		F	UBLIC DISCLOSURE COPY - STATE REGIST	RATION NO. 645	
	0	90	Return of Organization Exempt Fro		OMB No. 1545-0047
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc		
Dena	rtment	of the Treasury	Do not enter social security numbers on this form as it	may be made public.	Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the		Inspection
AF	or th	e 2020 calenc	lar year, or tax year beginning $ m JUL1$, 2020 and endii	ng JUN 30, 2021	
B c a	heck if pplicab	le: C Name o	forganization	D Employer identified	cation number
	٦Addre		ED WAY OF THE SOUTHERN TIER, INC.		
	_chang _Name _chang			**-**10	11
	⊐Initial		usiness as r and street (or P.O. box if mail is not delivered to street address) Room		
	_return Final	300	NASSER CIVIC CTR PL 220		
L	Lreturn termir ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,239,919.
	Amen return	ided CODN	IING, NY 14830	H(a) Is this a group re	
			nd address of principal officer: STEPHEN M. HUGHES	for subordinates	
	pendi		AS C ABOVE	H(b) Are all subordinates in	
IT	ax-ex	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. See instructions
			UWST.ORG	H(c) Group exemptio	
ΚF	orm o	f organization:	X Corporation Trust Association Other ▶ I	Year of formation: 1993	
Pa	irt I				
Ð	1	Briefly describ	be the organization's mission or most significant activities: TO UNIT	E AND PRIORITI	ZE
Governance		RESOURC	ES TO IMPROVE THE QUALITY OF LIFE FO	R EVERY PERSON	AND FAMILY
jr në	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed o	f more than 25% of its net as	
Ň	3	Number of vo	ting members of the governing body (Part VI, line 1a)		25
ي م	4		dependent voting members of the governing body (Part VI, line 1b) \ldots		25
ies	5		of individuals employed in calendar year 2020 (Part V, line 2a)		9
Activities &	6		of volunteers (estimate if necessary)		462
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)	0	3,967,610.
Revenue	9	•	ice revenue (Part VIII, line 2g)		• •
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		128,396.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 540 000	4,453,407.
			 - add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) 	3 101 622	3,342,579.
	14		to or for members (Part IX, column (A), lines 1-3)		0.
S			r compensation, employee benefits (Part IX, column (A), lines 5-10)	656,503.	586,342.
Expense			undraising fees (Part IX, column (A), line 11e)	0.	0.
be			ing expenses (Part IX, column (D), line 25) 215,901.		
ŵ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	420,470.	383,195.
			es. 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.
s or Ices				Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		6,340,498.
Net Assets or Fund Balances	21		: (Part X, line 26)		3,515,895.
	22		fund balances. Subtract line 21 from line 20	2,284,019.	2,824,603.
	nrt II				
	•		I declare that I have examined this return, including accompanying schedules and		y knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which p	eparer has any knowledge.	
		Cianatur	e of officer	Date	
Sig	า			Date	

Sign	Signature of officer	Date
Here	STEPHEN M. HUGHES, PRESIDENT & C	CEO
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check DTIN
Paid	CHRISTOPHER JOHNSTON CHRISTOPHE	ER JOHNSTON10/25/21 self-employed P00896198
Preparer	Firm's name EFPR GROUP , CPAS , PLLC	Firm's EIN ► **-**6160
Use Only	Firm's address 💊 8 DENISON PARKWAY E., SUIT	'E 407
	CORNING, NY 14830	Phone no.607-962-6891
May the IF	RS discuss this return with the preparer shown above? See instructior	nsX Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notice, see the separat	te instructions. Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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TO ÚNITÉ AND FRIORITIZE RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR EVERY PERSON AND FAMILY IN OUR COMMUNITY. ••••••••••••••••••••••••••••••••••••			Pa
Bieldy describe the organization's mission: TO UNITE AND FRIORITIZE RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR EVERY PERSON AND FAMILY IN OUR COMMUNITY. ID the organization undertake any significant program services during the year which were not listed on the prior form 960 or 990-27. IV 'ves: I ID the organization cases conducts, or make significant changes in how it conducts, any program services, as measured by expenses. Section 101 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and adications to others, the total expenses, an measure, if my frace abprogram service ecompletion to grant and adications to others, the total expenses, an measure, if my frace abprogram service ecompletion and the amount of grants and adications to others, the total expenses, an measure, if my frace abprogram service ecompletion and the amount of grants and adications to others, the total expenses, an measure if my frace abprogram service ecompletion and the amount of grants and adications to others, the total expenses, an measure, if my frace abprogram service ecompletion and the amount of grants and adications to others, the total expenses, an measure if my frace abprogram service ecompletion and the amount of grants and adications to others, the total expenses, an measure if my frace abprogram service ecompletion and the amount of grants and adications to others, the total expenses, an measure to an addications at the total expenses. Action Structure 1 3.3.42,579. [Weamet 2] CAMPATGIN ALLOCATIONS - UWST ADMINISTERS TWO PRIMARY TYPES OF FUNDING FOR COMPARITY BUG RAINTS. ALLOCATIONS FOR ODE NORPROFIT ORGANIZATIONS WITH PROGRAM FUNDING FOR CONTHERN TIER BASIC NEEDS.	Par		
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2 Dd the organization undertake any significant program services during the year which were not listed on the proform 980 of 990-27	•		2
proferm 980 or 980 ct?? □ vst 3 controls these new services on Schedule 0. □ vst 4 controls the organization program services on Schedule 0. □ vst 4 controls the organization coase conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service accomplishments for each of 10 the PC PT		· · · · · · · · · · · · · · · · · · ·	
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Det the organization cases conducting, or make significant changes in how it conducts, any program services?	-		Х
If 'Ves' describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. as required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service reported. a (code			
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<pre>revenue, if any, for each program service reported (come) [Grammers 3,342,579. https://www.sechapternature.org/linear-sechapternature.args/sechaptern</pre>	4		
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
<i></i>	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>	<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III	19 20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	1
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Part IV Checklist of Required Schedules (continued)

