PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 05-13-29

Form **990**

Return of Organization Exempt From Income Tax

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

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

2023 Open to Public Inspection

X Yes No

Department of the Treasury Internal Revenue Service A For the 2023 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check If applicable: Address PRO ACTION OF STEUBEN AND YATES, INC. Name change 16-0914512 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 117 E. STEUBEN STREET 607-776-2125 21,481,644. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amende BATH, NY 14810 H(a) Is this a group return F Name and address of principal officer: LAURA ROSSMAN for subordinates? Yes X No H(b) Are all subordinates included? Yes No SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. See instructions __ 4947(a)(1) or [(insert no.) L J Website: WWW.PROACTIONINC.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association L Year of formation: 1965 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: PRO ACTION OF STEUBEN & YATES, INC. IS A MULTI-FUNDED COMMUNITY SERVICES ORGANIZATION. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 490 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 <u> 250</u> 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 18,310,135. 21,054,806. Contributions and grants (Part VIII, line 1h) 162,129. 18,383. 168,127. 9 Program service revenue (Part VIII, line 2g) 76,688. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 239,049. 182,023. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,729,696. 21,481,644. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. <u>o.</u> 14 Benefits paid to or for members (Part IX, column (A), line 4) 10,649,479. 11,074,786. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ... 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 10,010,577. 6,973,548. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,623,027. 21,085,363. 396,281. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year 7,427,753. 7,276,816. Total assets (Part X, line 16) 2,737,499. ,492,155. 21 Total liabilities (Part X, line 26) 4,935,598. 4,539,317. Set Net assets or fund balances, Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I pave examiged this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer Jother than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign LAURA ROSSMAN, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date Preparer's signature Print/Type preparer's name DAVID A. URBAN CPA 04/18/24 if P006300 Firm's EIN 47-4526160 P00630018 Paid DAVID A. URBAN CPA Firm's name EFPR GROUP, CPAS, PLLC Firm's address 6390 MAIN STREET SUITE Firm's name EFPR GROUP, Preparer Phone no. 716-634-0700 WILLIAMSVILLE, NY 14221

May the IRS discuss this return with the preparer shown above? See instructions Form 990 (2023) LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) PRO ACTION OF STEUBEN AND YATES, INC. 16-0914512 Page 2
Par	t III 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:
	PRÓ ACTION WORKS TO BUILD A COMMUNITY OF RESILIENT INDIVIDUALS AND
	FAMILIES WHO CAN MEET THEIR BASIC NEEDS, OVERCOME ADVERSITY, AND
	PROSPER.
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?
	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 \$ 14,064,517. Including grants of \$) (Revenue \$)
	The state of the s
	EARLY CHILDHOOD SERVICES: TN 2023 RARLY CHILDHOOD PROGRAMS SUCH AS THE HEAD START, EARLY HEAD
	IN HOLD DIMED ONLDS INVOIGNED DOOR IN
	START, AND UNIVERSAL PRE-KINDERGARTEN PROGRAMS STAFFED 14 FOUR-YEAR-OLD CLASSROOMS, 5 THREE-YEAR-OLD CLASSROOMS, 1 TODDLER CLASSROOM AND 1
	INFANT CLASSROOM: 273 CUMULATIVE CENTER-BASED AND 30 HOME-BASED SLOTS.
	THE OWNER AND THE PROPERTY OF
	FAMILIES: 22 CENTER-BASED AND 115 HOME-BASED SLOTS. IN ADDITION, THE
	UPK PARTNERSHIP AND COLLABORATIVE EXPANDED RICH EARLY CHILDHOOD
	EXPERIENCES TO 67 CUMULATIVE ADDITIONAL UPK CHILDREN.
	BAFBATBACBO TO V7 COMOMITTY ABSTITUTE OF STREET
	PRO ACTION CHILDCARE COUNCIL (PACCC) SERVES AS A RESOURCE AND REFERRAL
4b	(Code:) (Expenses \$ 1,218,799. Including grants of \$) (Revenue \$)
-12	ADULT NUTRITION SERVICES:
	THE ADULT NUTRITION SERVICES PROGRAM PROVIDES NUTRITIOUS MEALS TO THE
	OVER SIXTY POPULATION AT BOTH CONGREGATE MEAL SITES AND VIA HOME
	DELIVERED MEALS. CONGREGATE MEAL SITES ALSO PROVIDE THE OPPORTUNITY
	FOR SOCIALIZATION AND A FORUM FOR EDUCATIONAL PROGRAMMING. HOME
	DELIVERED MEALS CONTRIBUTE TO ASSISTING INDIVIDUALS IN STAYING IN THEIR
	HOMES FOR AS LONG AS POSSIBLE, WHILE ENSURING THAT THESE PEOPLE RECEIVE
	A NUTRITIOUS MEAL AND A PERSONAL CONTACT FROM THE DRIVER EACH DAY. IN
	2023 OVER 18,057 CONGREGATE MEALS WERE SERVED AND OVER 89,624 MEALS
	SERVED OVER 885 CUSTOMERS AND LOGGED OVER 219,000 MILES.
	(Code:) (Expenses \$ 882,651. Including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ 002,031. Including grants of \$ PARTY SERVICES:
	THE ENERGY SERVICES PROGRAM ASSISTS ELIGIBLE HOUSEHOLDS WITH MEETING
	THE DEMANDS OF HOME HEATING COSTS AND WITH REDUCING THOSE COSTS THROUGH
	ENERGY CONSERVATION MEASURES. IN 2023, THROUGH THE HOME ENERGY
	ASSISTANCE PROGRAM (HEAP). PRO ACTION ASSISTED CUSTOMERS WITH 3 CLEAN
	AND WINE CERVICES FOR HEATING SYSTEMS. PROVIDED AIR CONDITIONING UNITS
	TO 107 HOMES, AND WEATHERIZED 108 HOUSEHOLDS THROUGH THE WEATHERIZATION
	ASSISTANCE PROGRAM.
4d	Other program services (Describe on Schedule O.) 3, 635, 649, Individual Schedule O.) (Reverses 350, 150.)
	(Expenses) 10 001 616
4e	Total program service expenses 19,801,616.

