		X				0.	0.	0.
(5) HILLARY AUSTIN IMMEDIATE PAST-CHAIR	1.00	X		X				0.	0.	0.
(6) JAMES FLAWS TREASURER	1.00	X		X				0.	0.	0.
(7) LOU DIFABIO SECRETARY (JULY - DEC)	1.00	X		X				0.	0.	0.
(8) DAVID WALKER SECRETARY (JAN - JUNE)	1.00	X		X				0.	0.	0.
(9) MICHAEL BURNS DIRECTOR	1.00	X						0.	0.	0.
(10) MARY MEISNER DIRECTOR	1.00	X						0.	0.	0.
(11) ROBERT STANTON DIRECTOR	1.00	X						0.	0.	0.
(12) JULIE MONAHAN DIRECTOR	1.00	X						0.	0.	0.
(13) MARK CLARK DIRECTOR	1.00	X						0.	0.	0.
(14) AMBER PHELPS DIRECTOR	1.00	X						0.	0.	0.
(15) IAN HARROP DIRECTOR	1.00	X						0.	0.	0.
(16) ANNE WELLSIVER-HARTSING DIRECTOR	1.00	X						0.	0.	0.
(17) JUDY MCINTOSH DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. WILLIAM POCHAL DIRECTOR	1.00	X						0.	0.	0.
(19) JOLIE MCCARTHY DIRECTOR	1.00	X						0.	0.	0.
(20) JOSHUA BEZIO DIRECTOR	1.00	X						0.	0.	0.
(21) WILLIAM DUTRIDGE DIRECTOR	1.00	X						0.	0.	0.
(22) AVERY NELSON III DIRECTOR	1.00	X						0.	0.	0.
(23) MONICA RIDOSH DIRECTOR	1.00	X						0.	0.	0.
(24) DEBORAH MONTROSE DIRECTOR	1.00	X						0.	0.	0.
(25) NATE PIZZINI DIRECTOR	1.00	X						0.	0.	0.
(26) KATIE CERVONI DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								187,192.	0.	31,473.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								187,192.	0.	31,473.

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	3,683,162.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	225,445.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	59,003.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,967,610.			
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		62,186.	62,186.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,667.			
			(ii) Personal				
	b Less: rental expenses ...	6b		0.			
	c Rental income or (loss)	6c		1,667.			
	d Net rental income or (loss)			1,667.		1,667.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,081,727.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		785,723.	789.		
	c Gain or (loss)	7c		296,004.	-789.		
d Net gain or (loss)			295,215.	296,004.	-789.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	126,729.	126,729.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			126,729.			
12 Total revenue. See instructions			4,453,407.	484,919.	0.	878.	

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	3,342,579.	3,342,579.		
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	218,665.	54,848.	109,987.	53,830.
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	289,056.	72,826.	144,200.	72,030.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,102.	8,804.	19,033.	8,265.
10 Payroll taxes	42,519.	11,406.	21,228.	9,885.
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.)	16,227.	107.	4,214.	11,906.
12 Advertising and promotion	29,861.	10,953.	881.	18,027.
13 Office expenses	10,136.	2,276.	5,510.	2,350.
14 Information technology				
15 Royalties				
16 Occupancy	53,253.	11,011.	31,354.	10,888.
17 Travel	323.	112.		211.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,419.	331.	2,256.	7,832.
20 Interest				
21 Payments to affiliates	57,172.	6,739.	43,770.	6,663.
22 Depreciation, depletion, and amortization	10,235.	2,579.	5,106.	2,550.
23 Insurance	7,205.	1,504.	4,214.	1,487.
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	130,536.	130,536.		
b LEASES AND SOFTWARE MAI	42,001.	7,176.	30,451.	4,374.
c MISCELLANEOUS	15,827.	1,143.	9,081.	5,603.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,312,116.	3,664,930.	431,285.	215,901.
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 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
Assets	1 Cash - non-interest-bearing	33,680.	1	238,737.
	2 Savings and temporary cash investments	783,451.	2	462,115.
	3 Pledges and grants receivable, net	2,167,188.	3	1,786,686.
	4 Accounts receivable, net	7,400.	4	293.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,287.	9	23,986.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 144,474.		
	b Less: accumulated depreciation	10b 130,731.		
	11 Investments - publicly traded securities	3,066,107.	11	3,814,938.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,094,708.	16	6,340,498.	
Liabilities	17 Accounts payable and accrued expenses	45,172.	17	44,767.
	18 Grants payable	2,556,825.	18	2,627,755.
	19 Deferred revenue	6,760.	19	12,972.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	115,100.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,086,832.	25	830,401.
	26 Total liabilities. Add lines 17 through 25	3,810,689.	26	3,515,895.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,891,088.	27	2,398,374.
	28 Net assets with donor restrictions	392,931.	28	426,229.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,284,019.	32	2,824,603.
33 Total liabilities and net assets/fund balances	6,094,708.	33	6,340,498.	