			Yes	N
22				
~~		22		
23				
	 Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. Did the organization narwer 'Yea' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,'' complete Schedule J Did the organization have a tax exompt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'' go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year / Casa any tax exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Bot the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Bot the organization avare that it engaged in an excess benefit transaction with a disqualified person uning the year? ('''esc'') complete Schedule L, Part I. Is the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part II. Did the organization neport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial conthibutor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part II. A current of former officer, director, trustee, key employ			
24a		23		+ ·
		24a		
b		24b		t
				T
		24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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		28c		
29		29		T
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32				
	Schedule N, Part II	32		
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rai				
Fai	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		-
Far	Check if Schedule O contains a response or note to any line in this Part V		Yes	
_				
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 8 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Yes	
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 8 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	}) 1c		

Form 990	(2020)	UNITED	WAY	OF	THE	SOUTHERN	TIER,	INC.
Part V	Statements	Regarding C	Other I	RS F	ilings a	and Tax Comp	oliance (co	ontinued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u>л</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	90		
Ud		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
Ň	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.	10		

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

UNITED	WAY	OF	THE	SOUTHERN	TIER,	INC.
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Check if Schedule O contains a response or note to any line in this Part VI

X

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.

			۰ <i>-</i>		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				
	officer, director, trustee, or key employee?		2			
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3			
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 was filed?	4			
If there are material differences in volting rights among members of the governing hosty deligated branch subscription of a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management during diversion of the organization have members, stockholders, or more members of the organization thave members, stockholders, or more members of the organization reserved to (or subject to approval by) members, stockholders, or parsons other than the governing body? 10 but organization nature and subment the meetings held or written actions undertaken during the year by the following: 11 be organization nature portage of the organization reserved to (or subject to approval by) members, stockholders, or parsons other than the governing body? 22 bit the organization nature portage of the organization reserved to (or subject on approval by members, stockholders, or governing body? 23 bit the organization nature portage of the organization and addresses on Schedule 0. 34 bit organization members of the organization and addresses on Schedule 0. 35 bit the organization nature with approve this form 900 to all members of tis governing body before filing the form? 34 bit dorigonization meakers and the organization to review this form 990. 35 bit the organization nature dorigoner service or antidex or antidex organization is even the organization to review the device com						
6	Did the organization have members or stockholders?		6			
		•	7:			
				-		⊢
			7			
-			····· ^	+		F
-		5 5-	9		Х	
					X	┢
			or	<u>_</u>		┢
	Efter the number of voting members of the governing body at the and of the tax year 1a 25 If there are material differences in voting rights among members of the governing body, or if the governing body. If the governing body or a business relationship with any other of voting members included on line 1a, above, who are independent 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duries customarily parformed by or under the direct supervision of officers, director, trustee, or key employees to a management duries customarily parformed by or under the direct supervision of officers, director, trustee, or key employees to a management duries customarily parformed by or under the direct supervision of officers, director, trustee, or key employees to a management duries customarily parformed by or under the direct supervision of officers, director, trustee, or key employees to a significant diversion of the organization sacetts? 2 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 A wan governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization nave members, stockholders, or expansion above the array officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization was member to a substaint adversation above the person? 7 Did the organization have local chapters, branches, or affiliates?					
			3			L
				1	Yes	Γ
0-2	Did the organization have local chapters, branches, or affiliates?		10		105	┢
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		•				
a	The organization's CEO, Executive Director, or top management official		15	a	Х	
					Х	Γ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
		ment with a				
			16	a		Γ
	, , , ,					
	exempt status with respect to such arrangements?		16	b		
						-
						_
		nd 990-T (Section 50	01(c)(3)s o	nly)	avail	lal
	for public inspection. Indicate how you made these available. Check all that apply.			•		
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Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	່ Em	ployees, 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)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week						100)	from the	from related	other
	(list any hours for	direct				-		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
· · · · · · · · · · · · · · · · · · ·	line)	Indi	Inst	Officer	Key	Hig em I	For			
(1) STEPHEN HUGHES	40.00			v				107 540	0	25 210
PRESIDENT & CEO	10 00			Х				107,549.	0.	25,318.
(2) LISA GILL	40.00			v				70 642	0.	<i>C</i> 1 E E
DIRECTOR OF FINANCE & ADMI	1 00			Х				79,643.	0.	6,155.
(3) ARNE FEYLING	1.00	x		x				0.	0.	0.
CHAIR	1.00	Δ		Λ				0.	0.	0.
(4) MARTIN CURRAN	1.00	x		x				0.	0.	0.
CHAIR-ELECT	1.00	^		Λ				0.	0.	0.
(5) HILLARY AUSTIN IMMEDIATE PAST-CHAIR	1.00	x		х				0.	0.	0.
(6) JAMES FLAWS	1.00	Δ		~				0.	0.	0.
(6) JAMES FLAWS TREASURER	1.00	x		х				0.	0.	0.
(7) LOU DIFABIO	1.00	<u>^</u>		Λ				0•	0.	0.
SECRETARY (JULY - DEC)	1.00	x		х				0.	0.	0.
(8) DAVID WALKER	1.00	Δ		~				0.	•	<u></u>
SECRETARY (JAN - JUNE)	1.00	x		х				0.	0.	0.
(9) MICHAEL BURNS	1.00							0.	Ŭ.	
DIRECTOR		x						0.	0.	0.
(10) MARY MEISNER	1.00									
DIRECTOR		x						0.	0.	0.
(11) ROBERT STANTON	1.00							• •		
DIRECTOR		х						0.	0.	0.
(12) JULIE MONAHAN	1.00									
DIRECTOR		х						Ο.	0.	0.
(13) MARK CLARK	1.00									
DIRECTOR		х						Ο.	0.	0.
(14) AMBER PHELPS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) IAN HARROP	1.00									
DIRECTOR		Х						0.	0.	0.
(16) ANNE WELLIVER-HARTSING	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JUDY MCINTOSH	1.00									
DIRECTOR		Х						0.	0.	0.
032007 12-23-20						_				Form 990 (2020)