			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	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			١
	similar amounts as defined in Rev. Proc. 98-197 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			۱.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ŀ		۱.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		•	١.,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account lability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		١.,	
	If "Yes," complete Schedule D, Part IV	9	Х	<u> </u>
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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII	11b		┢
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		1	x
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	110		1
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	444		x
	Part X, Ene 167 If 'Yes,' complete Schedule D, Part IX	11d	х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X	11e	1	-
f		111	х	1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 11		╁
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
	Schedule D, Parts XI and XII	120		
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	1	x
	If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	13	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		 	
D	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		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
4 50	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		—	1
15	foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		T	1
16	or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV	16	ŀ	Х
4-7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		T	
17	column (A), lines 6 and 11e7 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		Γ	Ι _
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		I	
19	complete Schedule G, Part III	19		Х
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
∡va k	If "Yes" to fine 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		I	
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Table 1 and	_	ODA	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
	Part IX, column (A), line 27 If 'Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, Ine 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	Х	<u> </u>
24 a	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	04-		х
_	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		\vdash
£	any tax-exempt bonds?	24c		ĺ
ď	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
20.00	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			۱
	Schedule L, Part I	250	ļ	X
26	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%			х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_
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	27		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	~		
28	was the organization a party to a business transaction with this of the following parties (dee the schedule L.) at 11. Instructions for applicable filing thresholds, conditions, and exceptions):	100		
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #		İ	
a	'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	*****	Х
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b7/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	L	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization Equidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┢
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
	Schedule N, Part II	UZ.		 "
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
34	Part V, line 1	34		X
354	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to fine 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	35b		↓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			١,,
	If 'Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		- A
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, fines 11b and 19?	38	х	
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Fillings and Tax Compliance	1 00	1	
ra	Statements Regarding Other IRS Fillings and Tax Compilance Check if Schedule O contains a response or note to any line in this Part V			
	CHECK II CONSCION O CONTINUES I TODO OF TOTO TO AND BETTER FOR T		Yes	No
4.~	Enter the number reported in box 3 of Form 1096, Enter 0- if not applicable 1a 214		1111	100
18 h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	l * :		1
	(gambling) winnings to prize winners?	1c	X	<u> </u>
		Forn	3 990	(2023

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1111	
	filed for the calendar year ending with or within the year covered by this return	2a		490		41.4.4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?			2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	financial account in a foreign country (such as a bank account, securities account, or other financial				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 A	ccou	nts (FBA	R).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				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	18 Or	ganization	n soficit			
	any contributions that were not tax deductible as charitable contributions?				6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions	or gifts				
	were not tax deductible?			.,	6b		
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices	provided t	to the payor?	7a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?				7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as re	quired				
	to file Form 8282?				7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				79.14	1000	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	act?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ract?			7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Fe	omn 8	3899 as re	?beriupe	79		
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a For	m 1098-C7	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by t	he		14,355		. 5
	sponsoring organization have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						1.3
а	Did the sponsoring organization make any taxable distributions under section 4966?		,		9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			********	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter						1, 1
		10a	1				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
		112				3.4	200
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		İ				
	amounts due or received from them.)	111			33.33	54.03	3
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form	104	1?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121	<u> </u>				
13						11111	
а	is the organization licensed to issue qualified health plans in more than one state?				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.						
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1					
	organization is licensed to issue qualified health plans	131		·n			
¢	Enter the amount of reserves on hand	130					l v
14a	Did the organization receive any payments for indoor tanning services during the tax year?			***************************************	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	ile O			14b	\vdash	
15	1/2 of many 64 000 000 in remine	eratio	on or			İ	
	excess parachute payment(s) during the year?				15	ļ	X
	If "Yes," see the instructions and file Form 4720, Schedule N.				l .		v
16	ts the organization an educational institution subject to the section 4968 excise tax on net investment	nt inc	ome? _		16	ļ.,	X
	If "Yes." complete Form 4720, Schedule O.				ľ		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	ctiviti	es		1	ŀ	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17	-	
	If "Yes," complete Form 6069.					<u> </u>	1000
	F 40.0+03				Forn	n 990	(2023

PRO ACTION OF STEUBEN AND YATES, INC. 16-0914512 Form 990 (2023) PRO ACTION OF STEUBEN AND TATES, INC. 16-0514312 Page [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. X Check if Schedule O contains a response or note to any fine in this Part VI Section A. Governing Body and Management No Yes 15 ta 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. 15 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7Ե persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? 8b Х Each committee with authority to act on behalf of the governing body? 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 10a 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? 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. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization 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 16a X taxable entity during the year? b if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

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

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

TODD KESEL - 607-776-2125

117 E. STEUBEN STREET, BATH, NY 16b

				STEUBEN				16-0914512	Page 7
Part VII Compensation	of Of	ficers, Dire	ctor	s, Trustees,	Key E	mployees,	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 (0), (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 all of the organization's current key employees, if any. See the Instructions for definition of "key employee."

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

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

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

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

Check this box if neither the organization n	•			tion	CO	пре	nsat	ed any current officer,	director, or trustee.	
(A)	(B)	ļ		(0	2)			(D)	(€)	(F)
Name and title	Average	Jdo.	not c	Pos	tio	than-	on.	Reportable	Reportable	Estimated
	hours per	tox	unia	\$\$ p@	rson	k bot	h an	compensation	compensation	amount of
	week	├	167.87	CAG	#eck	y/trus	100)	from	from related	other
	(Est any	퍝						the	organizations	compensation
	hours for	늏	2			Page Base Base Base Base Base Base Base Bas		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	related organizations	量	tra tr		2	il de		1099-NEC)	10994450)	and related
	below	賣	forte		흕	8 2	_	1000141.07		organizations
	line)	individual trustes or director	institutional truster	Officer	Kay employee	Highest compensated employee	Ē		İ	• • •
(1) LAURA ROSSMAN	37.50	Ť	-	_	-	۳	۳			
CHIEF EXECUTIVE OFFICER		1		Х				144,736.	0.	12,120.
(2) TODD KESEL	37.50		Г			Г				
CHIEF FISCAL OFFICER				Х		L		115,635.	0.	20,880.
(3) MICHAEL GABRIELLI	2.00					Γ		_		_
PRESIDENT		X	L	Х	L	L		0.	0.	0.
(4) LINDA JOLLY	2.00	1						1		_
VICE PRESIDENT		X	L	Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(5) KATHRYN MULLER	2.00	١				l	Ī	0.	0.	0.
SECRETARY		X	ļ	X		 	<u> </u>	U .	ν.	V ·
(6) ERIC ROSE	2.00	١.,		ι,				0.	0.	0.
TREASURER	- 2 00	X		Х	_	<u> </u>	<u> </u>	<u> </u>	U .	<u></u>
(7) JUDY DUQUETTE	2.00	x	1	х	1	l		l o.	0.	0.
DIRECTOR (8) DEBBI DRATS	2.00	╇		^	⊢	\vdash	-	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
DIRECTOR	2:00	l _x					ı	l 0.	0.	0.
(9) DEBRA HAFLEIGH	2.00	 	┰	-	┪	\vdash	┢			
DIRECTOR		lx			1		l	l 0.	0.	0.
(10) HILDA LANDO	2.00	 	╆		-	Т	г			
DIRECTOR		x	ŀ		1			0.	0.	0.
(11) CASANDRA FOLEY	2.00	Г		Г	1	Π	Г			
DIRECTOR		x				l		0.	0.	0.
(12) BONNIE DEKAY	2.00	П	Г	Γ		П]	_
DIRECTOR		X		L	<u> </u>	L	<u> </u>	0.	0.	0.
(13) CARBY SPARA	2.00					ı				,
DIRECTOR		X	L		L	L	<u> </u>	0.	0.	0.
(14) EDWARD BRONSON	2.00	ļ		l			ł	,		,
DIRECTOR	<u> </u>	X		L	<u> </u>	╙		0.	0.	0.
(15) AMY MILLER	2.00	١						l o.	0.	0.
DIRECTOR		X		ļ	\vdash	!	<u> </u>	0.	<u> </u>	0.
(16) NAIMAH SIERRA	2.00	١.,	1	1				0.	l o.	0.
DIRECTOR	2.00	X	├	⊢	\vdash	╄	-	V -	<u> </u>	
(17) DONNA JOHNSTON	2.00	x						l 0.	0.	0.
DIRECTOR	<u> </u>	LΔ	<u> </u>	<u>t </u>	<u> </u>	1	_		<u> </u>	Form 990 (2023)
332007 12-21-23										12020)

