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GOVERNMENT COPY



December 15, 2022

Steuben County United Way, Inc. 317 S. Wayne St. 3D Angola, IN 46703

Steuben County United Way, Inc.:

Enclosed are the original and one copy of the 2021 Exempt Organization returns, as follows...

2021 Form 990

2021 Indiana Form NP-20

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Katz, Sapper & Miller

T 260.496.8297 F 260.496.8187 W ksmcpa.com

### TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

### FOR THE YEAR ENDING

December 31, 2021

### **Prepared For:**

Steuben County United Way, Inc. 317 S. Wayne St. 3D Angola, IN 46703

### Prepared By:

KSM Business Services, Inc 202 West Berry Street, Suite 600 Fort Wayne, IN 46802

### **Amount Due or Refund:**

Not applicable

### Make Payment To:

Not applicable

### Mail Tax Return and Check (if applicable) To:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

### Return Must be Mailed On or Before:

As soon as possible.

### **Special Instructions:**

The return should be signed and dated.

### EXTENDED TO NOVEMBER 15, 2022

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ΑI	For the	e 2021 calendar year, or tax year beginning a	nd ending		
	Check if applicabl	C Name of organization		D Employer identifie	cation number
	Addre	steuben county united way, inc.			
	Name			23-71688	57
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	317 C WAYNE CT	3D	260-665-	
	termir ated		•	G Gross receipts \$	262,741.
	Amen return	ded ANTOOTA THE 46702		H(a) Is this a group re	
	Application	F Name and address of principal officer: JESSICA BRODOCK		for subordinates	
	pendi	317 S. WAYNE ST. STE. 3D, ANGOLA, IN	46703	H(b) Are all subordinates in	ricluded? Yes No
1	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)	(1) or 527	1	list. See instructions
J	Websi	te: ► UNITEDWAYSTEUBEN.ORG		H(c) Group exemptio	n number 🕨
K	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1957 N	A State of legal domicile: IN
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{{\bf TO}}}$	PROVIDE	FUNDS TO NU	JMEROUS
Governance		AREA NOT-FOR-PROFIT AGENCIES AND TO IMP			
rna	2	Check this box  if the organization discontinued its operations or dis	posed of more	than 25% of its net ass	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
		Number of independent voting members of the governing body (Part VI, line 1k	o)	4	14
စ္စ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	1
Ìŧ	6	Total number of volunteers (estimate if necessary)			192
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		270,676.	218,027.
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,239.	29,890.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	)	289,919.	247,917.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	50,140.	50,340.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	. b	Total fundraising expenses (Part IX, column (D), line 25)   37,			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		310,345.	169,100.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		360,485.	219,440.
	19	Revenue less expenses. Subtract line 18 from line 12		-70,566.	28,477.
200	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		115,322.	146,543.
ASS	21	Total liabilities (Part X, line 26)		19,510.	20,664.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		95,812.	125,879.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying sched		-	knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information o	f which preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	e	JESSICA BIRD, EXECUTIVE DIRECTOR			
		Type or print name and title	Ι.	Data	DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		STEVEN A. WARNER STEVEN A. WARN	ER 1	.2/15/22 self-employ	
-	parer	Firm's name KSM BUSINESS SERVICES, INC		Firm's EIN ▶	35-2123203
Use	Only	Firm's address ▶ 202 WEST BERRY STREET, SUITE 6	00		<b></b>
		FORT WAYNE, IN 46802		Phone no. (2	<u>60) 496-8297</u>
May	v the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF STEUBEN COUNTY UNITED WAY IS TO GATHER, IN AN
	ACCOUNTABLE MANNER, COMMUNITY RESOURCES TO SUPPORT AGENCIES AND
	PROGRAMS THAT ADDRESS BASIC HEALTH AND HUMAN NEEDS TO IMPROVE THE
	QUALITY OF LIFE IN STEUBEN COUNTY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$147,435. including grants of \$) (Revenue \$) (Revenue \$)
	STUEBEN COUNTY UNITED WAY WORKS TO HELP THE COMMUNITY IMPROVE EDUCATION
	AND REDUCE THE NUMBER OF HIGH SCHOOL DROPOUTS; HELP PEOPLE ACHIEVE
	FINANCIAL STABILITY; GET WORKING FAMILIES WHO ARE FINANCIALLY UNSTABLE
	BACK ON THE ROAD TO ECONOMIC INDEPENDENCE; AND PROMOTE THE IMPORTANCE
	OF AVOIDING RISKY BEHAVIOR IN FAVOR OF HEALTHY LIVES AND MINDS.
	<del></del>
4b	(Code:) (Expenses \$
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$)         (Revenue \$)
	Other program convices (Describe on Schedule O.)
4d	
 4е	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 147,435.
70	Form 990 (2021)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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 Rev. Proc. 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? If "Yes," complete Schedule D, Part I	6		<u> X</u>
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?	_		37
	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			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
L	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	Λ	
D		11b	Х	
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110	21	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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			
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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	X	
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
14a	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			~-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20-	complete Schedule G, Part III	19 20a		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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
-	1 105, Complete ouriedule I, Faits Faitu II		000	

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(2021)

132004 12-09-21

Form **990** (2021)

O21) STEUBEN COUNTY UNITED WAY, INC.

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	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).			77
5a	J 1 7 1	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1,7
_	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$\vdash$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
	<b>Note:</b> 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			
	Enter the amount of reserves on hand			
	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? If "No," provide an explanation on Schedule O	14b		$\vdash$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.7
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
<b>_</b> -	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	م		1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

STEUBEN COUNTY UNITED WAY, INC. 23-7168857 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records JESSICA BRODOCK - 2606656196

IN

Form **990** (2021)

46703

317 S. WAYNE STREET, ANGOLA.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	any related organization compensate (B) (C)						(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
rame and the	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week						from	from related	other	
	(list any	ector						the	organizations	compensation
	hours for	or dir	au			rted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		eo	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	ional		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JESSICA BROCOCK	40.00	=	=	0		王。	4			
EXECUTIVE DIRECTOR				х				46,764.	0.	0.
(2) A.J. WILSON	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) JESSICA BIRD	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) TIM NEWBY	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) SANDY GRIFFEN	2.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(6) AUSTIN BUDREAU	1.00									_
PAST PRESIDENT		Х						0.	0.	0.
(7) MARK COWEN	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(8) TOM SANBORN	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(9) IAN GARNER	1.00	3,7							_	0
DIRECTOR (10) LAURA MACKNICK	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) OLIVIA LUSHER	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(12) JULIE ZOLLINGER-GODWIN	1.00	25						•	•	•
DIRECTOR	1100	х						0.	0.	0.
(13) JERRY MCDERMID	1.00							•		•
DIRECTOR		х						0.	0.	0.
(14) ELISHA HAVER	1.00								•	
DIRECTOR		Х						0.	0.	0.
(15) KRISTA MILLER	1.00									
DIRECTOR		Х				L		0.	0.	0.

Form **990** (2021)

23-7168857

Part VII Section A. Officers, Directors, Trus		ploy	ees,			gnes	st C			$\overline{}$		
(A)	(B) (C) Average Position							(D)	(E)		(F)	to el
Name and title	hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	,	Estima: amoun	
	week					or/trus		from	from related	'	othe	
	(list any	ctor						the	organizations		compens	
	hours for	or dire				ted		organization	(W-2/1099-MIS	2/	from t	he
	related	stee	truste			bensa		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)			and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	LIUIIS
	1	=	╀╧	°	×	Ξ -	ш.			$\dashv$		
		1										
										$\rightarrow$		
		1										
						-				+		
		1										
										$\dashv$		
		1										
		1										
						-				+		
		-										
										+		
		1										
1b Subtotal							▶	46,764.		0.		0.
c Total from continuation sheets to Part V							<b>•</b>	0.		0.		0.
d Total (add lines 1b and 1c)							<b></b>	46,764.		0.		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	e) wh	no re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
0 5:11											Yes	No
3 Did the organization list any <b>former</b> officer			•	•	•		•	•	•			X
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the s											3	$+^{\Delta}$
4 For any individual listed on line 1a, is the si and related organizations greater than \$15											4	Х
5 Did any person listed on line 1a receive or												+==
rendered to the organization? If "Yes." con	•				,			J			5	Х
Section B. Independent Contractors	•											
1 Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensatio	on from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithin		ear.			
<b>(A)</b> Name and business	address	NT/	ONE	7				<b>(B)</b> Description of s	envices	Co	(C) ompensation	on
- Name and Basinese	addicoo	1//	)IVI	<u>-</u>			$\dashv$	Becomplient	0111000			
							_					
							_					
2 Total number of independent contractors (	ncludina but n	ot lir	niter	ot b	thos	se lis	sted	above) who received mo	ore than			
\$100,000 of compensation from the organ		J. III		0		)		22370, 1110 1000170d 1110				
	. ,										orm 990	(0004)