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7 2020.04030 UNITED WAY OF THE SOUTHERN

00149121

	AY OF TH	ΗE	SC	יעכ	TH	ERI	1	TIER, INC.		**_**	*10)41	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	vees			ighe	st C	1	oyees	(continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck	erson) than is bot pr/trus	h an	(D) Reportable compensation from		(E) Reportable compensation from related		Esti amo	(F) mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC		organizations W-2/1099-MISC	;)	fro orgai and	ensation m the nization related iizations
(18) DR. WILLIAM POCHAL DIRECTOR	1.00	x							0.		0.		0.
(19) JOLIE MCCARTHY 1.00 DIRECTOR X									0.		0.		0.
20) JOSHUA BEZIO 1.00 X 0.										0.		0.	
(21) WILLIAM DUTRIDGE 1.00 DIRECTOR X										ο.		0.	
(22) AVERY NELSON III 1.00 X 0.										ο.		0.	
(23) MONICA RIDOSH 1.00 X 0.										ο.		0.	
(24) DEBORAH MONTROSE 1.00 DIRECTOR X									0.		ο.		0.
(25) NATE PIZZINI DIRECTOR	1.00	x							0.		0.		0.
(26) KATIE CERVONI DIRECTOR	1.00	x							0.		0.		0.
1b Subtotal c Total from continuation sheets to Part V								187,19	0.		0. 0.		,473. 0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r 							► no r	187,19 eceived more than S			0.	31	,473. 1
 compensation from the organization Did the organization list any former officer, 	director trust	ee k	(ev e	emp	olove		r hic	ihest compensated	employ	/ee.on		`	/es No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su 	uch individual											3	X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual \ldots		-		4	X
rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors	-				-			-				5	X
 Complete this table for your five highest co the organization. Report compensation for 											ensa	ition fro	om
(A) Name and business			ONE		WILLI			(E Description	3)		Cc	(C) mpens	
2 Total number of independent contractors (including but a		mita	d to	the			above) whe receive	ad mar	e than			
2 Total number of independent contractors (\$100,000 of compensation from the organi SEE PART VII, SECTIO	zation 🕨				(0		-	su mor			orm Q	90 (2020)
032008 12-23-20						8					Г	5.m 0	(2020)

Form 990 UNITED WA	AY OF TH	ΙE	S	יטכ	ΓHI	ERI	<u>N '</u>	TIER, INC.	**_**	1041
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Emplo	yees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	stee			n sate				and related
	organizations	trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Officer	Key	Higl	Forr			
(27) WARREN ROMAN	1.00									
DIRECTOR		X						0	. 0.	0.
					-	-	-			
Total to Part VII, Section A, line 1c		<u></u>	<u></u>	<u></u>	<u></u>					

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Form	ı 99	0 (:	2020) UNI	ITE:	D WAY	OF	THE	SOU	THERN	TIER	, INC.	**-***1	041 F	age 9
Pa											-			
			Check if Schedule O	conta	ains a resp	onse	or note to	o any lir	ne in this Pa	art VIII				
									(A Total re	.)	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue ex	under
its its	1	а	Federated campaigns		1a		3,683	3,162.						
àran oun			Membership dues											
Am C			Fundraising events											
Giff İlar		d	Related organizations		1d									
Simi,			Government grants (cont				225	5,445.						
er (f	All other contributions, gifts,	-										
Oth			similar amounts not included			<u> </u>	59	9,003.						
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in						3.0	67 610				
0.0		n	Total. Add lines 1a-1f				Busines		5,9	67,610.				
e,	2	а					Buoineo	0000						
Program Service Revenue	-	b												
Se Su		с												
ram }ev€		d												
D D D D D D D		е												
đ		f	All other program service										ļ	
		g	Total. Add lines 2a-2f					🕨						
	3		Investment income (inclu	-						62 186	62 186		ĺ	
	4		other similar amounts) Income from investment							62,186.	62,186.			
	5		Royalties		-	-								
	Ŭ				(i) Rea		(ii) Pers							
	6	а	Gross rents	6a	1,	667.								
		b	Less: rental expenses	6b		0.								
		с	Rental income or (loss)	6c	1,	667.								
			Net rental income or (loss							1,667.			1	,667.
	7	а	Gross amount from sales of		(i) Securi		(ii) Ot	her						
			assets other than inventory	7a	1,081,	727.								
e		D	Less: cost or other basis and sales expenses	7b	785,	723		789.						
evenue		c	Gain or (loss)		296,			-789.						
Rev			Net gain or (loss)					-	2	95,215.	296,004.			-789.
Other R	8		Gross income from fundrais							,	,			
₹			including \$											
			contributions reported or	n line '	1c). See									
			Part IV, line 18			8a								
			Less: direct expenses											
			Net income or (loss) from		-			🕨						
	9	а	Gross income from gamir	-										
		h	Part IV, line 19 Less: direct expenses											
			Net income or (loss) from											
	10		Gross sales of inventory,											
			and allowances			10a								
		b	Less: cost of goods sold											
		с	Net income or (loss) from	sales	of invento	ory		🕨						
S							Busines							
Miscellaneous Revenue	11		MISCELLANEOUS INCOM	1E			90009	9	1	26,729.	126,729.		ļ	
ven		b											 	
Be		с С	All other revenue										<u> </u>	
Σ			All other revenue Total. Add lines 11a-11d				L	•	1	26,729.				
	12		Total revenue. See instructi					·· 🚩		53,407.		0.		878.
03200											. , .		Form 990	

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Form 990 (2020)