	(C)
Description of services	Compensation
DAY CARE FOR SUBSIDIZED CHILDREN	395,040.
DAY CARE FOR SUBSIDIZED CHILDREN	322,228.
DAY CARE FOR SUBSIDIZED CHILDREN	299,874.
SUBSIDIZED CHILDREN	261,333.
DAY CARE FOR SUBSIDIZED CHILDREN	259,529.
ited above) who received more than	r 990 (nong)
	DAY CARE FOR SUBSIDIZED CHILDREN DAY CARE FOR SUBSIDIZED CHILDREN DAY CARE FOR SUBSIDIZED CHILDREN DAY CARE FOR SUBSIDIZED CHILDREN DAY CARE FOR SUBSIDIZED CHILDREN DAY CARE FOR

Form **990** (2023)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Revenue excluded from tax under sections 512 - 514 Related or exempt Unrelated Total revenue function revenue business revenue 628,771, 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 10 19,612,092. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 813,943 15,042 g Noncash contributions included in lines 1s-1f 1g \$ h Total. Add lines 1a-1f 21.054.806 Business Code 624200 154,654 154,654 2 a FEES RENTS 624200 13,473. 13,473 All other program service revenue 168,127. Total. Add lines 2a-2f investment income (including dividends, interest, and 76,688. 76,688 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... 65 c Rental income or (loss) 6c d Net rental income or (loss).... (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less; cost or other basis and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ ____ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9ъ e Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code 11 a OTHER REVENUE 900099 182,023 182,023 All other revenue 182,023. e Total. Add lines 11a-11d 21,481,644 350,150. 0 76 688. Total revenue. See instructions Form 990 (2023)

	Check if Schedule O contains a responder include amounts reported on lines 6b,	(A) Total expenses	this Part IX (B) Program service	(C)	(D) Fundralsing
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			15 1411,11,1111	Table II v I ta North agel V.
2	Grants and other assistance to domestic				MAN BEHAVIOR
	individuals. See Part IV, Jine 22				e had kroudy are keep addition
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				-
	trustees, and key employees	260,371.		260,371.	
6	Compensation not included above to disqualified				1
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)	0 (00 101			
7	Other salaries and wages	8,672,471.	8,285,302.	387,169.	
8	Pension plan accruals and contributions (include	204 205	000 540	00 705	
	section 401(k) and 403(b) employer contributions)	321,307.	297,512.	23,795.	
9	Other employee benefits	1,158,367.	1,072,581.	85,786.	
0	Payroll taxes	662,270.	613,224.	49,046.	
1	Fees for services (nonemployees):				
а	Management				
þ	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundralsing services. See Part IV, line 17			a, gija a ij ter ter ette a teaa. i	
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	606,349.	319,059.	287,290.	
2	Advertising and promotion	·			
3	Office expenses	50,909.	25,614.	25,295.	
4	Information technology	212,677.	147,121.	65,556.	
15	Royalties				
6	Occupancy	470,412.	446,055.	24,357.	
7	Travel	337,520.	335,400.	2,120.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	140,375.	133,530.	6,845.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	304,189.	304,189.		
3	Insurance	63,241.	12,172.	51,069.	
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.)			affective and developing the M	
a	PROVIDER PAYMENTS	5,783,970.	5,783,970		
ь	FUNDING REIMBURSEMENT	634,972.	634,972.		
5	CONSUMABLE SUPPLIES	605,298.	588,777.	16,521.	
	FOOD	539,334.	539,334.		
_	All other expenses	261,331.	262,804.	-1,473.	
5	Total functional expenses. Add Ines 1 through 24e	21,085,363.	19,801,616.	1,283,747.	(
<u>~</u> _6	Joint costs. Complete this line only if the organization			. , ,	
•	reported in column (B) joint costs from a combined		ĺ		
	educational campaign and fundralsing solicitation.		İ	ļ	
	Check here if tolerwing SOP 98-2 (ASC 958-720)				

· · · · · ·	Check if Schedule O contains a response or note to any line in this Part X		******	
		(A) Beginning of year		(8) End of year
1	Cash · non-interest-bearing	3,297,411.	1	3,342,386
2	Savings and temporary cash investments	96,406.	2	119,290
3	Pledges and grants receivable, net	2,554,660.	3	2,290,798
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		1111	
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined	AND SALES OF A SALES OF A	1935	Carrier Street Press
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	57,921.	8	50,157
9	Prepaid expenses and deferred charges		9	
108	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 3,853,045.		1014	
ł	Less; accumulated depreciation 10b 2,318,436.	1,188,901.		1,534,609
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets, See Part IV, line 11	81,517.	15	90,513
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,276,816.	16	7,427,753
17	Accounts payable and accrued expenses	1,436,528.	17	1,523,829
18	Grants payable		18	
19	Deferred revenue	1,172,521.	19	833,149
20	Tax-exempt bond flabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	46,498.	21	44,664
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%	e (N. A. a. (1974), es de elemante en elemante de l'elle. L	1411	
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other labilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	04 050		00 510
	of Schedule D	81,952.	25	90,513
26	Total liabilities. Add lines 17 through 25	2,737,499.	26	2,492,155
,	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.	4 401 000	5,175	4 000 042
27	Net assets without donor restrictions	4,481,229.	27	4,820,943
28	Net assets with donor restrictions	58,088.	28	114,655
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
27 28 29 30 31 32	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	4 7 7 0 24 11	31	4 025 500
32	Total net assets or fund balances	4,539,317.	32	4,935,598
33	Total labilities and net assets/fund balances	7,276,816.	33	7,427,753 Form 990 (202