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	4,453,407.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,312,116.
3	Revenue less expenses. Subtract line 2 from line 1	3	141,291.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,284,019.
5	Net unrealized gains (losses) on investments	5	399,293.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,824,603.

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 in 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 Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,990,301.	4,038,966.	4,004,060.	4,319,083.	3,967,610.	20,320,020.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3,990,301.	4,038,966.	4,004,060.	4,319,083.	3,967,610.	20,320,020.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,276,541.
6 Public support. Subtract line 5 from line 4.						18,043,479.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,990,301.	4,038,966.	4,004,060.	4,319,083.	3,967,610.	20,320,020.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	48,699.	60,909.	62,104.	56,745.	63,853.	292,310.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	159,295.	161,742.	171,967.	190,903.	126,729.	810,636.
11 Total support. Add lines 7 through 10						21,422,966.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	84.22 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	84.86 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. 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 stop here. 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 10% -facts-and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
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)? <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>		
5a 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 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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.	Yes	No
b Did the activities described in 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.		
2a		
2b		
3a		
3b		

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

Employer identification number

**** - ***1041**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 560,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 110,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 115,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) 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

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

Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	318,010.	318,010.	318,010.	318,010.	318,010.
b Contributions					
c Net investment earnings, gains, and losses	49,921.	-16,930.	21,988.	9,240.	27,772.
d Grants or scholarships					
e Other expenditures for facilities and programs	49,921.	-16,930.	21,988.	9,240.	27,772.
f Administrative expenses					
g End of year balance	318,010.	318,010.	318,010.	318,010.	318,010.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		144,474.	130,731.	13,743.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,743.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER AGENCIES	830,401.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	830,401.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,419,914.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	399,293.
b	Donated services and use of facilities	2b	18,044.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	417,337.
3	Subtract line 2e from line 1	3	4,002,577.
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	450,830.
c	Add lines 4a and 4b	4c	450,830.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,453,407.

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	3,879,330.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	18,044.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	18,044.
3	Subtract line 2e from line 1	3	3,861,286.
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	450,830.
c	Add lines 4a and 4b	4c	450,830.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,312,116.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

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

Part XIII Supplemental Information (continued)

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN DESIGNATIONS 450,830.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN DESIGNATIONS 450,830.