UNITED WAY OF THE SOUTHERN TIER, INC. 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 respons			<i>(</i>)	
	not include amounts reported on lines 6b, 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):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	16 227	107	4 014	11 006
	column (A) amount, list line 11g expenses on Sch 0.)	16,227. 29,861.	107. 10,953.	4,214. 881.	11,906.
12	Advertising and promotion	10,136.	2,276.	5,510.	18,027. 2,350.
13	Office expenses	10,130.	2,270.	5,510.	2,550
14	Information technology				
15 10	Royalties	53,253.	11,011.	31,354.	10,888.
16 17		323.	112.	51,554.	211.
17 18	Payments of travel or entertainment expenses	525.			211
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,419.	331.	2,256.	7,832.
20		E7 170	6 720	12 770	6 662
21	Payments to affiliates	57,172. 10,235.	6,739. 2,579.	43,770. 5,106.	6,663. 2,550.
22	Depreciation, depletion, and amortization	7,205.	1,504.	4,214.	1,487
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	7,203.	1,504.	4,214.	1,407
а	STRATEGY-ALIGNED EXPENS	130,536.	130,536.		
b	LEASES AND SOFTWARE MAI	42,001.	7,176.	30,451.	4,374.
c d	MISCELLANEOUS	15,827.	1,143.	9,081.	5,603.
	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 X if following SOP 98-2 (ASC 958-720)				
0004	0 12-23-20				Form 990 (2020

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2,167,188. Pledges and grants receivable, net 3 4 Accounts receivable, net 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 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 144,474. basis. Complete Part VI of Schedule D _____ 10a 130,731. Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11

Cash - non-interest-bearing

Savings and temporary cash investments

5 6 6 7 7 8 8 23,986. 19,287. 9 9 **10a** Land, buildings, and equipment: cost or other 17,595. 13,743. b Less: accumulated depreciation 10b 10c 3,066,107. 3,814,938. 11 11 12 12 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 6,094,708. 6,340,498. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 44,767. 45,172. 17 Accounts payable and accrued expenses 17 2,556,825. 2,627,755. 18 Grants payable 18 6,760. 19 12,972. 19 Deferred revenue Tax-exempt bond liabilities 20 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% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 115,100. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,086,832. 830,401. of Schedule D 25 3,810,689. 3,515,895. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 1,891,088. 2,398,374. Net assets without donor restrictions 27 27 392,931. 426,229. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A)

UNITED WAY OF THE SOUTHERN TIER, INC.

-*1041 Page **11**

Beginning of year

33,680.

7,400.

783,451.

1

2

3

4

29

30

31

32

33

2,824,603.

6,340,498.

Form **990** (2020)

2,284,019.

6,094,708.

(B)

End of year

238,737.

462,115.

1,786,686.

1

2

Assets

_iabilities

Net Assets or Fund Balances

29

30 31

32

33

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

293.

Form	990 (2020) UNITED WAY OF THE SOUTHERN TIER, INC.	**_**	*1041	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,453		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,312		
3	Revenue less expenses. Subtract line 2 from line 1	3			91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,284		
5	Net unrealized gains (losses) on investments	5	399	9,2	93.
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	1,6	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

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

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

	OMB No. 1545-0047
	2020
	Open to Public Inspection
~	identification number

Departme Internal R		e Treasury Service	►		Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection	
Name	of the	organizati	on						Employer	identification number	
			UNIT	ED WAY OF	THE SOUTHERN	TIER	, INC	•	*	*-**1041	
Part		Reason			(All organizations must c				ıs.		
The org					For lines 1 through 12, c						
1 🗋	<u> </u>		•		on of churches described			I)(A)(i).			
2					Attach Schedule E (Form						
3					anization described in se			ii).			
4	A	medical res	earch organiza	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	cit	ty, and stat	e:								
5	Ar	n organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	oed in	
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A	federal, sta	te, or local gov	vernment or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7 🛛	Ω Ar	n organizati	on that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from	he general	public described in	
	se	ection 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8	A	community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	Ar	n agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
	or	university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or	
	un	niversity:									
10 🗌	Ar	n organizati	on that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, ar	nd gross receipts from	
	ac	ctivities rela	ted to its exem	npt functions, subjec	ct to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment	
	ind	come and L	inrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the o	rganization	after June 30, 1975.	
_				mplete Part III.)							
11 _	_ Ar	n organizati	on organized a	and operated exclus	ively to test for public sa	ifety. See	section 50)9(a)(4).			
12 🗌					ively for the benefit of, to						
					ed in section 509(a)(1) o					Check the box in	
ı					of supporting organizatio						
al					upervised, or controlled						
					gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	upporting	
. [complete Part IV, Se							
b l					l or controlled in connec						
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
- [t complete Part IV,					II	! : : : : : : : : : : : : : : :	
C I					g organization operated				illy integrate	ed with,	
] ا			-		b). You must complete I				rtad araani	-otion(o)	
d			-		oorting organization oper zation generally must sat				-		
				с с	nplete Part IV, Sections	•		•	u an alleni	IVENESS	
e		•		,	written determination fro						
			•		nally integrated support			турет, туре	in, type in		
f⊢			-	• •							
				about the supporte							
		ame of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	fmonetary	(vi) Amount of other	
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Total											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