Form	990 (2023) PRO ACTION OF STEUBEN AND YATES, INC.	16-09	14512	Pac	₁₀ 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,48		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,08		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,53	9,3	<u>17.</u>
5	Net unrealized gains (losses) on investments	5			
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	4,93	5,5	98.
Pa	rt XIII Financial Statements and Reporting				
L	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		_	1,100	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Scheduk	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			100	13.4
	separate basis, consolidated basis, or both:				1000
	Separate basis Consolidated basis Both consolidated and separate basis		1		
ь	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			ĺ
_	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 Sch	redule O.		14.74	· · · ·
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				ĺ
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	<u> </u>
ь	If "Yes," did the organization undergo the required audit or audits? if the organization did not undergo the requ	ired audit			i
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зъ	X	<u> </u>
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Tressury 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.

2023

Open to Public Inspection

OMB No. 1545-0347

Name of the organization PRO ACTION OF STEUBEN AND YATES, INC.

Employer Identification number 16-0914512

Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	ils part.) S	ee instructions,			
he	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		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).								
4	$\overline{\Box}$	A medical research organiza						the hospital's name.		
•	L	city, and state:		,j=				•		
5		An organization operated for	v the honeft of a col	tone or university owner	l or operat	ed by a ru	vernmental unit describ	ned in		
5	LJ	- · ·		lege of distoracy owner	o opora	.co by a g	2401141101110110110110110110110			
_		section 170(b)(1)(A)(iv). (C				MANUAL AND A	LA			
6	v	A federal, state, or local gov						- utilis also solles di di		
7	X	An organization that normal	-	ntial part of its support t	rom a gov	emmentai	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (Co	•							
8	닏	A community trust describe						_		
9	L	An agricultural research org								
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or		
		university:								
10		An organization that norma								
		activities related to its exem	rpt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support	from gross investment		
		income and unrelated bush	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety, See s	section 50	9(a)(4).			
12		An organization organized a						purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	section	509(a)(2).	See section 509(a)(3). (Check the box on		
		ines 12a through 12d that								
		Type I. A supporting orga	nization operated, s	pervised, or controlled	by its sup	ported ord	anization(s), typically by	glying		
-	. —	the supported organization	on(s) the power to re-	pularly appoint or elect a	majority	of the dire	ctors or trustees of the s	supporting		
		organization, You must o			,,			••		
1.		Type II. A supporting org			tion with it	s succonti	ed organization(s), by ha	ivina		
•	·	control or management o	f the currenties ore:	ant of instance and order	ome nerer	one that co	otrol or manage the sur	ported		
					arno perso	A 10 U IOL OC	Alborot manage ato cop	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		organization(s). You mus			in consec	tion with a	and functionally integrat	ad with		
C	: L	Type III functionally inte						od thui,		
		its supported organization						tration(s)		
d	i L	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	van as supported organi	zauonijaj Suosana		
		that is not functionally int						106(1622		
		requirement (see instruct								
e	, L	Check this box if the orga					ı Type I, Type II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.				
f		or the number of supported o					***************************************	. L		
g		ride the following information			- 6.3 G M. a.c.	staring letse	(v) Amount of monetary	(vi) Amount of other		
	0) Name of supported	(M) EIN	(iii) Type of organization (described on lines 1-10	(%) is the enga in your governi		support (see instructions)	support (see instructions)		
		organization		above (see instructions))	Yes	No				
						-				
Ent	ni				11 42 44 44 4	200				

PRO ACTION OF STEUBEN AND YATES 16-0914512 Page 2 INC. Schedule A (Form 990) 2023 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 falls to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2023 (f) Total Catendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 1 Gifts, grants, contributions, and membership fees received, (Do not include any *unusual grants.*) 21,054,806 87,469,250. 15,827,074 15,923,311 16,353,924 18,310,135 2 Tax revenues levled for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 21,054,806, 87,469,250. 4 Total. Add lines 1 through 3 15,923,311, 16.353.924. 18,310,135, 15.827.074 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) 87,469,250, 6 Public support, Subtract line 5 from line 4. Section B. Total Support (a) 2019 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) **(b)** 2020 (c) 2021 (d) 2022 15,827,074 15,923,311 16,353,924 18,310,135 21,054,806. 87,469,250. 7 Amounts from fine 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 76,688. 127,649. 5,298. 18,583 15,228. 11,852 and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 239,049 182,023 630,996. 209,924 assets (Explain in Part VI.) 88,227,895. 11 Total support. Add lines 7 through 10 450,609. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 15 16 Public support percentage from 2022 Schedule A, Part II, line 14 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and \mathbf{X} stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023, if the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions...

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Schedule A (Form 990) 2023

PRO ACTION OF STEUBEN AND YATES, INC. 16-0914512 Page 3 Schedule A (Form 990) 2023 PRO ACTION OF STEUBEN AND YATE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (c) 2021 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 1 Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support, (Satrate (Ictio Section B. Total Support (e) 2023 (f) Total (d) 2022 (b) 2020 (c) 2021 Calendar year (or fiscal year beginning in) (a) 2019 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part Vi.) Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 18 % 16 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage

17 % 17 Investment Income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or fine 19a, and fine 16 is more than 33 1/3%, and fine 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990) 2023 PRO Part IV Supporting Organizations

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

Section A. All	Supporting C	roanizations

- 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.
- 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.
- 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?
- 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.
- 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
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3b	Jest s.	3,74,
3c 4a	: ***	74.1.1
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Schedule A (Form 990) 2023

PRO ACTION OF STEUBEN AND YATES,

INC.