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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADDISON CENTRAL SCHOOL 7 CLEVELAND DRIVE ADDISON, NY 14801	** - *** 1452	501(C)(3)	10,983.	0.			PROGRAM FUNDING
ARBOR HOUSING AND DEVELOPMENT 26 BRIDGE STREET CORNING, NY 14830	** - *** 6737	501(C)(3)	70,029.	0.			PROGRAM FUNDING
CASA OF THE SOUTHERN TIER, INC. PO BOX 778 CORNING, NY 14830	** - *** 4339	501(C)(3)	14,875.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF CHEMUNG COUNTY - 215 EAST CHURCH ST, SUITE 101 - ELMIRA, NY 14901	** - *** 8548	501(C)(3)	157,037.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF STEUBEN COUNTY - 23 LIBERTY STREET - BATH, NY 14810	** - *** 5481	501(C)(3)	199,279.	0.			PROGRAM FUNDING
CORNELL COOPERATIVE EXTENSION OF CHEMUNG COUNTY - 425 PENNSYLVANIA AVENUE - ELMIRA, NY 14904	** - *** 2875	501(C)(3)	25,869.	0.			PROGRAM FUNDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **63.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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Schedule I (Form 990) 2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL ASSISTANCE OF WESTERN NEW YORK, INC. - 215 EAST CHURCH ST, SUITE 301 - ELMIRA, NY 14901	**-***5954	501(C)(3)	28,200.	0.			PROGRAM FUNDING
CHEMUNG COUNTY YOUTH BUREAU 599 HARRIS HILL ROAD ELMIRA, NY 14903	**-***2557	170(C)(1)	8,645.	0.			PROGRAM FUNDING
CIDS 161 SULLIVAN STREET ELMIRA, NY 14901	**-***6008	501(C)(3)	176,378.	0.			PROGRAM FUNDING
CORNELL COOPERATIVE EXTENSION OF STEUBEN COUNTY - 3 PULTENEY SQUARE - BATH, NY 14810	**-***2895	501(C)(3)	17,015.	0.			PROGRAM FUNDING
CORNING MEALS ON WHEELS INC. 144 CEDAR STREET CORNING, NY 14830	**-***2403	501(C)(3)	28,000.	0.			PROGRAM FUNDING
ECONOMIC OPPORTUNITY PROGRAM 650 BALDWIN STREET ELMIRA, NY 14901	**-***6941	501(C)(3)	76,083.	0.			PROGRAM FUNDING
FAITH IN ACTION STEUBEN COUNTY PO BOX 117 HORSELL, NY 14843	**-***1317	501(C)(3)	36,000.	0.			PROGRAM FUNDING
FAMILY READING PARTNERSHIP PO BOX 3493 ELMIRA, NY 14905	**-***4184	501(C)(3)	8,000.	0.			PROGRAM FUNDING
FAMILY SERVICE SOCIETY, INC. 280 PRINCETON AVENUE EXTENSION CORNING, NY 14830	**-***3189	501(C)(3)	306,092.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES OF CHEMUNG COUNTY, INC. - 1019 EAST WATER STREET - ELMIRA, NY 14901	**-***3995	501(C)(3)	77,775.	0.			PROGRAM FUNDING
FRIENDS OF THE ADDISON YOUTH CENTER - 21 COMMUNITY DRIVE - ADDISON, NY 14801	**-***4204	501(C)(3)	17,760.	0.			PROGRAM FUNDING
GIRL SCOUTS OF NYPENN PATHWAYS, INC. - 8170 THOMPSON ROAD - CICERO, NY 13039	**-***4808	501(C)(3)	45,553.	0.			PROGRAM FUNDING
HOME & HEALTH CARE SERVICES, INC. 82 MAIN STREET, 3RD FLOOR HORNELL, NY 14843	**-***1756	501(C)(3)	75,000.	0.			PROGRAM FUNDING
HORNELL AREA CONCERN FOR YOUTH, INC. - 76 EAST MAIN STREET - HORNELL, NY 14843	**-***0573	501(C)(3)	16,826.	0.			PROGRAM FUNDING
YMCA OF HORNELL, NEW YORK INC. 18 CENTER STREET HORNELL, NY 14843	**-***3237	501(C)(3)	19,015.	0.			PROGRAM FUNDING
HORNELL CHILDREN'S HOME 233 MAIN STREET HORNELL, NY 14843	**-***4346	501(C)(3)	17,875.	0.			PROGRAM FUNDING
INSTITUTE FOR HUMAN SERVICES 6666 COUNTY ROUTE 11, SUITE 2 BATH, NY 14810	**-***2824	501(C)(3)	76,773.	0.			PROGRAM FUNDING
MEALS ON WHEELS OF CHEMUNG COUNTY INC. - 150 FOX STREET - ELMIRA, NY 14901	**-***3247	501(C)(3)	41,830.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRO ACTION OF STEUBEN AND YATES, INC. - 117 EAST STEUBEN STREET - BATH, NY 14810	**-***4512	501(C)(3)	731,927.	0.			PROGRAM FUNDING
SALVATION ARMY - ELMIRA 414 LAKE STREET ELMIRA, NY 14901	**-***2351	501(C)(3)	64,400.	0.			PROGRAM FUNDING
THE SALVATION ARMY (OF STEUBEN COUNTY) - 32 DENISON PARKWAY - CORNING, NY 14830	**-***2351	501(C)(3)	163,800.	0.			PROGRAM FUNDING
SOUTHSIDE COMMUNITY CENTER 215 PARTRIDGE STREET ELMIRA, NY 14904	**-***1957	501(C)(3)	13,099.	0.			PROGRAM FUNDING
BOY SCOUTS FIVE RIVERS COUNCIL, INC. - 3300 CHAMBERS RD, STE 5190 - HORSEHEADS, NY 14845	**-***1969	501(C)(3)	50,876.	0.			PROGRAM FUNDING
STEUBEN COUNTY OFFICE FOR AGING 3 EAST PULTENEY SQUARE BATH, NY 14810	**-***2567	170(C)(1)	24,822.	0.			PROGRAM FUNDING