2020.04030 UNITED WAY OF THE SOUTHERN 00149121

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE SOUTHERN TIER, INC. **-***1041 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support											
Cale	ndar 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 organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	3,990,301.	4,038,966.	4,004,060.	4,319,083.	3,967,610.	20,320,020.					
	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.					
	ction B. Total Support						, ,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
	Amounts from line 4	3,990,301.	4,038,966.	4,004,060.	4,319,083.	3,967,610.	20,320,020.					
	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.					
	Gross receipts from related activities	etc. (see instruction	ons)			12						
	First 5 years. If the Form 990 is for the	-		fourth. or fifth tax	vear as a section 5							
	organization, check this box and sto	-			-							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage									
-	Public support percentage for 2020 (column (f))		14	84.22 %					
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	84.86 %					
	33 1/3% support test - 2020. If the					nore, check this bo	x and					
	stop here. The organization qualifies						► X					
b	33 1/3% support test - 2019. If the						is box					
	and stop here. The organization qual											
17a	10% -facts-and-circumstances tes						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											
b	10% -facts-and-circumstances tes	-		• • • •			10% or					
	more, and if the organization meets the											
	organization meets the facts-and-circ											
18	Private foundation. If the organization						s					
				,,, e. 17k		dulo A (Earm 000						

Schedule A (Form 990 or 990-EZ) 2020

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-*1041 <u>Page 3</u> Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE SOUTHERN TIER, INC. 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	n A. Public Support						
Calendar	year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts	s, grants, contributions, and						
men	nbership fees received. (Do not						
inclu	ude any "unusual grants.")						
mer form any	ss receipts from admissions, chandise sold or services per- ned, or facilities furnished in activity that is related to the anization's tax-exempt purpose						
	ss receipts from activities that						
	not an unrelated trade or bus- s under section 513						
	revenues levied for the organ-						
	on's benefit and either paid to						
	xpended on its behalf						
	value of services or facilities						
	ished by a governmental unit to						
	organization without charge						
	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and						
3 re	ceived from disqualified persons						
from excee	Ints included on lines 2 and 3 received other than disqualified persons that ad the greater of \$5,000 or 1% of the int on line 13 for the year						
c Add	lines 7a and 7b						
8 Pub	lic support. (Subtract line 7c from line 6.) n B. Total Support						
	year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	punts from line 6	(a) 2010	(b) 2017	(0) 2018	(0) 2019	(e) 2020	
10a Gros divid secu	ss income from interest, dends, payments received on urities loans, rents, royalties, income from similar sources						
	lated business taxable income						
•	section 511 taxes) from businesses						
	ired after June 30, 1975						
11 Net activ whe	lines 10a and 10b income from unrelated business vities not included in line 10b, ther or not the business is ularly carried on						
or lo asse	er income. Do not include gain oss from the sale of capital ets (Explain in Part VI.)						
	I support. (Add lines 9, 10c, 11, and 12.)						
	t 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	ck this box and stop here	in Querent D-					▶∟
	n C. Computation of Publ		-	(D)		45	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	lic support percentage for 2020 (I					15	%
	lic support percentage from 2019 n D. Computation of Invest			<u></u>		16	%
	•					17	0/
	estment income percentage for 20 estment income percentage from 2					18	<u>%</u> %
	I/3% support tests - 2020. If the			on line 14 and lin			
	e than 33 1/3%, check this box a	-					
	I/3% support tests - 2019. If the						►
	18 is not more than 33 1/3%, che						
	ate foundation. If the organizatio						
032023 01-				, <u>.</u> , . ., . , .			90 or 990-EZ) 2020
				16	2011		, _ ,

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990 or 990 EZ) 2020 UNITED WAY OF THE SOUTHERN TIER, INC. **-**1041 Page 5

I G		Supporting Organizations (continued)			_
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 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.	11c		
Sec	ction	B. Type I Supporting Organizations			

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

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

Section	C. IY	pe II Sup	porting O	rganizations	

			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						

			res	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.	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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ 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.*
- 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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Yes

1

2

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Vee Ne

Yes No

No

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Sche	dule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE SOUT	HERN 7	FIER, INC.	**-**1041 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualify	/ing trust or	n Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integra	ted Type III supporting or	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE SOUTHERN TIER, INC. **-**1041 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	<u>Jed)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	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			l	
	any. Subtract lines 3g and 4a from line 2. For result greater			l	
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. 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				
	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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chedule A	(Form 990 or 990-E													0 4 1 _{Pa}
Part VI	Supplemental	Inforn	nation. Prov	vide the	explanat	ions re	equired by	Part II,	line 10;	Part I	I, line 17	a or 17b; Pa	rt III, line	e 12;
	Part IV, Section A, line 1; Part IV, Sec	lines 1.	2. 3b. 3c. 4b.	4c. 5a. (6. 9a. 9b.	. 9c. 1	1a. 11b. ai	nd 11c	: Part IV	. Secti	on B. lin	ies 1 and 2: F	Part IV. S	Section C.
	Section D, lines 5,	6, and 8	; and Part V,	Section	E, lines 2	2, 5, ar	nd 6. Also	comple	te this p	art for	any ad	ditional inform	nation.	io, i are v
	(See instructions.)													
2028 01-25-2	21										Sche	edule A (Fori	n 990 o	r 990-EZ)
							21							
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

** Do Not File ** *** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Part II, Line 5 023171 04-01-20

Contributor's Name	Total Contributions	Excess Contributions
CORNING INCORPORATED FOUNDATION	2,705,000.	2,276,541.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

n number

Name of the organiza	tion	Employer identification nu
	UNITED WAY OF THE SOUTHERN TIER, INC.	**-***1041
Organization type (ch	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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	
, 0	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	I Rule. See instructions.
General Rule		
0	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota om any one contributor. Complete Parts I and II. See instructions for determining a contribu	0

Special Rules

X 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).

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

Name of organization

Employer identification number

(d)

(d)

X

-*1041 UNITED WAY OF THE SOUTHERN TIER, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 1 Person Payroll 560,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution

<u>2</u>		\$110,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$115,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25-20	23	3	m 990, 990-EZ, or 990-PF) (2020)
11061025 101	824 0014912 2020.04030 UNI	TED WAY OF THE SOUT	THERN 00149121

Name of organization

Employer identification number

-1041

UNITED WAY OF THE SOUTHERN TIER, INC.