16-0914512 Page 5

Schedule A (Form 990) 2023 PRO ACTION OF STEUBEN AND YATES, INC. 16-0914512 Page 6

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

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

1 Net short-term capital gain 2 Recoveries of prioryear distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add fines 1 through 3. 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract fines 5, 8, and 7 from fine 4) 8 Adjusted Net Income (subtract fines 5, 8, and 7 from fine 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly year of securities b Average monthly year of securities 1 b Average monthly year of securities 1 b Average monthly year of securities 1 b Other non-exempt-use assets 1 c Other state of the foother non-exempt-use assets 1 c Other state of the foother non-exempt-use assets 1 c Other state of the foother non-exempt-use assets 1 c Other state of the foother non-exempt-use assets 2 Acquisition indebterlanes applicable to non-exempt-use assets 2 Acquisition indebterlanes applicable to non-exempt-use assets 3 Subtract fine 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 Recoveries of prioryear distributions 7 Recoveries of prioryear distributions 7 Recoveries of prioryear distributions 7 Recoveries of prioryear distributions 9 A Recoveries of prioryear (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount Subtract line 4 from line 4, unless subject to	Sect	ion A - Adjusted Net income		(A) Prior Year	(B) Current Year (optional)
3 Other gross income (see instructions) 4 Add fines 1 through 3. 4 5 Depreciation and depletion 6 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 lincome (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from fine 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of other non-exempt-use assets 1 to 1 Total (add fines 1a, 1b, and 1c) 9 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from fine 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract fine 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter greater of line 2 rol line 3. 6 Income tax imposed in prior year (from Section B, line 8, column A) 1 Enter greater of line 2 or line 3. 6 Income tax imposed in prior year	1	Net short-term capital gain	1		
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a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets to d Total (add Enes 1a, 1b, and 1c) d Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0,015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0,035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) Income tax imposed in prior year A Enter greater of line 2 or line 3. Income tax imposed in prior year	1	Aggregate fair market value of all non-exempt-use assets (see			
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets to d Total (add lines 1a, 1b, and 1c) d Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year		instructions for short tax year or assets held for part of year):			
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Income tax imposed in prior year 4 Income tax imposed in prior year	а		1a		
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition Indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Current Year 1 Adjusted net income for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year			1b		
e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year			10		
(explain in detail in Part VI): 2	d	Total (add lines 1a, 1b, and 1c)	1d		
(explain in detail in Part VI): 2	e	Discount claimed for blockage or other factors	1.0		
3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year		(explain in detail in Part VI):	4.4.1		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Inter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year	2	Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year	3	Subtract line 2 from line 1d.	3		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year	4				
6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year			4		
6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year	6		6		
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year	7	······································	7		
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	8	**************************************	8		
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5	Sect	ion C - Distributable Amount			Current Year
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
3 Minimum asset amount for prior year (from Section B, line B, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5	2	···	2		
4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5			3		
5 Income tax imposed in prior year 5			4		
			5		
emergency temporary reduction (see Instructions).	٠		6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Sche	dule A (Form 990) 2023 PRO ACTION OF	STEUBEN AND Y	ATES, INC.	1	6-0914512 Раде 7
	on D - Distributions	(a)(a) capparing argi	COMMI	80)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mot nurnesse		1	Outlotte 1 cm
2	Amounts paid to perform activity that directly furthers exemp			•••	
~	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accompish exempt purpose	es of supported organization		3	
		es of supported organization	•	4	
4	Amounts paid to acquire exempt-use assets Quastied set-aside amounts (prior IRS approval required - pre	vide details in Best VIII		5	
5	Other distributions (describe in Part VI). See Instructions.	TRAC COLLOS III T GEL VIJ		6	
6	. , ,			7	
7	Total annual distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which ti	ha araaniyatiga le congonaku			
8	* *	ite ordatiszation is tesposisive	,	8	
	(provide details in Part VI). See Instructions.			9	
9	Distributable amount for 2023 from Section C, line 6			10	
10	Line 8 amount divided by line 9 amount	(i)	(li)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	(1) Excess Distributions	Underdistribution Pre-2023	18	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-		· · · · · · · · · · · · · · · · · · ·		
-	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018			100	
-	From 2019				
	From 2020				
	From 2021		and a state of the state of the		
	From 2022			1,111	
	Total of Ines 3a through 3e		A MARKET TRACK		
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D,			100	
4					
	Ine 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
-	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any, Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			7.11	
6	Remaining underdistributions for 2023, Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
_	and 4c.			1774	
8					
	Excess from 2019				
	Excess from 2020			.1 - 1.1	
*****	Excess from 2021			14, 14 J	
	Excess from 2022		1424 (12.4.4.5) (12.4.4.1.1.4.4.1.1.1.1		
<u> </u>	Excess from 2023	I MARKET TOTAL		5.	hedule A (Form 990) 2023

Schedule A	(Form 990) 2023	PRO	ACTION	OF	STEUBEN	AND	YATES,	INC.	16-0914512	Page 8
Part VI	(Form 990) 2023 Supplemental Info Part IV, Section A, Enes fine 1; Part IV, Section D Section D, Enes 5, 6, and (See instructions.)	rmation 1, 2, 3b, 3d, 1 lines 2 ar 18; and Pa	Provide the c, 4b, 4c, 5a, nd 3; Part IV, art V, Section	expla 6, 9a, Sectio E, Inc	nations required 9b, 9c, 11a, 11l in E, lines 1c, 2a is 2, 5, and 6. A	by Part o, and 11 , 2b, 3a, lso comp	II, line 10; Par Ic; Part IV, Sec and 3b; Part \ blete this part I	t II, line 17a or ction B, lines 1 /, line 1; Part \ for any additio	r 17b; Part III, line 12; I and 2; Part IV, Section V, Section B, line 1e; Pa nal Information.	ı C, rt V,
	(Octo Blanderlostor)									
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Schedule A (Form 990) 2023

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number							
PRO ACTION OF STEUBEN AND YATES, INC. 16-0914512								
Organization type (check o								
Filers of: Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle, See instructions.						
General Rule								
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling rone contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 509(a)(1) contributor, during	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) fiting Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose, Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
Caution: An organization to answer *No* on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (i a 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF	Form 990), but it must , Part I, line 2, to certify						

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) (2023)

Employer identification number

PRO ACTION OF STEUBEN AND YATES, INC.

16-0914512

Part I	Contributors (see instructions), Use duplicate copies of Part I if additional	al space ls needed,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s <u>4,828,085.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>7,094,484.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		s <u>1,480,660.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 674,468.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		s <u>987,083.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$857,016.	Person X Payroli

Employer Identification number

PRO ACTION OF STEUBEN AND YATES, INC.

16-0914512

Part I	art I Contributors (see Instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con						
7		\$ 1,502,565. Person Payroll Noncash (Complete Par noncash contr						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con						
8		\$ 458,573. Person Payroll Noncash (Complete Par noncash contr						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of con						
9		s 891,458. Person Payroll Noncash (Complete Par noncash contr						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cor						
10		s 628,771. Person Payroll Noncash (Complete Par noncash contr						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cor						
-		Person Payroll Noncash (Complete Par noncash contr						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cor						
		\$ Person Payroll Noncash (Complete Par noncash contr	foutions.)					

Employer identification number

PRO ACTION OF STEUBEN AND YATES, INC.