132008 12-09-21

Form 990 (2021) STEUBEN
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Idilotion revenue	basiness revenue	sections 512 - 514
र इ	1 a	Federated campaigns1a					
an: uni	b	Membership dues 1b					
Ω, E	c	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	c	Related organizations 1d					
s, G nik	е	Government grants (contributions)	9,200.				
Sir	f	All other contributions, gifts, grants, and	•				
outi her		similar amounts not included above <b>1f</b>	208,827.				
off	c	Noncash contributions included in lines 1a-1f	, ,				
Sor	h	Total. Add lines 1a-1f	<b>•</b>	218,027.			
<u> </u>			Business Code	,			
ø.	2 a	l					
vic	b						
Ser	c						
ım (	c						.,
gra	e						
Program Service Revenue	f	All other program service revenue					
	-	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	<b>•</b>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
e		and sales expenses					
enr	c	Gain or (loss) 7c					
her Revenue	c	Net gain or (loss)	<b></b>				
erF		Gross income from fundraising events (not					
o∰		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	43,999.				
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<b>&gt;</b>	29,175.			29,175.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a	1				
	b	Less: cost of goods sold10k					
		Net income or (loss) from sales of inventory	<b>&gt;</b>				
<b>'</b> 0			Business Code				
oŭ e	11 a	MISCELLANEOUS	624100	715.			715.
Miscellaneous Revenue	b						
eve	c	:					
Aisc B	c	All other revenue					
	e	Total. Add lines 11a-11d		715.			
	12	Total revenue. See instructions	<b>)</b>	247,917.	0.	0.	29,890.
							Earm 990 (2021)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 46,764. 9,353. 9,353. 28,058. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,576. 715. 715. 2,146. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 9,022. 9,022. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 13,582. 500. 13,082. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,629. 302. 302. 2,025. Office expenses 13 326. 65. 196. 65. Information technology 14 15 Royalties 4,173. 2,503. 835. 835. 16 Occupancy 1,274. 255. 255. 764. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 25,000. 25,000. 21 357. 72. 213. 72. Depreciation, depletion, and amortization 22 1,256. 156. 631. 469. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 91,792. 91,792. COVID EXPENSES GRANTS 16,150. 16,150. 3,065. 2,145. DUES AND SUBSCRIPTIONS 230. 690. 474. 95. 95. 284. d MEALS e All other expenses 219,440. 147,435. 34,657. 37,348. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

t X	Balance Sheet					
	Check if Schedule O contains a response or	note to any line	in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	89,542.	1	102,104.		
2				2		
3				5,032.	3	22,550.
4				4		
5						
	trustee, key employee, creator or founder, su					
	controlled entity or family member of any of t	hese persons			5	
6	Loans and other receivables from other disqu					
	under section 4958(f)(1)), and persons descri	bed in section	4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			8		
9	Prepaid expenses and deferred charges	354.	9	262.		
10a	Land, buildings, and equipment: cost or other	er				
	basis. Complete Part VI of Schedule D	10a	1,785.			
b	Less: accumulated depreciation	998.	10c	641.		
11				11		
12			19,396.	12	20,986.	
13			13			
14						
15	Other assets. See Part IV, line 11	445 200		116 510		
16						146,543.
17				1,132.		5,294.
					21	
22						
					24	
25						
	40 1 1 1 5			18 378.	25	15,370.
26				19 510.		20,664.
20		check here	· 🟋	13/3100	20	20,001.
		SHOOK HOLD				
27				59,867.	27	56,155.
				69,724.		
						,
29	·	ıds			29	
31			Г		31	
32		Г	95,812.	32	125,879.	
				115,322.	33	146,543.
	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Check if Schedule O contains a response or  Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Counts receivable, net Loans and other receivables from any curren trustee, key employee, creator or founder, su controlled entity or family member of any of the Loans and other receivables from other disquender section 4958(f)(1)), and persons descrivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, ling Investments - other securities. See Part IV, ling Investments - program-related. See Part IV, ling Intangible assets Other assets. See Part IV, line 11 Accounts payable and accrued expenses. Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Completed Loans and other payables to any current or furustee, key employee, creator or founder, su controlled entity or family member of any of the Secured mortgages and notes payable to unrelated. Other liabilities (including federal income tax, parties, and other liabilities not included on ling of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, and complete lines 29 through 33. Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, or Paid-in or capital surplu	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former offic trustee, key employee, creator or founder, substantial contricontrolled entity or family member of any of these persons under section 4958(f)(1)), and persons described in section 4 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Sc 22 Loans and other payables to any current or former officer, d trustee, key employee, creator or founder, substantial contricontrolled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third particular in the payable to the payable to defend the payables to reparties, and other liabilities not included on lines 17-24). Cor of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check in and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fur Retained earnings, endowment, accumulated income, or other the payable income and payable to complete lines 29 through 33.	Check if Schedule O contains a response or note to any line in this Part X    Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X  (A)  Beginning of year  1	Check if Schedule O contains a response or note to any line in this Part X

Pa	rt XI Reconciliation of Net Assets				-			
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 17.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			40. 77.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	1	L,5	<u>90.</u>			
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	125	5,8	<u>79.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	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	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization STEUBEN COUNTY UNITED WAY, 23-7168857 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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, pleas	se complete Part II	1.)			
Sec	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	111,156.	91,445.	127,125.	270,676.	218,027.	818,429.
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	111 1 - 1		10-10-			
4	Total. Add lines 1 through 3	111,156.	91,445.	127,125.	270,676.	218,027.	818,429.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,506.
	Public support. Subtract line 5 from line 4.						816,923.
	ction B. Total Support	г					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	111,156.	91,445.	127,125.	270,676.	218,027.	818,429.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						4.0
	and income from similar sources		3.	3.	4.		10.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	21,737.	21,794.	34,602.	18,552.	29,175.	125,860.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	963.	2,887.	1,607.	687.	715.	6,859.
11	<b>Total support.</b> Add lines 7 through 10						951,158.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	116,645.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						25.00
	Public support percentage for 2021 (li					14	85.89 %
	Public support percentage from 2020					15	82.77 %
16a	<b>33 1/3% support test - 2021.</b> If the o			line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	<b>stop here.</b> The organization qualifies		-				
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu		-	-			▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schodula A	(Form 990) 2021

(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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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3	3a		
- 3	3b		
- 3	3c		
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	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 on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Soot	super	vised, or controlled the supporting organization.	2		
Seci	.1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	ion I	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting SiguinEditions		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	CI.		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	u u	to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil			

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must		•				
Sect	on 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					
	on 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					
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
	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	on 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-functional	ally integrated	d Type III supporting orga	nization (see			
	instructions)	, ,	3 3	•			

Schedule A (Form 990) 2021

Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
	ion D - Distributions	aj(o) oupporting orga	inizations (continued)	Current Year	
1	Amounts paid to supported organizations to accomplish exer	mnt nurnosos	1	Current rear	
2	Amounts paid to supported organizations to accomplish exemptions paid to perform activity that directly furthers exemptions to accomplish exemptions are accomplished by the performance of the performance		1		
2	organizations, in excess of income from activity	t purposes or supported	2		
3	Administrative expenses paid to accomplish exempt purpose				
4	Amounts paid to acquire exempt-use assets	o or supported organizations	3 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.	ovide details iii i uit vii	6		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i_</u>	Carryover from 2016 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

INC.

OMB No. 1545-0047

**2021** 

Name of the organization Employer ide

STEUBEN COUNTY UNITED WAY,

Employer identification number

23-7168857

Organiza	Organization type (check one):						
Filers of	:	Section:					
Form 990	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.					
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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					

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

### STEUBEN COUNTY UNITED WAY, INC.

23-7168857

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	SMALL BUSINESS ASSOCIATION  409 3RD ST, SW.  WASHINGTON, DC 20416	\$9,200.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	CARDINAL IG  301 MCSWAIN DR  FREMONT, IN 46737	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	PRO FED CREDIT UNION  1710 ST. JOE RIVER DR  FORT WAYNE, IN 46805	\$5,000.	Person X Payroll		
(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.)		