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

 $11061025\ 101824\ 0014912$

2020.04030 UNITED WAY OF THE SOUTHERN

00149121

ame of organiz				Employer identification nu
Part III Exe fro	AY OF THE SOUTHERN T clusively religious, charitable, etc., contribut m any one contributor. Complete columns (a) apleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional	ions to organizations described through (e) and the following line charitable, etc., contributions of \$1,000	entry For orda	** - ** 1041 c)(7), (8), or (10) that total more than \$1,000 for nizations ear. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of		
	Transferee's name, address, a		Relat	ionship of transferor to transferee
a) No. from (b) Purpose of gift Part I		(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of nd ZIP + 4	-	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of		ionship of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of		ionship of transferor to transferee
3454 11-25-20		25		Schedule B (Form 990, 990-EZ, or 990-P

SCHEDULE D

(Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF THE SOUTHERN TIER, INC. Employer identification number **-**1041

		(a) Donor ad	ised funds	(b) Funds	and other acc	ounts
1	Total number at end of year						
	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 wr	riting that the asset	s held in donor ad	dvised fun	ds		
	are the organization's property, subject to the organization's ex	xclusive legal contr	ol?			Yes	
6	Did the organization inform all grantees, donors, and donor adv	visors in writing tha	t grant funds can	be used o	only		
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or fo	or any other purpo	ose confer	ring		
	impermissible private benefit?					Yes	
Par	t II Conservation Easements. Complete if the orga	nization answered	"Yes" on Form 99	0, Part IV	line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that ap	oly).				
	Preservation of land for public use (for example, recreation	on or education)	Preservation	n of a histo	rically im	portant land a	rea
	Protection of natural habitat		Preservation	n of a certi	fied histo	oric structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation cor	tribution in the fo	orm of a co	nservatio	on easement o	n the la
	day of the tax year.				H	eld at the End of	the Tax
а	Total number of conservation easements				2a		
	Total acreage restricted by conservation easements				2b		
с	Number of conservation easements on a certified historic struct	cture included in (a)			2c		
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and no	t on a historic str	ucture			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, release				ization d	uring the tax	
	year 🕨						
4		ement is located					
	Number of states where property subject to conservation ease			of			
5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio	dic monitoring, ins				Yes	—
5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h	odic monitoring, ins					e vear
5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio	odic monitoring, ins					e year
5 6	Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, has	dic monitoring, ins nolds? andling of violation	s, and enforcing c	conservati	on easem	nents during th	
5 6	Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha Amount of expenses incurred in monitoring, inspecting, handling	dic monitoring, ins nolds? andling of violation	s, and enforcing c	conservati	on easem	nents during th	
5 6 7	Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha Amount of expenses incurred in monitoring, inspecting, handlin \$	ndic monitoring, ins nolds? andling of violation ng of violations, and	s, and enforcing c	conservation ea	on easem sements	nents during th	
5 6 7	Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha Amount of expenses incurred in monitoring, inspecting, handlin \$ Does each conservation easement reported on line 2(d) above	ndic monitoring, ins nolds? andling of violation ng of violations, an satisfy the required	s, and enforcing c d enforcing conse nents of section	conservatio ervation ea 170(h)(4)(E	on easem sements 3)(i)	nents during th	
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		WAY OF THE						**_**			age 2
	t III Organizations Maintaining C									nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following the	at make s	significa	nt use of its			
	collection items (check all that apply):										
a		d		Loan or excl	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co								t XIII.		
5	During the year, did the organization solicit o								-		1
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		te if the	e organizatio	n answered	"Yes" on	Form §	90, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-	37	1
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:							
								_	Amoun	t	
	Beginning balance							;			
	Additions during the year							I			
е	e Distributions during the year 1e										
f									1		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	T V Endowment Funds. Complete i	-									
		(a) Current year	(b) F	Prior year			(d) Thre	e years back	(e) Four		
1a	Beginning of year balance	318,010.		318,010.	31	8,010.		318,010.		318,	010.
b	Contributions										
	Net investment earnings, gains, and losses 49,92116,930. 21,988. 9,240. 27,772							772.			
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	49,921.		-16,930.	2	1,988.		9,240.		27,	772.
f	Administrative expenses										
g	End of year balance	318,010.		318,010.	31	8,010.		318,010.		318,	010.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	lg, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment 100.0000	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation th	at are held a	nd administe	ered for t	he orga	nization			
	by:									Yes	No
	(i) Unrelated organizations								. 3a(i)		X
	(ii) Related organizations								. 3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on S	Schedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pa	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 990), Part X,	, line 10				
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) A	ccumul	ated	(d) Boo	k value	Э
		basis (investr	nent)	basis	(other)	de	preciati	on			
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			14	4,474.		130,	731.	1	3,7	43.
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colu	mn (B), line 1	0c.)			🕨	1	3,7	43.
_								Schedule	D (Forn	n 990)	2020

032052 12-01-20

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Schedule D	(Form 990) 2020			OF	THE	SOUTHE	RN	TIER,	INC.	**.	-***1041	Page 3
Part VII												
	Complete if the org			on F			11b.					
	tion of security or categ				(b) Boo	ok value		(c) Method of	of valuation	1: Cost or end	l-of-year market v	value
	al derivatives											
	held equity interests											
(3) Other												
(A) (B)												
(C)												
(D)												
(E)												
(F)												
(G)												
(H)												
	o) must equal Form 990											
Part VIII	Investments -	-		_								
	Complete if the org (a) Description of		ed "Yes"	on F	orm 990 (b) Boo		11c. 1				l-of-year market v	
(1)	(a) Description of	Investment			(b) DOC	n value					-oryear market	value
<u>(1)</u> (2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
	o) must equal Form 990), Part X, col. (B) lin	e 13.) ►									
Part IX	Other Assets.									line 15		
	Complete if the org	anization answer			cription	, Part IV, line	110.	See Form 9	90, Part X,		(b) Book va	alue
(1)			(4)	2000							(0) Dook to	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
Part X	mn (b) must equal Fo Other Liabilitie	es.								>		
1	Complete if the org	escription of liabil			0111 990	, raitiv, iine	ne	ULTIL SEE F	0111 990, F	art A, III 18 25	(b) Book va	alue
1. (1) Fed	eral income taxes		,								(, ======	
	E TO OTHER	AGENCIES	3								830	,401.
(3)												-
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												101
· · · ·	mn (b) must equal Fo		. ,									,401.
-	for uncertain tax pos ation's liability for uno							-			ovided in Part XI	III X