16-0914512

art II	Noncash Property (see instructions), Use duplicate copies of P	art II if additional space is needed.	
(8) 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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1		\$	Schedule B (Form 990) (

Employer Identification number

PRO A	CTION OF STEUBEN AND YA	TES, INC.		16-0914512
	Exclusively religious, charitable, etc., contributi- from any one contributor, Complete columns (a) completing Parl II, enter the total of exclusively resiguous, of Use duplicate copies of Part III if additional is	ons to organizations described in s through (e) and the following line ent raritable, etc., contributions of \$1,000 or I	ni Ear arasabations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, as	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	· · · · · · · · · · · · · · · · · · ·			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gil	Tt .	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11s, 11b, 11c, 11d, 11s, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023 Open to Public Inspection

Employer Identification number

Name of the organization

PRO ACTION OF STEUBEN AND YATES, INC. 16-091451

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the 16-0914512

	organization answered "Yes" on Form 990, Part IV, Ene		
		(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 w	rriting that the assets held in donor advise	
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor ac	ivisors in writing that grant funds can be t	used only
	for charitable purposes and not for the benefit of the donor or		conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education)	thistorically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		1 I
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, refe	eased, extinguished, or terminated by the	organization during the tax
•	year	,	•
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
٠	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handang of violations, and enforcing cons	ervation easements during the year
·	Sign and toleritor hours deliced to the members, supplied	,	•
7	Amount of expenses incurred in monitoring, inspecting, hand	Eng of violations, and enforcing conservat	ion easements during the year
•	Pariodity of experience at the strength and postering the services		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
۰	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
Ð	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ints that describes the
	organization's accounting for conservation easements.	oto to tito organización o interioral oración.	
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Of	her Similar Assets.
1	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 950		nd balance sheet works
10	of art, historical treasures, or other similar assets held for pub	is exhibition, education, or research in fu-	therance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these item	s.
	If the organization elected, as permitted under FASB ASC 956	9 to report to the revenue statement and t	oslance sheet works of
ū	art, historical treasures, or other similar assets held for public	evhibition adjusting or research is furth	arance of public service.
		delibrition, detrogram, or research at turns	arming or banca anitrost
	provide the following amounts relating to these items.		s
	(i) Revenue included on Form 990, Part VIII, line 1	***************************************	
	(ii) Assets included in Form 990, Part X	and at the similar results for fire-alal	asin provide
2	If the organization received or held works of art, historical trea	esures, or other striker assers for retailcrea	Arai histina
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Sche	duje D (Form 990) 202 1 III Organizati	23 PRO	ACTIO	N OF STE	UBEN	AND Y	ATES, I	INC . or Other	1 Simila	16-09 ir Asse	14512 Is/continu	Page led)	<u>, 2</u>
	Using the organization												
J.	collection items (che	•		and outer record	38, C116C1	cary or tree	JOSONAI G GIS	t i iano a gi	mount	050 01 110			
а	Public exhibition		•		, m	000 01 020	hange progra	·m					
a b							i imiga piogra	211					
-	Scholarly resea			•	; L	J13101							
	Preservation fo									ee in Dor	· VIII		
	Provide a description									20 H I F CJ	L AIII.		
5	During the year, did t									r	Yes	\Box	No
D	to be sold to raise fu									D-+ N/ 1			10
Pai		d Custodial mount on Form 9	_	•	te ii tue	organizatioi	Busweled	res on ro	nn aao,	LEST IA' I	a 10 8, Of		
									aludad				
18	Is the organization ar										Yes	X	
	on Form 990, Part X									لــــــ	Tes	L-DL I	40
b	If "Yes," explain the	arrangement in F	art XIII and	complete the fo	ollowing t	able:					Amount		
											ATROURT		
c	Beginning balance		,,						10				
ď	Additions during the	year											
e	Distributions during t	he year			,.,		.,.,		1e				—
	Ending balance								11	1	· r		_
	Did the organization								7	L.X	Yes		No
	If 'Yes," explain the											X	_
Par	t V Endowme	nt Funds Con	·								T F		
			(a) Current year	(b) P	rior year	(c) Two year	s back (d) Infee y	ears oack	(e) Four y	ears ba	ÇX.
1a	Beginning of year ba	lance	<u>L</u>				<u> </u>						
ь	Contributions				<u> </u>								
C	Net investment earn	ngs, gains, and	losses				<u> </u>						
	Grants or scholarshi]						
	Other expenditures f				ľ								
	and programs				l		ļ	- 1			<u> </u>		
f	Administrative exper												
	End of year balance				†		1						
	Provide the estimate			vear end balan	ce (line 1	a, cotumn (a)) held as:						
	Board designated or			,	%	•	,,						
	Permanent endowm			%									
	Term endowment		%	_ ^-									
·	The percentages on	face 2a 2h ann		ectal 100%									
2-	Are there endowmer				zation tha	t are held a	and administe	red for the					
Sa	organization by:	it ionas not in a	o possessi	A1 01 010 01ga.1a							Г	Yes 1	10
	(i) Unrelated organi	inations?									3a(i)		
	(ii) Related organization (iii) (iii	nons r		n Estad as racu	kad on S	chedule R7							_
	Describe in Part XIII						***************************************						_
	rt VI Land, Buil				OWNERIC	iuitus.							_
Fai	Complete if the	ne organization a	newarad N	/ae" on Form 90	n Part N	/ Enelia:	See Form 990). Part X. lir	ae 10.				
			113446160				t or other	(c) Acc		w T	(d) Book	vahie	
	Description	of property		(a) Cost or basis (invest			(other)		clation		(u) Doon	10,00	
				Dasis (BIAGS)	arves it)	V03:3	(ONION)	John					
	Land					1 22	34,226.	2.	0,3	56	723	.87	<u>n .</u>
	Buildings						0,631.		59,1			53	
	Leasehold improven						8,188		38.9			,20	
đ	Equipment	,				4,30	, o , ± 0 o ·	1,5	20,3	, , , -	103	, 20	<u> </u>
e	Other									-	1,534	60	a
Tota	l. Add fines 1a throug	h 1e. (Cołumn (d) must o qua	l Form 990, Par	t X, line 1	Uc, columi	າ (ປ))			<u>l</u>			_
										scheaul	D (Form	35U) 2	UZJ

Schedule D (Form 990) 2023 PRO ACTION	OF STEUBEN A	ND YATES.	INC.	16-0914512 Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method (of valuation: Cos	st or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, fine 12, col. (B))			reduction (Assistant	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 9	90, Part X, line 1	13.
(a) Description of investment	(b) Book value	(c) Method	of valuation: Co	st or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 9	90, Part X, Ine	15.
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
[6]				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	J. (B))			
Part X Other Liabilities				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See l	orm 990, Part)	X, line 25.
(a) Description of lability				(b) Book value
(1) Federal income taxes				
(2) OPERATING LEASE LIABILITI	ES			90,513
(3)				
(4)				
(5)				
(6)				