Name of organization Employer identification number

### STEUBEN COUNTY UNITED WAY, INC.

23-7168857

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. 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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
123/153 11-11	01	·	Schedule B (Form 990) (2021)

Name of organization **Employer identification number** STEUBEN COUNTY UNITED WAY, INC. 23-7168857 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

STEUBEN COUNTY UNITED WAY, INC. **Employer identification number** 23-7168857

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (	or Accounts.	Complete if the	Э
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advis	ed funds	(b) Funds ar	d other accoun	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the organization					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreati	_		a historically impo	rtant land area	
	Protection of natural habitat		Preservation of	a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form o	f a conservation e	asement on the	e last
	day of the tax year.			Held	at the End of the	Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year >		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservati	on easements dur	ing the year	
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170(h	)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financial stateme	nts that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tro	easures, or Oth	ner Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement an	nd balance sheet v	vorks	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	therance of public	:	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public se	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				dule D (Form 9	990) 2021

132051 10-28-21

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		1,785.	1,144.	641.
e Other				
<b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must equa</i>	641.			

Schedule D (Form 990) 2021

	NTY UNITED WAY	, INC.	3-/10005/ Page 3
Part VII Investments - Other Securities.	Farm 000 Dark IV Page 4	die Oee Ferre 000 Best V lies 40	
Complete if the organization answered "Yes"			ad of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) FOUNDATION OF STEUBEN			
(B) COUNTY	20,986.	COST	
• •	20,500.	6001	
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	20,986.		
Part VIII Investments - Program Related.	20/3001		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)	<u> </u>	• •	<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u> </u>		<b>&gt;</b>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DESIGNATIONS PAYABLE			1,682.
(3) ALLOCATIONS PAYABLE			13,688.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			1 1 0 0 0 0

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Pa	art XI Reconciliation of Revenue	e per Audited Financial Stat	ements With Re	evenue per Re	turn.	
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support p	er audited financial statements			1	251,732.
2	Amounts included on line 1 but not on Fo	orm 990, Part VIII, line 12:				
а	<ul> <li>Net unrealized gains (losses) on investme</li> </ul>	nts	2a	1,590.		
b	<b>b</b> Donated services and use of facilities		2b			
С	c Recoveries of prior year grants		2c			
d	d Other (Describe in Part XIII.)		2d	2,225.		
е	e Add lines 2a through 2d				2e	3,815.
3	Subtract line 2e from line 1				3	247,917.
4	Amounts included on Form 990, Part VIII	line 12, but not on line 1:				
а	a Investment expenses not included on Fo	m 990, Part VIII, line 7b	4a			
b	<b>b</b> Other (Describe in Part XIII.)		4b			
С	c Add lines 4a and 4b				4c	0.
5		nust equal Form 990, Part I, line 12.)			5	247,917.
Pa	art XII Reconciliation of Expense	es per Audited Financial Sta	tements With E	xpenses per F	Return.	
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	e 12a.		, ,	
1		***************************************			1	221,665.
2	Amounts included on line 1 but not on Fo	orm 990, Part IX, line 25:				
а	a Donated services and use of facilities		2a			
b	<b>b</b> Prior year adjustments		2b			
С	c Other losses					
d	d Other (Describe in Part XIII.)		2d	2,225.		
е	e Add lines 2a through 2d				2e	2,225.
3	Subtract line 2e from line 1				3	219,440.
4	Amounts included on Form 990, Part IX,	line 25, but not on line 1:				
а	a Investment expenses not included on Fo	m 990, Part VIII, line 7b	4a			
b	<b>b</b> Other (Describe in Part XIII.)		4b			
С	c Add lines 4a and 4b				4c	0.
5		must equal Form 990, Part I, line 18	3.)		5	219,440.
Pa	art XIII Supplemental Information	l <b>.</b>				
Prov	vide the descriptions required for Part II, line	es 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. A	also complete this part to provide an	y additional informat	ion.		
DΔI	ART X LINE 2.					

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR 2021 AND 2020.

THE ORGANIZATION FILES U.S. FEDERAL AND INDIANA INFORMATION TAX RETURNS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2018. MANAGEMENT BELIEVES

### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection

Name of the organization	COUNTY UNITED WAY	TN	īC.			Employer ide 23-7168	ntification number
	Complete if the organization answer			Form 990. Part IV. I	ine 17		
required to complete this part						. 1 01111 000 22	Thors are not
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> </ul>	e Solicita	tion of tion of	non-g gover	overnment grants nment grants			
d In-person solicitations	<b>9</b>		9				
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P.</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with polyiduals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total	L						
S List all states in which the organization or licensing.	n is registered or licensed to solicit o		utions	I or has been notified	it is e	xempt from re	I gistration
LHA For Paperwork Reduction Act Noti	ion and the Instructions for Farms	100 ===	000 5			Cabadul-	G (Form 990) 2021

132081 10-21-21

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
				POWER OF THE		(add col. (a) through		
			GOLF OUTING	PURSE	2	col. (c)		
4			(event type)	(event type)	(total number)	COI. (C))		
Revenue								
eve	1	Gross receipts	13,589.	27,513.	2,897.	43,999.		
æ								
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	13,589.	27,513.	2,897.	43,999.		
	4	Cash prizes						
	5	Noncash prizes						
ses		D 1/6 111	2 101	400		2 501		
ber	6	Rent/facility costs	2,181.	400.		2,581.		
Direct Expenses	_		440.	7,031.	58.	7 520		
rec	′	Food and beverages	440.	7,031.	30.	7,529.		
⊡		Catastainmant						
	8 9	Entertainment Other direct expenses	565.	2,564.	1,585.	4,714.		
	_		2	<u>, , , , , , , , , , , , , , , , , , , </u>		14,824.		
		Net income summary. Subtract line 10 from li				29,175.		
Pa	rt I	Gaming. Complete if the organization a		990. Part IV. line 19. or r	reported more than	23/2/30		
		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , , ,				
			(a) Diama	(b) Pull tabs/instant	(a) Oth an arasina	(d) Total gaming (add		
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
Ж	1	Gross revenue						
S	2	Cash prizes						
nse								
Direct Expenses	3	Noncash prizes						
St E								
)ire	4	Rent/facility costs						
	5	Other direct expenses						
		Valuatas dels au	Yes %	Yes%	Yes %			
	6	Volunteer labor	L No	No	No			
	_	Direct expense summary. Add lines 2 through	E in column (d)		_			
	′	birect expense summary. Add lines 2 through	i 5 iii coluiriii (a)					
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•			
		Thet garming moothe summary. Subtract line r	mont line 1, column (a)					
9	En	ter the state(s) in which the organization condu	cts gaming activities:					
а	Yes No							
		No," explain:						
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No		
b	lf "	Yes," explain:						
	_							

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 STEUBEN COUNTY UNITED WAY, INC. 23	-/16885/ Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
<b>b</b> An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
on roo, onto hamo and dad oo of the and party)	
Name ▶	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year  \$    Supplemental Information	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	_

Schedule G	G (Form 990)	STEUBEN	COUNTY	UNITED	WAY,	INC.	23-7168857	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (contin	nued)					
		COntil	idea)					
-								
-								

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STEUBEN COUNTY UNITED WAY, INC.

**Employer identification number** 23-7168857

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STEUBEN COUNTY
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY STAFF AND BOARD MEMBERS BEFORE FILING. THE 990 IS THEN MADE AVAILABLE IN THE OFFICE AND ON THEIR WEBSITE.
FORM 990, PART VI, SECTION B, LINE 12C: ALL STAFF AND VOLUNTEERS ARE REQUIRED TO READ AND SIGN FORM.
FORM 990, PART VI, SECTION C, LINE 19:  A COPY OF THE 990 WILL BE PROVIDED UPON SUBMISSION OF A WRITTEN REQUEST TO
THE EXECUTIVE DIRECTOR.
FORM 990, PART XII, LINE 2C THE EXECUTIVE COMMITTEE HAS OVERSIGHT OF THE AUDIT PROCESS.