Schedule D (Form 990) 2020

-*1041 Page 3

032053 12-01-20

Sche	edule D (Form 990) 2020 UNITED WAY OF THE SOUTHERN TIER, INC.	**_	***1041	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Retur	n.	
	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:			
а		,293.		
b	Donated services and use of facilities 2b 18	,044.		
с	Recoveries of prior year grants 2c			
d				
е	Add lines 2a through 2d	2e		,337.
3	Subtract line 2e from line 1		4,002	,577.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)	,830.		
с	Add lines 4a and 4b	4c		,830.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,453	<u>,407.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Reti	urn.	
	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:			
а	Donated services and use of facilities 2a 18	,044.		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		,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:			
а				
b	Other (Describe in Part XIII.)	,830.		
с	Add lines 4a and 4b			,830.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,312	,116.
Pa	rt 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

HOWEVER, 501(C)(3) OF THE INTERNAL REVENUE CODE. 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

UWST RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY TAXES, 032054 12-01-20 Schedule D (Form 990) 2020 29

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Schedule D (Form 990) 2020 UNITED WAY OF THE SOUTHERN TIER, INC. **-***1041 Page 5 Part XIII Supplemental Information (continued) IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT UWST IS CURRENTLY OPERATING IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE. THEREFORE, NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS HAS BEEN INCLUDED ON THE UWST'S FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN DESIGNATIONS

450,830.

450,830.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMPAIGN DESIGNATIONS

PART XII AND XIII, LINE 4B:

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

Schedule D (Form 990) 2020

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individua	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization		· · · ·	-				Employer identification number
		SOUTHERN TI	ER, INC.				**-***1041
Part I General Information on Grants a							
1 Does the organization maintain records t criteria used to award the grants or assis	stance?						
2 Describe in Part IV the organization's pro					·		
	•			1 0	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than S 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		25,869.	0.			PROGRAM FUNDING
2 Enter total number of section 501(c)(3) a	•	•	ne line 1 table				63.
3 Enter total number of other organizations							0.
LHA For Paperwork Reduction Act Notice,	, see the Instruc	tions for Form 990.					Schedule I (Form 990) 2020

Schedule I (Form 990) UNITED WAY OF THE SOUTHERN TIER, INC.

(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							
HORNELL, 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

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Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	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 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) UNITED WAY OF THE SOUTHERN TIER, INC.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	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 SLMIRA, 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) UNITED WAY OF THE SOUTHERN TIER, INC.

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Schedule I (Form 990) UNIIED WA	I OF THE	SOOTUERN II					Para Para Para Para Para Para Para Para
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt 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 CHUYLER - 215 E. CHURCH STREET - CLMIRA, 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 - SLMIRA, 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

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(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							DONOR DESIGNATED FOR
ELMIRA, NY 14903	**-**8059	501(C)(3)	15,665.	0.			GENERAL SUPPORT
FRIENDS OF THE ADDISON YOUTH							
CENTER, INC 21 COMMUNITY DRIVE							DONOR DESIGNATED FOR
- ADDISON, NY 14801	**-***4204	501(C)(3)	13,762.	0.			GENERAL SUPPORT
MEALS ON WHEELS OF CHEMUNG COUNTY							
INC 409 WILLIAM STREET -							DONOR DESIGNATED FOR
ELMIRA, NY 14901	**-***3247	501(C)(3)	11,996.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE SOUTHERN							
FINGER LAKES - 620 WEST SENECA							DONOR DESIGNATED FOR
STREET - ITHACA, NY 14850	**-***3368	501(C)(3)	17,004.	0.			GENERAL SUPPORT
,,							
SALVATION ARMY - ELMIRA							
414 LAKE STREET							DONOR DESIGNATED FOR
ELMIRA, NY 14901	**-***2351	501(C)(3)	6,772.	0.			GENERAL SUPPORT
THE SALVATION ARMY							
32 DENISON PARKWAY EAST							DONOR DESIGNATED FOR
CORNING, NY 14830	**-***2351	501(C)(3)	12,471.	0.			GENERAL SUPPORT
UNITED WAY OF SCHUYLER COUNTY							
PO BOX 270							DONOR DESIGNATED FOR
WATKINS GLEN, NY 14891	**-***7958	501(C)(3)	9,541.	0.			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							DONOR DESIGNATED FOR
ELMIRA, NY 14901	**-***6941	501(C)(3)	6,894.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt 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							DONOR DESIGNATED FOR
CORNING, NY 14830	**-***0419	501(C)(3)	6,651.	0.			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	**-**5533	501 (0) (2)	20.027				
CORNING, NY 14830	<u> </u>	501(C)(3)	28,837.	0.			PROGRAM FUNDING
DSS STEUBEN FOR HORNELL 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 LPGA 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 -							DONOR DESIGNATED FOR
ELMIRA, NY 14901	**-***3905	501(C)(3)	5,087.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Oth					Eddie I (I Offiti 990), Fa	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 non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY CATHOLIC SCHOOL 1010 DAVIS STREET							DONOR DESIGNATED FOR
ELMIRA, NY 14901	**-***2705	170(B)(1)(A)(I)	8,917.	0.			GENERAL SUPPORT
NOTRE DAME HIGH SCHOOL 1400 MAPLE AVENUE							DONOR DESIGNATED FOR
ELMIRA, NY 14904	**-***1040	501(C)(3)	12,926.	0.			GENERAL SUPPORT
ST. MARY OUR MOTHER SCHOOL 816 WEST BROAD STREET							DONOR DESIGNATED FOR
HORSEHEADS, NY 14845	**-***5865	170(B)(1)(A)(I)	28,330.	0.			GENERAL SUPPORT

Schedule I (Form 990) 2020

UNITED WAY OF THE SOUTHERN TIER, INC.