(9)
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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. X

Schedule D (Form 990) 2023

(8) (9)

Sche	dule D (Form 990) 2023 PRO ACTION OF STEUBEN AND YATES			0914512	Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per R	eturr)		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			21,791	550	
1	Total revenue, gains, and other support per audited financial statements		1	21,/31,	, 330 .	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
	Net unrealized gains (losses) on Investments 2a	309,914.				
	Donated services and use of facilities 2b	307,714.				
	Recoveries of prior year grants 2c					
	Other (Describe in Part XIII.)		2e	309	914.	
_	Add Iries 2a through 2d		3	21.481		
3			3	21,401	,044.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
	Other (Describe in Part XIII.)		4c		0.	
	Add lines 4a and 4b	***!***********	4c 5	21.481	644.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements Wi	th Evnenses ner			, 0111	
Pa		tti Expeliaca pei	11010			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1	21,395	.277.	
1	Total expenses and losses per audited financial statements	.,,,,,,			,	
2	Amounts included on line 1 but not on Form 990, Part IX, Ine 25: Denoted services and use of facilities	309,914.				
		307,714.				
	Prior year adjustments 2b					
	Other losses 2c					
	Other (Describe in Part XIII.)	···	. 1	300	,914.	
е	Add fines 2a through 2d		2e	21,085	363	
3			3	21,000	, , , , , , ,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)				n	
¢	Add lines 4a and 4b		4c	21 005	363	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						
Part XIII Supplemental information						
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,						
Enes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	rmation.				
Dang TU LING On.						
PART IV, LINE 2B:						
THE AGENCY HOLDS FUNDS TO BE USED TO ASSIST CLIENTS PARTICIPATING IN						
THE AGENCY HOLDS FUNDS TO BE USED TO ASSIST CLIENTS PARTICIPATING IN						
WHERLS TO WORK PROGRAM.						
WHEELS TO WORK PROGRAM.						
ואמ	om v itne 2.					
PAI	RT X, LINE 2:					
THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION						
THE ORGANIZATION IS EXEMPT FROM PEDERAL INCOME TAXES UNDER SECTION						
501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), THEREFORE, NO PROVISION						
DUI(U)(3) OF THE INTERNAL REVENUE CODE (THE CODE), INEREFORE, NO PROVISION						
FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE						
FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE						
ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT						
ON	JANIDATION HAD BUILD COMBUTTION TO 11 100000000					
ΤÇ	NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)	OF THE CODE		THE		
13	HOL A LICENSE POSIDITION ONDER DESILOR GOVERN					
ORGANIZATION PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED						
OKOMETRALION PRESENTED DESCRIPTION OF RECOGNIZATION THAT TOTAL TOT						
ON MANAGEMENTS ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE						
				dule D (Form 9		
332054 09-28-23 Scheddle D (Form 990) 2025						

Schedule D (Form 990) 2023 Part XIII Supplemental Inf	PRO ACTION formation (continued)	OF STE	UBEN AND	YATES,	INC.	16-09145	L2 Page 5
THAT A LIABILITY F	AS BEEN INCU	RRED FO	R UNRECO	GNIZED	INCOME '	TAXES.	······································
MANAGEMENT HAS COM	NCLUDED THAT	THE ORG	ANIZATIO	HAS T	AKEN NO	UNCERTAIL	XAT V
POSITIONS THAT REQ	QUIRE ADJUSTM	BNT IN	ITS FINAL	NCIAL S	TATEMEN	rs. u.s.	FORMS
990 FILED BY THE C	ORGANIZATION A	ARE SUI	BJECT TO I	EXAMINA	TION BY	TAXING	
AUTHORITIES.							
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					***************************************	a. I i i i i i i i i i i i i i i i i i i	
MANAGEMENT.							

		-					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

inspection Employer identification number

Department of the Tressury Internal Revenue Service Name of the organization

PRO ACTION OF STEUBEN AND YATES, INC.

[Part! | Questions Regarding Compensation

16-0914512

1.0	nt ; Questions regarding compensation			34
	The state of the s	1.51	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax Indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as mald, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		1	***
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	10.00	1411.5	13, 3, 5
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		L
		11		1.00
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			1
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		13.5	
	establish compensation of the CEO/Executive Director, but explain in Part III.			11.3
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study		100	100
	Form 990 of other organizations X Approval by the board or compensation committee	N.		17.00
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			3010
я	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
٠	If "Yes" to any of Enes 4a-c, Est the persons and provide the applicable amounts for each item in Part III.		1,40	Bar.
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons fisted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:		Sitsi.	50 g
	The organization?	5a		Х
	Any related organization?	5b		Х
	If 'Yes' on line 5a or 5b, describe in Part III.			
e	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
٠	contingent on the net earnings of:			
•	The organization?	6a		Х
	Any related organization?	6b		X
U	If 'Yes' on line 6a or 6b, describe in Part III.			
٠,	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
′	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
O	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
^	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in			
a		9		1
	Regulations section 53.4958-6(c)?	-	- 000	2023

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

Schedule J (Form 990) 2023

PRO ACTION OF STEUBEN AND YATES, INC.

Schedule J (Form 990) 2023 PRO ACTION OF STEUBEN AND YATES, INC. 16-0914512 Page 2

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization now (() and from related organizations, described in the instructions, on row ((i)).

Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(ii) for each listed Individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-	2 and/or 1099-MIS(compensation	C and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and compensation	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			∯. p
	Ξ	144,736.	0		10,132.	1,988.	156,85	0.
CHIEF EXECUTIVE OFFICER	€	0.	0	0	0	0.1		0.
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Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 PRO ACTION OF STEUBEN AND YATES, INC. Part III Supplemental Information	16-0914512 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	nplete this part for any additional information.
	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT
	A CANADA
et personal	
	NASIA SARAHAMAN TARAHAMAN MARAKAMAN MARAKAMAN MARAKAMAN MARAKAMAN MARAKAMAN MARAKAMAN MARAKAMAN MARAKAMAN MARA
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	Schedule J (Form 990) 2023
332;13 1;-06-23	

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.

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PRO ACTION OF STEUBEN AND YATES, INC.

Employer identification number 16-0914512

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

ORGANIZATION OPERATES AS A NONPROFIT 501 (C)(3) CORPORATION AND

ADMINISTERS PROGRAMS THAT DEAL PRIMARILY WITH THE PROBLEMS OF THE

SOCIALLY AND ECONOMICALLY DISADVANTAGED PEOPLE OF NEW YORK STATE WITHIN

THE COUNTIES OF STEUBEN AND YATES.