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

STI	EUBEN COUNTY UNITED					GE 10		23-7168857
Pa	rt   Election To Expense Certain Proper	ty Under Section 17	79 Note: If you have a	ny listed pr	operty, c	omplete Part	V before y	ou complete Part I.
1 1	Maximum amount (see instructions)						1	1,050,000.
2	Total cost of section 179 property place	ed in service (see	instructions)				2	
	Threshold cost of section 179 property	3	2,620,000.					
	Reduction in limitation. Subtract line 3 f	4						
	Pollar limitation for tax year. Subtract line 4 from line						_	
6	(a) Description of pro	pperty	(b) Cost	business use	only)	(c) Elected	cost	
<b>7</b> l	isted property. Enter the amount from	line 29			7			
8	Total elected cost of section 179 prope						8	
	Tentative deduction. Enter the smaller							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the sr							
	Section 179 expense deduction. Add lir							
	Carryover of disallowed deduction to 20				13			
Note	: Don't use Part II or Part III below for I	isted property. In	stead, use Part V.					
Pa	rt II Special Depreciation Allowa	nce and Other D	epreciation (Don't in	clude liste	d property	/. <b>)</b>		
14 5	Special depreciation allowance for qual	ified property (oth	ner than listed property	/) placed ir	service o	during		
t	he tax year	, .		, .		Ü	14	
	Property subject to section 168(f)(1) ele							
	Other depreciation (including ACRS)							
	rt III MACRS Depreciation (Don't							
			Section A					
			Occion A					
17 N	MACRS deductions for assets placed in	n service in tax ye		2021			17	357.
	MACRS deductions for assets placed in f you are electing to group any assets placed in serving	•	ears beginning before 2			<b>&gt;</b> [	17	357.
	f you are electing to group any assets placed in servi	ce during the tax year ir	ears beginning before 2	accounts, che	ck here _	<u></u> ▶ □		
	f you are electing to group any assets placed in servi	ce during the tax year in  Placed in Servic  (b) Month and year placed	tars beginning before 2 at one or more general asset  e During 2021 Tax Yo  (c) Basis for depreciatio (business/investment us	ear Using	ck here _	<u></u> ▶ □	tion Syste	
18 1	f you are electing to group any assets placed in servi Section B - Assets  (a) Classification of property	ce during the tax year in  Placed in Servic  (b) Month and	ears beginning before 2 nto one or more general asset e During 2021 Tax Yo (c) Basis for depreciation	ear Using	ck here . the Gene	▶ ☐ ral Deprecia	tion Syste	em
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18 h	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property	ce during the tax year in  Placed in Servic  (b) Month and year placed	tars beginning before 2 at one or more general asset  e During 2021 Tax Yo  (c) Basis for depreciatio (business/investment us	ear Using	ck here . the Gene	▶ ☐ ral Deprecia	tion Syste	em
18 h	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	ce during the tax year in  Placed in Servic  (b) Month and year placed	tars beginning before 2 at one or more general asset  e During 2021 Tax Yo  (c) Basis for depreciatio (business/investment us	ear Using	ck here . the Gene	▶ ☐ ral Deprecia	tion Syste	em
18 h	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property	ce during the tax year in  Placed in Servic  (b) Month and year placed	tars beginning before 2 at one or more general asset  e During 2021 Tax Yo  (c) Basis for depreciatio (business/investment us	ear Using	ck here . the Gene	▶ ☐ ral Deprecia	tion Syste	em
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19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  7-year property  10-year property  15-year property  20-year property  25-year property	ce during the tax year in  Placed in Servic  (b) Month and year placed	nars beginning before 2 nato one or more general asset e During 2021 Tax Yo (c) Basis for depreciatio (business/investment us	accounts, che ear Using ne (d)	the Gene Recovery period  5 yrs.	ral Deprecia  (e) Convention	tion Syste  (f) Method  S/L  S/L	em
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19a b c d e f g h	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P	ce during the tax year in  Placed in Servic  (b) Month and year placed in service  //  //  //  //	ars beginning before 2 nto one or more general asset  e During 2021 Tax Ye  (c) Basis for depression (business/investment us only - see instructions	accounts, che ear Using  (d)  2  27  3	the Gene Recovery period  55 yrs.  7.5 yrs.  7.5 yrs.  9 yrs.	mal Deprecian (e) Convention MM MM MM MM	s/L S	(g) Depreciation deduction
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19a b c d e f g h i 20a b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year	ce during the tax year in  Placed in Servic  (b) Month and year placed in service  //  //  //  //	ars beginning before 2 nto one or more general asset  e During 2021 Tax Ye  (c) Basis for depression (business/investment us only - see instructions	accounts, che par Using  (d)  2  27  27  3  ar Using th	Recovery period  55 yrs.  7.5 yrs.  7.5 yrs.  9 yrs.	mal Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L S	(g) Depreciation deduction
19a b c d e f g h i 20a b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year	ce during the tax year in  Placed in Servic  (b) Month and year placed in service  //  //  //  //	ars beginning before 2 nto one or more general asset  e During 2021 Tax Ye  (c) Basis for depression (business/investment us only - see instructions	accounts, che par Using  (d)  2  27  27  3  ar Using th	the Gene Recovery period  5 yrs.  7.5 yrs.  9 yrs.  10 yrs.  10 yrs.	mail Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L	(g) Depreciation deduction
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19a b c d p d d d d d d d d d d d d d d d d d	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year  40-year  Summary (See instructions.)	ce during the tax year in Placed in Service  (b) Month and year placed in service  // // // laced in Service	pars beginning before 2 atto one or more general asset e During 2021 Tax You (c) Basis for depreciation (business/investment us only - see instructions)  During 2021 Tax Yea es 19 and 20 in columns	accounts, che ear Using  nee (d)  2 27 27 3 ar Using th	Recovery period  7.5 yrs. 7.5 yrs. 7.5 yrs. 9 yrs. 9 yrs. 9 yrs. 9 yrs. 10 yrs. 10 yrs.	mail Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c d Pa 21 I E	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year  40-year  TIV Summary (See instructions.)  Listed property. Enter amount from line  Fotal. Add amounts from line 12, lines	ce during the tax year in Placed in Service  (b) Month and year placed in service  // // // // laced in Service  28	pars beginning before 2 atto one or more general asset e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions)  During 2021 Tax Yea es 19 and 20 in column artnerships and S corp	accounts, che ear Using  n e  (d)  2  27  3  ar Using th  1  3  4  an (g), and orations - s	Recovery period  7.5 yrs. 7.5 yrs. 7.5 yrs. 9 yrs. 9 yrs. 9 yrs. 9 yrs. 10 yrs. 10 yrs.	mail Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L S	(g) Depreciation deduction

Form 4562 (2021)

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	240, Columns (	a) iiiiougii (c	) or occion A	, all of o	CLIOIT D	, and ot	CLIOIT O	п аррі	icabic.						
	Section A -	Depreciation	n and Other	Informa	tion (Ca	ution:	See the	instruc	tions for li	mits for p	oasseng	er auton	nobiles. )		
24a	Do you have evidence to s	support the bus	siness/investme	ent use cla	imed?	Y	′es 🗌	☐ No	<b>24b</b> If "Y	es," is th	ne evide	nce writt	ten?	Yes [	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	:	l (bi	(e) sis for depr usiness/invo use onl	estment	(f) Recovery period	(g) Method/ Convention		<b>(h)</b> Depreciation deduction		(i) Elected section 179 cost		
 25	Special depreciation allo	wance for q	ualified listed	property	placed	in servic	ce during	the ta	x year and	t t					
	used more than 50% in	a qualified bu	usiness use .								25				
26	Property used more that														
		: :	•	%											
		: :		%											
		: :		%											
27	Property used 50% or le	ess in a qualif	ied business	use:											
		: :		%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter here	and on	line 21	, page 1				28		_		
29	Add amounts in column	(i), line 26. E	nter here and	on line 7	, page <sup>-</sup>	1							29		
	mplete this section for ve your employees, first ans		oy a sole prop		artner, o	r other "	more th	an 5%	owner," or					rehicles	
30	• Total business/investment miles driven during the		1	a) nicle		<b>(b)</b> Vehicle		(c) Vehicle		(d) Vehicle		<b>(e)</b> Vehicle		cle	
	year ( <b>don't</b> include commu	ting miles)													
	Total commuting miles							<u> </u>							
32	Total other personal (no driven	-													
33	Total miles driven during														
	Add lines 30 through 32				т		T	<u> </u>			T				
34	Was the vehicle available	le for persona	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
								+							
35	Was the vehicle used pr		more												
	than 5% owner or relate	•						+							
36	Is another vehicle availa use?	•													
		Section C	- Questions	or Empl	oyers W	Vho Pro	vide Vel	nicles	for Use by	/ Their E	mploye	es			
Ans	swer these questions to o	determine if y	ou meet an e	xception	to com	pleting S	Section I	3 for ve	ehicles use	ed by em	ployees	who a	ren't		
	re than 5% owners or rela														
37	Do you maintain a writte employees?		= = = = = = = = = = = = = = = = = = = =						-	-				Yes	No
38	Do you maintain a writte	en policy stat	ement that pr	ohibits p	ersonal	use of v	ehicles,	excep	t commuti	ng, by yo					
	employees? See the ins					ficers, d	irectors,	or 1%	or more o	wners					
	Do you treat all use of ve														
40	Do you provide more that														
	the use of the vehicles,														
41	Do you meet the require														
D	Note: If your answer to art VI Amortization	37, 38, 39, 4	0, or 41 is "Ye	es," don't	comple	ete Sect	ion B for	the co	overed veh	icles.					
F	art VI   Amortization (a)			(b)	Ι	(c)			(d)		(e)			(f)	
	Description of			amortization begins		Amortiza amoun	ble t		Code section		Amortiza period or per		An fo	nortization r this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 202	1 tax yea	r: I					<u> </u>					
				: :											
_				<u>: : :</u>								10			
	Amortization of costs th											43			
44	Total. Add amounts in o	column (f). Se	e the instruct	ions for v	where to	report						44			

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

## TAX RETURN FILING INSTRUCTIONS

**INDIANA FORM NP-20** 

### FOR THE YEAR ENDING

December 31, 2021

## **Prepared For:**

Steuben County United Way, Inc. 317 S. Wayne St. 3D Angola, IN 46703

## Prepared By:

KSM Business Services, Inc 202 West Berry Street, Suite 600 Fort Wayne, IN 46802

### **Amount of Tax:**

No payment is required.