ALL SAINTS ACADEMY 158 STATE STREET CORNING, NY 14830	**-***4298	501(C)(3)	12,058.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALTERNATIVE SCHOOL FOR MATH AND SCIENCE - PO BOX 114 - CORNING, NY 14830	**-***0204	501(C)(3)	8,059.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CASA OF THE SOUTHERN TIER, INC. PO BOX 778 CORNING, NY 14830	**-***4339	501(C)(3)	6,840.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF CHEMUNG SCHUYLER - 215 E. CHURCH STREET - ELMIRA, NY 14901	**-***8548	501(C)(3)	11,286.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER - 23 LIBERTY STREET - BATH, NY 14810	**-***3416	501(C)(3)	15,635.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHEMUNG COUNTY HUMANE SOCIETY AND SPCA - 2435 STATE ROUTE 352 - ELMIRA, NY 14903	**-***3999	501(C)(3)	6,544.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHEMUNG VALLEY MONTESSORI SCHOOL 23 WINTERS ROAD ELMIRA, NY 14903	**-***9566	501(C)(3)	8,020.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN LEARNING CENTER 11 AISNE STREET CORNING, NY 14830	**-***6246	501(C)(3)	5,704.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CORNING DAY PROGRAMS D/B/A CORNING CHILDREN'S CENTER - 107 ARTHUR STREET - CORNING, NY 14830	**-***1362	501(C)(3)	13,119.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CORNING MEALS ON WHEELS INC. 144 CEDAR STREET CORNING, NY 14830	**-***2403	501(C)(3)	20,223.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY SERVICE SOCIETY, INC. 280 PRINCETON AVENUE EXTENSION CORNING, NY 14830	**-***3189	501(C)(3)	12,835.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS FIVE RIVERS COUNCIL, INC. - 244 WEST WATER STREET, STE 10 - ELMIRA, NY 14901	**-***1969	501(C)(3)	17,019.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	**_***8059	501(C)(3)	15,665.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDS OF THE ADDISON YOUTH CENTER, INC. - 21 COMMUNITY DRIVE - ADDISON, NY 14801	**_***4204	501(C)(3)	13,762.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MEALS ON WHEELS OF CHEMUNG COUNTY INC. - 409 WILLIAM STREET - ELMIRA, NY 14901	**_***3247	501(C)(3)	11,996.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PLANNED PARENTHOOD OF THE SOUTHERN FINGER LAKES - 620 WEST SENECA STREET - ITHACA, NY 14850	**_***3368	501(C)(3)	17,004.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY - ELMIRA 414 LAKE STREET ELMIRA, NY 14901	**_***2351	501(C)(3)	6,772.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SALVATION ARMY 32 DENISON PARKWAY EAST CORNING, NY 14830	**_***2351	501(C)(3)	12,471.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF SCHUYLER COUNTY PO BOX 270 WATKINS GLEN, NY 14891	**_***7958	501(C)(3)	9,541.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
DSS CHEMUNG FOR SOUTHSIDE COMMUNITY CENTER - 425 PENNSYLVANIA AVENUE - ELMIRA, NY 14904	**_***2557	170(C)(1)	10,164.	0.			PROGRAM FUNDING
ECONOMIC OPPORTUNITY PROGRAM 650 BALDWIN STREET ELMIRA, NY 14901	**_***6941	501(C)(3)	6,894.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POTTERS HANDS FOUNDATION PO BOX 1564 CORNING, NY 14830	** - ***0419	501(C)(3)	6,651.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHEMUNG COUNTY CHILD CARE COUNCIL 1580 LAKE STREET, SUITE 200 ELMIRA, NY 14901	** - ***8600	501(C)(3)	49,079.	0.			PROGRAM FUNDING
NONNIE HOOD PARENT RESOURCE CENTER 300 CIVIC CENTER PLAZA #210 CORNING, NY 14830	** - ***5533	501(C)(3)	28,837.	0.			PROGRAM FUNDING
DSS STEUBEN FOR HORNEILL CONCERN FOR YOUTH - 3 EAST PULTENEY SQUARE - BATH, NY 14810		170(C)(1)	5,000.	0.			PROGRAM FUNDING
HUMAN SERVICE DEVELOPMENT PO BOX 97 CORNING, NY 14830			35,400.	0.			PROGRAM FUNDING
THE AMERICAN RED CROSS, FINGER LAKES CHAPTER - 11371 LPG A DRIVE - CORNING, NY 14830		501(C)(3)	64,500.	0.			PROGRAM FUNDING
CORNING COMFORT CARE, INC PO BOX 965 CORNING, NY 14830	** - ***8973	501(C)(3)	15,304.	0.			PROGRAM FUNDING
NEIGHBORHOOD TRANSFORMATION CENTER, INC - 314 W CHURCH ST - ELMIRA, NY 14901	** - ***3364	501(C)(3)	21,850.	0.			PROGRAM FUNDING
CHILDREN'S MIRACLE NETWORK AT ARNOT OGDEN MEDICAL CENTER - 571 ST. JOSEPH'S BLVD, STE 102 - ELMIRA, NY 14901	** - ***3905	501(C)(3)	5,087.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY CATHOLIC SCHOOL 1010 DAVIS STREET ELMIRA, NY 14901	** - ***2705	170(B)(1)(A)(I)	8,917.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NOTRE DAME HIGH SCHOOL 1400 MAPLE AVENUE ELMIRA, NY 14904	** - ***1040	501(C)(3)	12,926.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. MARY OUR MOTHER SCHOOL 816 WEST BROAD STREET HORSEHEADS, NY 14845	** - ***5865	170(B)(1)(A)(I)	28,330.	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