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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 RECEVING FUNDING UNDERGO THE

FOLLOWING:

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

INCLUDES:

I) AN APPLICATION PROCESS THAT INCLUDES EXPLANATION FOR THE PROPOSED USE

AND RESULTS FROM USE OF THE FUNDING

Schedule I (Form 990) UNITED WAY OF THE SOUTHERN TIER, INC. **-**1041 Page 2

II) FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT

THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES

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

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

NONPROFIT ORGANIZATION OR LOCAL GOVERNMENT PROGRAM

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

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

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

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

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

NONPROFIT ORGANIZATION

SCHEDULE I, PART II:

THE UNITED WAY OF THE SOUTHERN TIER PAID DONOR DESIGNATIONS FOR

OPERATING SUPPORT IN AMOUNTS LESS THAN \$5,000 EACH TO 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 I (Form 990)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

EZ 2020 Open to Public Inspection Employer identification number

-*1041

OMB No 1545-0047

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UNITED WAY OF THE SOUTHERN TIER, INC.

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

IN OUR COMMUNITY.

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

CHILD SUCCESS.

- SOUTHERN TIER SENIOR SUPPORTS IS DEFINED AS FUNDING FOR SERVICES

THOSE WHO NEED ASSISTANCE TO CARE FOR THEMSELVES, OR IN ACCOMPLISHING

THEIR ACTIVITIES OF DAILY LIVING IN AND AROUND THE HOME. THIS ALSO

INCLUDES THOSE WHO NEED HOME-DELIVERED MEALS TO MEET THEIR NUTRITIONAL

NEEDS OR TRANSPORTATION TO MEDICAL APPOINTMENTS.

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

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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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 FURTHER032212 11-20-20Schedule O (Form 990 or 990-EZ) 2020424211061025 101824 00149122020.04030 UNITED WAY OF THE SOUTHERN 00149121

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Schedule O (Form 990 or 9	990-EZ) 2020							Page 2
Name of the organization								Employer identification number
	UNITED	WAY	OF	THE	SOUTHERN	TIER,	INC.	**-**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.

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CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informati	on										
For Fiscal Year Beginning	g (mm/dd/yyy	y) 07/01/2	2020 and Ending (n	nm/dd/yyyy) 06/30/2	021						
Check if Applicable:	Name of Org UNITED		THE SOUTHERN	TIER, INC.	Employer Identification Number (EIN): **-**1041						
Name Change	0	ailing Address: NY Registration Number: 05-34-99									
Final Filing Amended Filing	City / State / CORNIN		1830		Telephone: 607 936-3753						
Reg ID Pending	Website: WWW • UW	ST.ORG			Email:						
Check your organization's registration category:	3 🗌 7A on	ly 🗌 EPTL o	nly X DUAL (7A &		nfirm your Registration Category in the arities Registry at <u>www.CharitiesNYS.com</u> .						
2. Certification											
See instructions for certifi	cation require	ements. Improper	certification is a violation of	of law that may be subject to	ppenalties. The certification requires						
two signatories.											
				all attachments, and to the l of the State of New York ap	pest of our knowledge and belief, plicable to this report.						
				STEPHEN M.	HUGHES						
President or Authorized	Officer:			PRESIDENT &	CEO						
		Signature		Print Name a							
Chief Financial Officer or	Treasurer:			TREASURER							
		Signature		Print Name a	and Title Date						
3. Annual Reporting	1 Exemptic	n									
categories (DUAL filers) th additional attachments ar schedules and attachment 3a. 7A filin exceed \$2 contribution 3b. EPTL f	hat apply to yo e required. If hts and pay ap <u>g exemption:</u> 5,000 <u>and</u> the ins during the illing exemption	our registration, c you cannot claim oplicable fees. Total contributior organization did fiscal year.	omplete only parts 1, 2, ar an exemption or are a DU ns from NY State including not engage a professiona	nd 3, and submit the certifier AL filer that claims only one residents, foundations, gov I fund raiser (PFR) or fund ra	ory (7A or EPTL only filers) or both d Char500. No fee, schedules, or exemption, you must file applicable remment agencies, etc. did not aising counsel (FRC) to solicit						
during the	,										
4. Schedules and A	ttachment	S									
See the following page for a checklist of schedules and attachments to complete your filing.	Yes X	for fund ra	aising activity in NY State?	essional fund raiser, fund rai If yes, complete Schedule ernment grants? If yes, com							
5. Fee											
See the checklist on the next page to calculate you	7A filing ur	fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to:						
fee(s). Indicate fee(s) you are submitting here:	\$	25.	\$ <u>250.</u>	\$	"Department of Law"						
CHAR500 Annual Filing for *The "Exempt" category re		-	•	not refer to its IRS tax desig	nation.						

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UNITED WAY OF THE SOUTHERN TIER, TNC.

CHAR500	Simply su - Your org
Annual Filing Checklist	- Your org

bmit the certified CHAR500 with no fee, schedule, or additional attachments IF: anization is registered as 7A only and you marked the 7A filing exemption in Part 3. anization 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)
- X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X 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:

 \perp Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

X Audit Report if you received total revenue and support greater than \$750,000

floor 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
- X \$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
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 s750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
50,000, 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?

www.CharitiesNYS.com Visit: 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)).

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

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CHAR500

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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. 05-34-99

2. Government Grants

Name of Government Agency	Am	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.	

068481 01-07-21 1019 CHAR500 Schedule 4b: Government Grants (Updated January 2021)

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