## Make Check Payable To:

Not applicable

### Mail Tax Return To:

Indiana Department of Revenue Tax Administration P.O. Box 6481 Indianapolis, Indiana 46206-6481

### **Return Must Be Mailed On Or Before:**

Please mail as soon as possible.

## **Special Instructions:**

The report should be signed and dated by an authorized individual(s).

## EXTENSION REQUEST FOR INDIANA FORM NP-20

## Form **8868** (Rev. January 2022)

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return. ▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print STEUBEN COUNTY UNITED WAY, INC. 23-7168857 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 317 S. WAYNE ST., 3D return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. ANGOLA, IN 46703 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JESSICA BRODOCK Telephone No. ► 2606656196 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning \_\_ , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

## **NP-20**

State Form 51062 (R12 / 8-21)

# Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year

Beginnin	g 01 01	2021 and Endir	ng 12 31 2021			
Place "X" in box if: Change of Ad	dress A	mended Report	Final Report: Indicate Date Closed			
Due	on the 15th day of	the 5th month following the	end of the tax year.			
		NO FEE REQUIRED				
Name of Organization			Telephone Number			
STEUBEN COUNTY UNITED	WAY INC		260 665 6196			
Address		County	Indiana Taxpayer Identification Number			
317 S WAYNE ST 3D		76				
City	State	ZIP Code	Federal Employer Identification Number			
ANGOLA	IN	46703	23 7168857			
Printed Name of Person to Conta	ct		Contact's Telephone Number			
JESSICA BIRD			260 665 6196			
Current Information  1. Indicate number of years you 2. Have any changes not previous	ur organization had ously reported to not be names, titles and	as been in continuous ex the Department been ma r instruments of importal d addresses of your curr	ade in your governing instruments, nce? If yes, attach a detailed			
I declare under the penalties of p knowledge and belief, it is true, c	erjury that I have	ect. EXECUTI	cluding all attachments, and to the best of my  VE DIRECTOR			
Signature of Officer or Trustee		Title	Date			
JESSICA BIRD Name of Person(s) to Contact		260 665 Daytime T	6196 elephone Number			



NP-20 STATEMENT 1

THE MISSION OF STEUBEN COUNTY UNITED WAY IS TO GATHER, IN AN ACCOUNTABLE MANNER, COMMUNITY RESOURCES TO SUPPORT AGENCIES AND PROGRAMS THAT ADDRESS BASIC HEALTH AND HUMAN NEEDS TO IMPROVE THE QUALITY OF LIFE IN STEUBEN COUNTY.

FORM NP-20	LIST OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS		TITLE	
JESSICA BROCOCK 317 S. WAYNE ST., ANGOLA, IN 46703		EXECUTIVE DIRECTOR	
A.J. WILSON 317 S. WAYNE ST., ANGOLA, IN 46703		PRESIDENT	
JESSICA BIRD 317 S. WAYNE ST., ANGOLA, IN 46703		VICE PRESIDENT	
TIM NEWBY 317 S. WAYNE ST., ANGOLA, IN 46703		TREASURER	
SANDY GRIFFEN 317 S. WAYNE ST., ANGOLA, IN 46703		SECRETARY	
AUSTIN BUDREAU 317 S. WAYNE ST., ANGOLA, IN 46703		PAST PRESIDENT	
MARK COWEN 317 S. WAYNE ST., ANGOLA, IN 46703		DIRECTOR	
TOM SANBORN 317 S. WAYNE ST., ANGOLA, IN 46703		DIRECTOR	
IAN GARNER 317 S. WAYNE ST., ANGOLA, IN 46703		DIRECTOR	
LAURA MACKNICK 317 S. WAYNE ST., ANGOLA, IN 46703		DIRECTOR	
OLIVIA LUSHER 317 S. WAYNE ST., ANGOLA, IN 46703		DIRECTOR	

JULIE ZOLLINGER-GODWIN 317 S. WAYNE ST., 3D ANGOLA, IN 46703

DIRECTOR

JERRY MCDERMID 317 S. WAYNE ST., 3D ANGOLA, IN 46703 DIRECTOR

ELISHA HAVER 317 S. WAYNE ST., 3D ANGOLA, IN 46703 DIRECTOR

KRISTA MILLER
317 S. WAYNE ST., 3D
ANGOLA, IN 46703

DIRECTOR

## EXTENDED TO NOVEMBER 15, 2022

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury

		e 2021 calendar year, or tax year beginning and ending	cot imormation.	
			D. Emmlesses identifi	ti
	heck if oplicab		D Employer identific	cation number
	Addre chan	e   STEUBEN COUNTY UNITED WAY, INC.		
	Name chang		23-71688	57
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite <b>E</b> Telephone numbe	r
	]Final returr		260-665-	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	262,741.
	Amer returr	ANGOLA, IN 40/03	H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: OESSICA BRODOCK	for subordinates	? Yes X No
	pendi	<sup>ng</sup> 317 S. WAYNE ST. STE. 3D, ANGOLA, IN 46703	H(b) Are all subordinates in	ncluded? Yes No
<u> 1 T</u>	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
		te: ► UNITEDWAYSTEUBEN.ORG	H(c) Group exemptio	n number 🕨
			ear of formation: $1957$ $ m  binom{1}{1}$	<b>1</b> State of legal domicile: ${ exttt{IN}}$
Pa	rt I	Summary		
•	1	Briefly describe the organization's mission or most significant activities: TO PROVI		
nce		AREA NOT-FOR-PROFIT AGENCIES AND TO IMPROVE T	HE QUALITY OF	LIFE IN
Governance	2	Check this box   if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
S S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1
λŧ	6	Total number of volunteers (estimate if necessary)	6	192
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	I_ I	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	270,676.	218,027.
ž	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,239.	29,890.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	289,919.	247,917.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,140.	50,340.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)   37,348.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	310,345.	169,100.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	360,485.	219,440.
	19	Revenue less expenses. Subtract line 18 from line 12	-70,566.	28,477.
Ces			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	115,322.	146,543.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	19,510.	20,664.
	22	Net assets or fund balances. Subtract line 21 from line 20	95,812.	125,879.
	rt II	Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sigr	1	Signature of officer	Date	
Her	€	JESSICA BIRD, EXECUTIVE DIRECTOR		
		Type or print name and title	In I E	- I BTIN
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		STEVEN A. WARNER STEVEN A. WARNER	12/15/22 self-employ	
Prep		Firm's name KSM BUSINESS SERVICES, INC	Firm's EIN ▶	35-2123203
Use	Only	Firm's address 202 WEST BERRY STREET, SUITE 600		<b>60) 406 555</b>
		FORT WAYNE, IN 46802	Phone no. (2	<u>60) 496-8297</u>
May	the I	RS discuss this return with the preparer shown above? See instructions		X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF STEUBEN COUNTY UNITED WAY IS TO GATHER, IN AN
	ACCOUNTABLE MANNER, COMMUNITY RESOURCES TO SUPPORT AGENCIES AND
	PROGRAMS THAT ADDRESS BASIC HEALTH AND HUMAN NEEDS TO IMPROVE THE
	QUALITY OF LIFE IN STEUBEN COUNTY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$147,435. including grants of \$) (Revenue \$) (Revenue \$)
	STUEBEN COUNTY UNITED WAY WORKS TO HELP THE COMMUNITY IMPROVE EDUCATION
	AND REDUCE THE NUMBER OF HIGH SCHOOL DROPOUTS; HELP PEOPLE ACHIEVE
	FINANCIAL STABILITY; GET WORKING FAMILIES WHO ARE FINANCIALLY UNSTABLE
	BACK ON THE ROAD TO ECONOMIC INDEPENDENCE; AND PROMOTE THE IMPORTANCE
	OF AVOIDING RISKY BEHAVIOR IN FAVOR OF HEALTHY LIVES AND MINDS.
	<del></del>
4b	(Code:) (Expenses \$
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$)         (Revenue \$)
	Other program convices (Describe on Schedule O.)
4d	
 4е	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 147,435.
70	Form 990 (2021)

## Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
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?			٦,
	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		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		-25
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	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,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) STEUBEN COUNTY UNITED WAY, INC.