Part IV Supplemental Information

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

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

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

NONPROFIT ORGANIZATION OR LOCAL GOVERNMENT PROGRAM

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

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

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

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

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

NONPROFIT ORGANIZATION

SCHEDULE I, PART II:

THE UNITED WAY OF THE SOUTHERN TIER PAID DONOR DESIGNATIONS FOR OPERATING SUPPORT IN AMOUNTS LESS THAN \$5,000 EACH TO 84 AGENCIES. THE AGGREGATE TOTAL PAID WAS \$192,698.

THERE ARE ALSO 2 AGENCIES THAT RECEIVED PROGRAM ALLOCATIONS, EACH LESS THAN \$5,000, FOR A TOTAL OF \$4,720.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

Employer identification number

-*1041

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

IN OUR COMMUNITY.

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

CHILD SUCCESS.

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

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

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

Employer identification number

** - ***1041

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

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

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

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

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

- COLLECTING AND MEASURING RESULTS CONSISTENTLY ACROSS ALL PARTICIPANTS; AND

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

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

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

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

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

Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC.

Employer identification number

** - ***1041

EVALUATED BY THE BOARD OF DIRECTORS

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

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

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

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

FORM 990, PART XII, LINE 2C:

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

FORM 990, PART X, LINE 18:

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

CHAR500

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

Send Your Filing

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

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

Need Assistance?

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

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

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2020

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.
Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: UNITED WAY OF THE SOUTHERN TIER, INC.	NY Registration Number: 05-34-99
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2. Government Grants

Name of Government Agency	Amount of Grant
1. NYS OFFICE OF CHILDREN AND FAMILY SERVICES	1. 110,345.
2. U.S. SMALL BUSINESS ADMINISTRATION	2. 115,100.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 225,445.