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

SERVICE FOR FAMILIES SEEKING QUALITY CHILDCARE SERVICES FOR THEIR

CHILDREN, ENABLING THE PARENTS TO WORK. DURING 2023, PACCC PROVIDED

1,394 CONSULTATIONS AND REFERRALS IN STEUBEN COUNTY. PRO ACTION

CHILDCARE COUNCIL ALSO MANAGED PAYMENTS TO AT LEAST 92 CHILDCARE

PROVIDERS ON BEHALF OF 720 SUBSIDIZED CHILDREN FROM 444 FAMILIES. PACCC

PROVIDED 68 FORMAL PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR CHILDCARE

PROVIDERS WITH 425 IN ATTENDANCE. AS THE REGISTRAR FOR STEUBEN AND

SCHUYLER COUNTIES THEY PROVIDE THE SERVICES THAT REGISTER, INSPECT, AND

PROVIDE COMPLIANCE MONITORING. PACCC REGISTERED 4 FAMILY DAY CARE

PROGRAMS AND 2 SCHOOL AGE PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EMPLOYMENT SERVICES:

THESE PROGRAMS PROVIDE TRAINING AND EMPLOYMENT ASSISTANCE FOR INCOME

AND AGE ELIGIBLE CUSTOMERS. THE SUMMER YOUTH EMPLOYMENT PROGRAM SERVED

94 YOUTH IN 2023. THE STEUBEN COUNTY WHEELS TO WORK PROGRAM ASSISTED 6

CUSTOMERS IN GAINING AND RETAINING EMPLOYMENT DURING THE YEAR, WHILE

THE CHEMUNG COUNTY WHEELS TO WORK PROGRAM ASSISTED 33 CUSTOMERS GAIN

AND RETAIN EMPLOYMENT. THE SENIOR EMPLOYMENT PROGRAM PROVIDED JOB

Schedule O (Form 990) 2023

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 PRO ACTION OF STEUBEN AND YATES, INC.

Employer Identification number 16-0914512

SKILLS TRAINING FOR 31 SENIORS AND SECURED UNSUBSIDIZED EMPLOYMENT FOR

11 SENIORS. THE SUMMER LEARNING EXPERIENCE PROGRAM PROVIDED A HYBRID

MODEL IN 2023 SERVING 122 YOUTH IN STEUBEN COUNTY. CLASSROOM TIME ON

MONDAY AND TUESDAY INCLUDED SOCIAL/EMOTIONAL LEARNING AND STEM

ACTIVITIES. HOME VISITS ON WEDNESDAY AND THURSDAY INCLUDED 1:1 TIME

WITH COUNSELORS AND FOOD DELIVERIES FOR EACH FAMILY. FIELD TRIPS

INCLUDED THE STRONG MUSEUM OF PLAY, SENECA PARK ZOO, MINNEHAN'S FUN

CENTER, SPENCER NATURE CENTER, PLANETARIUM AT CCC, FARMLAND ANIMAL

PARK, SPOTLIGHT MOVIE THEATER, BROCK'S BOWLING, MOSSY BANK PARK, AND

FUNLAND SKATE CENTER.

EXPENSES \$ 722,899. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER AGING SERVICES:

YATES OFA HAS CONTINUED ITS MONTHLY POP-UP PANTRIES IN DUNDEE IN 2023.

THAT COMMUNITY HAS STRUGGLED EVEN MORE WITH FOOD SECURITY SINCE THE

CLOSING OF THE 1 LOCAL FOOD MARKET PRIOR TO 2020. IN 2023 POP-UP

PANTRIES PROVIDED 2494 HOUSEHOLDS CONTAINING 1924 SENIORS, 2973

CHILDREN, AND 3144 ADULTS WITH A COMBINATION OF FRESH, FROZEN, AND

NONPERISHABLE FOODS.

THE YATES OFA AND THE HOPE CENTER FOOD PANTRY CONTINUE TO WORK CLOSELY

TOGETHER TO PROVIDE FOOD DELIVERY TO ANYONE THAT IS 60 OR OVER,

DISABLED OR SICK. VARIOUS OTHER AGING SERVICES ARE PROVIDED IN AN

EFFORT TO MAXIMIZE THE QUALITY OF LIFE FOR THE OVER 60 POPULATION.

THESE SERVICES INCLUDE TRANSPORTATION, HEALTH CARE COUNSELING, WELLNESS

PROGRAMS, NUTRITION, LEGAL SERVICES, AND PERSONAL CARE SERVICES. THESE

SERVICES EXTEND THE TIME THAT SENIORS ARE ABLE TO MAINTAIN A LEVEL OF

INDEPENDENCE AND REMAIN IN THEIR OWN HOMES.

PRO ACTION OF STEUBEN AND YATES, INC.

Employer Identification number 16-0914512

EXPENSES \$ 907,540. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CSBG OPERATING & OTHER PROGRAM SERVICES

EXPENSES \$ 2,005,210. INCLUDING GRANTS OF \$ 0. REVENUE \$ 350,150.

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

THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL AT A REGULARLY SCHEDULED MEETING THE MONTH AFTER THE FINANCIAL STATEMENTS ARE REVIEWED AND APPROVED.

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

EACH MEMBER OF THE BOARD SIGNS A CONFLICT OF INTEREST STATEMENT ANNUALLY.

CONFLICTS OR VIOLATIONS ARE ADDRESSED ON A CASE BY CASE BASIS.

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

COMPENSATION IS DETERMINED THROUGH A SEVERAL STEP PROCESS. INITIALLY THE COMPENSATION IS SET BASED ON A POINT SYSTEM APPLIED TO REQUIRED TASKS IN A FORMAL JOB DESCRIPTION. THE RESULTING POINTS IDENTIFY A GRADE LEVEL AND THE SALARY IS DETERMINED BASED ON A RANGE OF SALARIES FOR THIS GRADE LEVEL. ANNUALLY A PERFORMANCE EVALUATION IS COMPLETED. FOR THE CHIEF EXECUTIVE OFFICER THIS EVALUATION IS DONE BY THE EXECUTIVE COMMITTEE. THE EVALUATION MEASURES PERFORMANCE AGAINST THE JOB DESCRIPTION AS WELL AS AGAINST THE PRIOR YEAR GOALS. PAY INCREASES ARE DETERMINED BASED ON THIS PERFORMANCE EVALUATION WITHIN A RANGE OF 0-3%. SALARY LEVELS ARE PERIODICALLY REVIEWED AGAINST COMPARABLE SALARIES FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization PRO ACTION OF STEUBEN AND YATES, INC.	Employer identification number 16-0914512
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF	THE AUDITORS
AND OVERSEES THE AUDIT PROCESS.	
	, and the second

332212 11-14-23

Schedule O (Form 990) 2023