Part IV | Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization have a tax-exempt 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  25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  27 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 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  29 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 Schedule I. Part I
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization have a tax-exempt 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  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 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  29 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
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  Schedule J  23
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  Schedule J  23
Schedule J  23
Did the organization have a tax-exempt 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.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete
Schedule K. If "No," go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a Section 50 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
Schedule K. If "No," go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a Section 50 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
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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  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
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  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
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  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
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
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete
´ '
55/154417
Did the organization report 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 contributor, or 35%  controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II
controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,
instructions for applicable filing thresholds, conditions, and exceptions):
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If
"Yes," complete Schedule L, Part IV
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If
"Yes," complete Schedule L, Part IV
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
contributions? If "Yes," complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N. Part II.  32
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes " complete Schedule R. Part I.  33
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
· · · · · · · · · · · · · · · · · · ·
Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
If "Yes," complete Schedule R, Part V, line 2
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?
Note: All Form 990 filers are required to complete Schedule O
Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V
Yes N
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable
(analytical) statement and a statement of
(gambling) winnings to prize winners?  132004 12-09-21  Form 990 (202

Form 990 (2021) STEUBEN COUNTY UNITED WAY, INC.

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

			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 1									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5а										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year			37						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
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 organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	Ů								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
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:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
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								
	<b>Note:</b> 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  Enter the amount of receives an head									
C 14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i-fu								
.0	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

STEUBEN COUNTY UNITED WAY, INC. 23-7168857 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request \_\_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

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46703

State the name, address, and telephone number of the person who possesses the organization's books and records

IN

statements available to the public during the tax year.

JESSICA BRODOCK - 2606656196 317 S. WAYNE STREET, ANGOLA.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza  (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
rame and the	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	au			rted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		eo	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	ional		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JESSICA BROCOCK	40.00	=	=	0		王。	4			
EXECUTIVE DIRECTOR				х				46,764.	0.	0.
(2) A.J. WILSON	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) JESSICA BIRD	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) TIM NEWBY	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) SANDY GRIFFEN	2.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(6) AUSTIN BUDREAU	1.00									_
PAST PRESIDENT		Х						0.	0.	0.
(7) MARK COWEN	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(8) TOM SANBORN	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(9) IAN GARNER	1.00	3,7							_	0
DIRECTOR (10) LAURA MACKNICK	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) OLIVIA LUSHER	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(12) JULIE ZOLLINGER-GODWIN	1.00	25						•	•	•
DIRECTOR	1100	х						0.	0.	0.
(13) JERRY MCDERMID	1.00							•		•
DIRECTOR		х						0.	0.	0.
(14) ELISHA HAVER	1.00								•	
DIRECTOR		Х						0.	0.	0.
(15) KRISTA MILLER	1.00									
DIRECTOR		Х				L		0.	0.	0.

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Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(A) (B) (C) (D) (E)									(F Estim			
Name and title	hours per		not c	heck	more than one rson is both an			Reportable compensation	Reportable compensation		I .	nount	
	week					or/trus		from	from related			other	
(list any hours for related organizations below line) line) line)								the	organization		1	pensa	
	related	e or di	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	,C/	1	rom th janizat	
	organizations	truste	nal trus		oyee	omper		1099-NEC)	10001120)		ı -	d relat	
	below line)	lividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
	iiiie)	<u> </u>	<u> </u>	#0	Ke	를 'a	요						
		1											
		-											
						_							
		$\frac{1}{1}$											
						$\vdash$					-		
1b Subtotal								46,764.		0.			0.
c Total from continuation sheets to Part	t VII, Section A						<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	46,764.		0.			0.
2 Total number of individuals (including bu		ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;			^
compensation from the organization	<u> </u>											Yes	0 <b>N</b> o
3 Did the organization list any former office	cer, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J fo											3		Х
4 For any individual listed on line 1a, is the													77
and related organizations greater than \$											4		X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes." or					•			•			5		Х
Section B. Independent Contractors	ompiete Schedul	<del>- 0</del> 1	OI SE	<i>icii</i> ,	<i>J</i> C/3	OH							
1 Complete this table for your five highest	=	-							•	ensa	tion fro	om	
the organization. Report compensation (A)	for the calendar y	ear e	enair	ıg w	ith C	or wi	tnin	the organization's tax y	ear.		((	 C)	
Name and busine	ess address	N	INC	3				Description of s	ervices		Compe		n
2 Total number of independent contractor	s (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the org					(	_		•					

Form **990** (2021)

Form 990 (2021) STEUBEN
Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	ote to any line	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b						
2 8		_ , , , ,					
ifts		Related organizations 1d					
nila		Government grants (contributions)  1e	9,200.				
Sir		All other contributions, gifts, grants, and	7,200				
e të	•		8,827.				
를	g	4 6	7027				
Son	_	Total. Add lines 1a-1f		218,027.			
<u> </u>			siness Code				
ø	2 a						
, vic	b						
am Ser	С						
an See	d						
Program Service Revenue	е						
P.	f	All other program service revenue					
	g						
	3	Investment income (including dividends, interest, a					_
		other similar amounts)	▶ [				
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
		(i) Real (ii	ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses <b>7b</b>					
Ven	С	Gain or (loss) 7c					
ther Revenue		Net gain or (loss)	<b></b>				
her	8 a	Gross income from fundraising events (not	- 1				
₹		including \$ of	- 1				
		contributions reported on line 1c). See					
			3,999.				
	b	Less: direct expenses 8b 1	.4,824.				
		Net income or (loss) from fundraising events	<b></b>	29,175.			29,175.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
sn			isiness Code 524100	715.			715.
Miscellaneous Revenue	11 a		, <u>7</u> <del>4</del> T O O	/13•			/13•
llar ven	b						
Sce	q C	All other revenue					
Σ	u A	Total. Add lines 11a-11d	<u> </u>	715.			
	12	Total revenue. See instructions		247,917.	0.	0.	29,890.
-				,			5 000 (2224)

## Form 990 (2021) STEUBEN COUNT Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	46,764.	9,353.	9,353.	20 050
_	trustees, and key employees	40,704.	9,333.	9,333.	28,058
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9	Payroll taxes	3,576.	715.	715.	2,146
1	Fees for services (nonemployees):	373701	, 131	7 2 3 4	2,110
a	Management				
b	Legal				
c	Accounting	9,022.		9,022.	
d		-,		2,4223	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
•	column (A), amount, list line 11g expenses on Sch 0.)	13,582.	500.	13,082.	
12	Advertising and promotion				
13	Office expenses	2,629.	302.	302.	2,025
4	Information technology	326.	65.	65.	196
5	Royalties				
16	Occupancy	4,173.	835.	835.	2,503
7	Travel	1,274.	255.	255.	764
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates	25,000.	25,000.		24.5
2	Depreciation, depletion, and amortization	357.	72.	72.	213
3	Insurance	1,256.	156.	631.	469
<u>!</u> 4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	COVID EXPENSES	91,792.	91,792.		
b	GRANTS	16,150.	16,150.		
c	DUES AND SUBSCRIPTIONS	3,065.	2,145.	230.	690
d	MEALS	474.	95.	95.	284
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	219,440.	147,435.	34,657.	37,348
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Pai	T X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		89,542.	1	102,104.	
	2				2		
	3	Pledges and grants receivable, net			5,032.	3	22,550.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	officer, director,			
		trustee, key employee, creator or founder, sub	ostantial o	ontributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	-				
		under section 4958(f)(1)), and persons describ				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			254	8	0.50
⋖	9				354.	9	262.
	10a	Land, buildings, and equipment: cost or other		1 505			
		basis. Complete Part VI of Schedule D		1,785.	0.00		C 4 1
				1,144.	998.	10c	641.
	11	Investments - publicly traded securities			10 200	11	20 006
	12	Investments - other securities. See Part IV, lin			19,396.	12	20,986.
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			115,322.	15	146,543.
	16	Total assets. Add lines 1 through 15 (must en			1,132.	16	5,294.
	17	Accounts payable and accrued expenses			1,134.	17	3,234.
	18	Grants payable				18	
	19	Deferred revenue				19 20	
	20 21	Tax-exempt bond liabilities		- ( O - I I - I - D		21	
	22	Escrow or custodial account liability. Complet Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, sub					
Ξ		controlled entity or family member of any of the				22	
E.	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D	•	·	18,378.	25	15,370.
	26				19,510.	26	20,664.
		Organizations that follow FASB ASC 958, c			•		•
es		and complete lines 27, 28, 32, and 33.		<i>′</i> —			
anc	27	Net assets without donor restrictions			59,867.	27	56,155.
Bal	28	Net assets with donor restrictions			35,945.	28	69,724.
nd		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Net	32	Total net assets or fund balances			95,812.	32	125,879.
	33	Total liabilities and net assets/fund balances			115,322.	33	146,543.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			40.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>77.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			12.
5	Net unrealized gains (losses) on investments	5		1,5	<u>90.</u>
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	12!	5,8	<u>79.</u>
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
			$\Box$	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
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	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization STEUBEN COUNTY UNITED WAY, 23-7168857 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71	•	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	,		. ,	. ,	( )	,	
-	membership fees received. (Do not							
	include any "unusual grants.")	111,156.	91,445.	127,125.	270,676.	218,027.	818,429.	
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	111,156.	91,445.	127,125.	270,676.	218,027.	818,429.	
	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)						1,506.	
6	Public support. Subtract line 5 from line 4.						816,923.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	111,156.	91,445.	127,125.	270,676.	218,027.	818,429.	
	Gross income from interest,		J = 7 = = 0 v				010,110	
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources		3.	3.	4.		10.	
۵	Net income from unrelated business		<u></u>	<u></u>	<b>4.</b>			
9	activities, whether or not the							
	business is regularly carried on	21,737.	21,794.	34,602.	18,552.	29,175.	125,860.	
10	Other income. Do not include gain	21,737.	21,751	31,002.	10,332.	23,113.	123,000.	
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	963.	2,887.	1,607.	687.	715.	6,859.	
44		5031	2,007.	1,007	007.	713.	951,158.	
	<b>Total support.</b> Add lines 7 through 10					12	116,645.	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	="					110,043.	
ıs	•			•			▶□	
Sec	organization, check this box and stop etion C. Computation of Public							
	Public support percentage for 2021 (li			olumn (fl)		14	85.89 %	
						15	00 55	
	Public support percentage from 2020 <b>33 1/3% support test - 2021.</b> If the o					<u> </u>		
10a								
<b>h</b>	stop here. The organization qualifies a							
D	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
47-	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
						vi now the organiz	ation	
	meets the facts-and-circumstances tes	-	•	* **	-	7 II 4F i		
b	10% -facts-and-circumstances test	ū				•	IU% Or	
	more, and if the organization meets th				•		<b>.</b> —	
46	organization meets the facts-and-circu		-					
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions		

Schedule A (Form 990) 2021

(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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

## 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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
- 55		
6		
7		
8		
9a		
OL		
9b		
9c		
90		
10a		
.54		
10b		
	n 990)	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	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.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he 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.

INC.

Pai	t V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must				
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			
С	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-functional	ally integrated	d Type III supporting orga	nization (see	
	instructions).	. •		•	

Schedule A (Form 990) 2021

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

STEUBEN COUNTY UNITED WAY, INC.

23-7168857

Organization type (check one):

or gameation type (erreer, e						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.					
contributor, during literary, or education	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.					
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 g requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

## STEUBEN COUNTY UNITED WAY, INC.

23-7168857

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SMALL BUSINESS ASSOCIATION  409 3RD ST, SW.  WASHINGTON, DC 20416	\$9,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CARDINAL IG  301 MCSWAIN DR  FREMONT, IN 46737	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PRO FED CREDIT UNION  1710 ST. JOE RIVER DR  FORT WAYNE, IN 46805	\$5,000.	Person X Payroll
(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.)

Name of organization Employer identification number

## STEUBEN COUNTY UNITED WAY, INC.

23-7168857

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. 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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
123/153 11-11	01	·	Schedule B (Form 990) (2021)

Name of organization **Employer identification number** STEUBEN COUNTY UNITED WAY, INC. 23-7168857 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

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

**Employer identification number** 23-7168857

	STEUBEN COUNTY UNI		23-7168857
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
·	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization		are re, into r.
•	Preservation of land for public use (for example, recrea	`	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space	Freservation of	a certified flistoric structure
•		fied concernation contribution in the form	of a concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year
	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
Da	organization's accounting for conservation easements.	Ant Historical Transcript on Ot	han Cincilan Assats
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 202

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

Complete if the organization answered if	es on Form 990, Part IV	, lifle 11a. See Form 990	, Part A, lifle 10.	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		1,785.	1,144.	641.
<b>e</b> Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colun	nn (B), line 10c.)	<b>&gt;</b>	641.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 STEUBEN COUNTY UNITED WAY, INC.	23-7168857 Page
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or	r end-of-year market value
(1) Financial derivatives	
(2) Closely held equity interests	
(3) Other	
(A) FOUNDATION OF STEUBEN	
(B) COUNTY 20,986. COST	
(C)	
(D)	
(E)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 20,986.	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or	r end-of-year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

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

### Other Liabilities. Part X

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

1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) DESIGNATIONS PAYABLE		1,682.
(3) ALLOCATIONS PAYABLE		13,688.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	15,370.

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

Schedule D (Form 990) 2021

Pai	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With Ro	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	251,732.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,590.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,225.		
е	Add lines 2a through 2d			2e	3,815.
3	Subtract line 2e from line 1			3	247,917.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.			5	247,917.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	221,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	I Other (Describe in Part XIII.)	2d	2,225.		
е	Add lines 2a through 2d			2e	2,225.
3	Subtract line 2e from line 1			3	219,440.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5		8.)		5	219,440.
Pa	rt XIII Supplemental Information.				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	,		; Part X, li	ine 2; Part XI,

### PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR 2021 AND 2020.

THE ORGANIZATION FILES U.S. FEDERAL AND INDIANA INFORMATION TAX RETURNS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2018. MANAGEMENT BELIEVES

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number STEUBEN COUNTY UNITED WAY, 23-7168857 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

Schedule G (Form 990) 2021

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

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
				POWER OF THE		(add col. (a) through
			GOLF OUTING	PURSE	2	col. (c))
4			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	13,589.	27,513.	2,897.	43,999.
æ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	13,589.	27,513.	2,897.	43,999.
	4	Cash prizes				
	_					
'n	5	Noncash prizes				
Se	_	Double oilibu oosta	2,181.	400.		2 501
per	6	Rent/facility costs	2,101.	400.		2,581.
Direct Expenses	7	Food and haverage	440.	7,031.	58.	7,529.
irec	′	Food and beverages	440.	7,031.	30•	7,525.
	8	Entertainment				
	9	Other direct expenses	565.	2,564.	1,585.	4,714.
	_		2	2,0010		14,824.
		Net income summary. Subtract line 10 from li				29,175.
Pa	rt I	Gaming. Complete if the organization a		n 990, Part IV, line 19, or r	eported more than	•
		\$15,000 on Form 990-EZ, line 6a.				
d)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
'n			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	_					
χ	3	Noncash prizes				
ot F		Pont/facility costs				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	-			1		
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re				Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	ledule G (Form 990) 2021 STEUBEN COUNTY UNITED WAY, INC. 23-	7168857	/ Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
'-	Lines the fiame and address of the person who prepares the organization's garming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· L Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	STEUBEN	COUNTY	UNITED	WAY,	INC.	23-7168857	Page 4
Part IV	G (Form 990)  Supplemental Inform	mation (contin	nued)					
		COITE	idea)					

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STEUBEN COUNTY UNITED WAY, INC.

**Employer identification number** 23-7168857

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STEUBEN COUNTY
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY STAFF AND BOARD MEMBERS BEFORE FILING. THE 990 IS
THEN MADE AVAILABLE IN THE OFFICE AND ON THEIR WEBSITE.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL STAFF AND VOLUNTEERS ARE REQUIRED TO READ AND SIGN FORM.
FORM 990, PART VI, SECTION C, LINE 19:
A COPY OF THE 990 WILL BE PROVIDED UPON SUBMISSION OF A WRITTEN REQUEST TO
THE EXECUTIVE DIRECTOR.
FORM 990, PART XII, LINE 2C
THE EXECUTIVE COMMITTEE HAS OVERSIGHT OF THE AUDIT PROCESS.

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

990

Attachment Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Identifying number

Part I   Election To Expense Certain Pro	D WAY, INC		RM 990 PA		V hoforo vo	23-7168857
					14	
1 Maximum amount (see instructions)					—	1,050,000
2 Total cost of section 179 property pl					—	2,620,000
Threshold cost of section 179 prope						2,020,000
4 Reduction in limitation. Subtract line						
5 Dollar limitation for tax year. Subtract line 4 from (a) Description o			siness use only)	(c) Elected (		
(a) Description o	property	(5) 0031 (50	siness use only)	(c) Elected (	.031	
7 Listed property. Enter the amount fro						
8 Total elected cost of section 179 pro						
9 Tentative deduction. Enter the <b>smal</b>						
O Carryover of disallowed deduction fr						
1 Business income limitation. Enter the		•	,			
2 Section 179 expense deduction. Add					12	
3 Carryover of disallowed deduction to lote: Don't use Part II or Part III below f			13			
Part II Special Depreciation Allo		· · · · · · · · · · · · · · · · · · ·	ude listed propert	v.)		
4 Special depreciation allowance for q						
the tax year					. 14	
5 Property subject to section 168(f)(1)						
6 Other depreciation (including ACRS)						
Part III MACRS Depreciation (Do						
•		Section A				
7 MACRS deductions for assets place	d in service in tax ye	ars beginning before 20	 21		17	357
8 If you are electing to group any assets placed in s	service during the tax year in	ato one or more general asset as				
		ito one or more general asset ac	counts, check here	🕨 🔼		
		e During 2021 Tax Yea			ion Syste	m
					tion System (f) Method	(g) Depreciation deduction
Section B - Asset	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	(d) Recovery	eral Deprecia		
Section B - Asset	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	(d) Recovery	eral Deprecia		
Section B - Asset  (a) Classification of property  9a 3-year property	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	(d) Recovery	eral Deprecia		
Section B - Asse  (a) Classification of property  9a 3-year property  5-year property	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	(d) Recovery	eral Deprecia		
Section B - Asse  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	(d) Recovery	eral Deprecia		
Section B - Asse  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	(d) Recovery	eral Deprecia		
Section B - Asse  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	(d) Recovery	eral Deprecia		
Section B - Asse  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	r Using the Gene (d) Recovery period	eral Deprecia	(f) Method	
Section B - Asse  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	r Using the Gene (d) Recovery period	(e) Convention	(f) Method	
Section B - Asset  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	r Using the General (d) Recovery period (d) Re	(e) Convention	(f) Method	
Section B - Asse  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property	(b) Month and year placed	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	c Using the General (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.	(e) Convention  MM  MM	(f) Method  S/L S/L S/L	
Section B - Asse  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property	ets Placed in Servic  (b) Month and year placed in service  / / / / /	e During 2021 Tax Yea (c) Basis for depreciation (business/investment use	cr Using the General (d) Recovery period  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	eral Deprecia (e) Convention  MM  MM  MM  MM	(f) Method  S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
Section B - Asset  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Asset	ets Placed in Servic  (b) Month and year placed in service  / / / / /	e During 2021 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
Section B - Asset  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Asset  0a Class life  b 12-year	ets Placed in Servic  (b) Month and year placed in service  / / / / /	e During 2021 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alterna	MM MM MM MM MM MM MM Ative Depreci	S/L	(g) Depreciation deduction
Section B - Asse  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Asset  0a Class life  b 12-year  c 30-year	ets Placed in Servic  (b) Month and year placed in service  / / / / /	e During 2021 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alternatives. 12 yrs. 30 yrs.	MM	S/L	(g) Depreciation deduction
Section B - Asset  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Asset  0a Class life  b 12-year  c 30-year  d 40-year	ets Placed in Servic  (b) Month and year placed in service  / / / s Placed in Service	e During 2021 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alterna	MM MM MM MM MM MM MM Ative Depreci	S/L	(g) Depreciation deduction
Section B - Asset  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Asset  0a Class life  b 12-year  c 30-year  d 40-year  Part IV Summary (See instructions	ets Placed in Service  (b) Month and year placed in service  // // s Placed in Service  // // ss.)	e During 2021 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alternatives. 12 yrs. 30 yrs.	MM	S/L	(g) Depreciation deduction
Section B - Asset  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Asset  0a Class life  b 12-year  c 30-year  d 40-year  Part IV Summary (See instructions  1 Listed property.	ets Placed in Service  (b) Month and year placed in service  // // s Placed in Service  // // s.) line 28	e During 2021 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)  During 2021 Tax Year	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alternative Alternat	MM	S/L	(g) Depreciation deduction
Section B - Asset  (a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Asset  0a Class life  b 12-year  c 30-year  d 40-year  Part IV Summary (See instructions  1 Listed property. Enter amount from 19  2 Total. Add amounts from line 12, line	cts Placed in Service  (b) Month and year placed in service  // // s Placed in Service  // // s Placed in Service	e During 2021 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)  During 2021 Tax Year  es 19 and 20 in column	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alterna 12 yrs. 30 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction
(a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Asset  0a Class life  b 12-year  c 30-year  d 40-year  Part IV Summary (See instructions  1 Listed property. Enter amount from line  2 Total. Add amounts from line 12, line Enter here and on the appropriate line	cts Placed in Service  (b) Month and year placed in service  // // s Placed in Service  // // s Placed in Service  // // ss.) line 28	e During 2021 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)  During 2021 Tax Year  es 19 and 20 in column artnerships and S corpo	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alterna 12 yrs. 30 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction
(a) Classification of property  9a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property  i Nonresidential real property  Section C - Asset  0a Class life  b 12-year  c 30-year  d 40-year  Part IV Summary (See instructions  1 Listed property. Enter amount from 10  2 Total. Add amounts from line 12, line	cts Placed in Service  (b) Month and year placed in service  // // s Placed in Service  // // ss.) line 28	e During 2021 Tax Yea  (c) Basis for depreciation (business/investment use only - see instructions)  During 2021 Tax Year  es 19 and 20 in column artnerships and S corpo	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alterna 12 yrs. 30 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction

Part V

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	240, Columns (	a) iiiiougii (c	) or occion A	, all of o	CLIOIT D	, and ot	CLIOIT O	п аррі	icabic.							
	Section A -	Depreciation	n and Other	Informa	tion (Ca	ution:	See the	instruc	tions for li	mits for p	oasseng	er auton	nobiles. )			
24a	Do you have evidence to s	support the bus	siness/investme	ent use cla	imed?	Y	′es 🗌	☐ No	<b>24b</b> If "Y	es," is th	ne evide	nce writt	en?	Yes [	No	
	(a) Type of property (list vehicles first)	pe of property Date Business		:	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		<b>(h)</b> Depreciation deduction		(i) Elected section 179 cost		
 25	Special depreciation allo	owance for q	ualified listed	property	placed	in servic	ce during	the ta	x year and	i						
	used more than 50% in	a qualified bu	usiness use								25					
26	Property used more that															
		: :	•	%												
		: :		%												
		: :		%												
27	Property used 50% or le	ess in a qualif	ied business	use:												
		: :		%						S/L -						
		: :		%						S/L -						
		: :		%						S/L -						
28	Add amounts in column	(h), lines 25	through 27. E	nter here	and on	line 21	, page 1				28					
29	Add amounts in column	(i), line 26. E	nter here and	on line 7	, page <sup>-</sup>	1				<u></u>			29			
	mplete this section for ve our employees, first ans		oy a sole prop		artner, o	r other "	more th	an 5%	owner," or					rehicles		
30		business/investment miles driven during the			(a) Vehicle		<b>(b)</b> Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		<b>(f)</b> Vehicle	
	year ( <b>don't</b> include commu	ar ( <b>don't</b> include commuting miles)						<u> </u>								
	Total commuting miles driven during the year							<u> </u>								
32	Total other personal (noncommuting) miles driven															
33	Total miles driven during															
	Add lines 30 through 32						1	-			1					
34	Was the vehicle available	le for persona	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No	
						1		<u> </u>								
35	Was the vehicle used pr		more													
	than 5% owner or related person?							+	-							
36	Is another vehicle availa use?	•														
			- Questions t	•	-				-							
	swer these questions to o	•		xception	to com	pleting S	Section I	3 for ve	ehicles use	ed by em	ployees	who <b>a</b> ı	ren't			
	re than 5% owners or rela													_	I	
37	Do you maintain a writte employees?		= = = = = = = = = = = = = = = = = = = =						-	-				Yes	No	
38	Do you maintain a writte		· ·	-				-			our					
	employees? See the ins					ficers, d	irectors,	or 1%	or more o	wners						
	Do you treat all use of ve															
40	Do you provide more that															
	the use of the vehicles,															
41	Do you meet the require															
D	Note: If your answer to art VI Amortization	37, 38, 39, 4	U, or 41 is "Ye	es," don1	comple	ete Sect	ion B foi	the co	overed ven	icles.						
F	art VI   Amortization (a)			(b)	1	(c)			(d)		(e)			(f)		
	Description of costs Date			amortization begins		Amortiza	nortizable		Code section		Amortization period or percentage		An fo	nortization r this year	ortization	
42	Amortization of costs th	at begins du	ring your 202 <sup>.</sup>		r: I											
				<u> </u>												
				<u> </u>								40				
	Amortization of costs th											43				
44	Total. Add amounts in o	column (f). Se	e tne instruct	ions for v	wnere to	report						44				