for public

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Form 990 (2017)

A	For th	e 2017 calor	dar year, or tax year beginning	, and e	ndha		Inspection
B	Check it	fapplicable: C	Name of organization UNITED WAY OF EASTERN NEW A	, and e		er identification	
	Address	change	Doing business as	ETPVT		er mantineadol	n number
	Name cl	hange.	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/guile	23-7109	1242	
			200 NORTH THORNTON STREET SUITE	G	E Telepho		
닐	Initial rel		City or town State ZIP	code		·	
	Final retur	n/terminated 🖰	OVIS NM 88101 - Foreign country name Foreign province/state/country		<u> 575-769</u>	-2103	
	Amende	d return	Foreign country name Foreign province/state/county Foreign	reign postai	•		
			N	· · · · · · · · · · · · · · · · · · ·	G Gross re	celpts \$	674619.
لسا	Applicati	lon pending F	Name and address of principal officer: ERINN BURCH		H(a) is this a group retur	n for subordinales	Yes X No
			00 NORTH THO CLOVIS NM 88101-		H(b) Are all subordina		
1	Tax-exem	npt status:	X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or	527	if "No," attach a		Yes No
J	Website	e: 🕨 WWW .	ONITEDWAYENM.ORG	·			uciis)
		organization;			H(c) Group exemption	number 🕨	
	art I			L Year	of formation:	M State of	legal domicile:
	1	Sumi					
g,	1 "	Different des	cribe the organization's mission or most significant activities:	IMPR	OVING LIVES	IN CURR	a Y
뼔	1	EDDENCE:	T COUNTIES THROUGH PROGRAMS, GRANTS AND	7 CHOTTER	MTTA TATE		
E	١ ـ	7.57.460.00.7	THU DUCCATION, INCOME AND HEALTH FOR OUR	尼西岛中亚巴	NI NIM DANGET	ES	
Activities & Governance	2	CHECK THIS	DOX > If the organization discontinued its operations or	Aliana a a a	سيخم فلينتين عبدا	% of ite not a	reats
앨	3					3	
S	4	TAGETTOCT OF	indeparted it round members of the dovernian page (page 1).	line of hi		4	15
Ę	5	TOTAL MOUNT	or or incividuals employed in calendar year 2017 / Dort V. Bac	2001		5	15
45	6	TORK HURIN	GI OI VOIUILEEIS (ESILMATE IT NECASSAN)			6	8
⋖	7a	TOTAL GLILOR	ned business revenue from Part VIII column (C) line 12			7a	686
	<u> </u> b	Net unrelat	ed business taxable income from Form 990-T, line 34			7b	
	٠ ۾ ا				Prior Year	170	Cumant Van
Æ	8	Contributio	ns and grants (Part VIII, line 1h)			466.	Current Year
Ę.	9	LIOPISH SE	rvice revenue (Part VIII, line 2a)			400	522262
Revenue	10	ningennett	Income (Part VIII), column (A), lines 3, 4, and 74\		· · · · · · · · · · · · · · · · · · ·	487.	47.4
	11	Order readi	iue (Part VIII, column (A), lines 5 Ed Sc Qc 10c and 14c)	(67	848.	474. 151883.
	12	TOTAL TOYOTU	aud intes α through 11 (must equal Part VIII column (Δ) line 12)\		801.	
	13	Chants and	Similar amounts paid (Parl IX, column /A), lines 1, 2)			097.	674619.
	14	Detroite ba	IQ to of for members (Part IX column (A) line 4)	Г		937.	363345.
86	15	Calalies, Ulli	er compensation, employee henefits (Part IX column (A) lines 5 4.	ሰስነ <u></u>	147	635	126170
ě	16a	Linession	ii tundraising tees (Part IX, column (A), line 11e)	i -		-	136178.
Expenses	j p	Total Junuit	ISING expenses (Part IX. column (D), line 25) 🔈 🕒 🗸 🗸 🔻	·л (##			
1111	17	Omer expe	ises (Part IX, column (A), lines 11a-11d 11£-24e)		160	872.	105056
	18	Total expen	Ses. Add lines 13–17 (must equal Part IX, column /A), the ast	:\	696		125256.
- 49	19	Revenue le	ss expenses. Subtract line 18 from line 12.	 		197.	624779. 49840.
Net Assets or Fund Balances	20				Beginning of Curren		End of Year
Page 1	20	Total assets	(Part X, line 16)	. ,	660		708135.
Net	21 22	rotar napim	es (Part X, line 26)			797.	94454.
Pal		Net assets	or fund balances. Subtract line 21 from line 20		563		613681.
Lindo	t nonalfie	Signa	ure Block				<u> </u>
and b	elief, it is	strue, correct a	eclare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than office) is besed as all its	statements	, and to the best of my	/ knowledge	
			nd complete. Declaration of preparer (other than officer) is based on all information	ition of which	h preparer has any kri	owledge.	<u> </u>
Sign		Sinc	- CAVIRON (A			9/24	118
Her	o.		gitte of offices		Date		
	v	1 .	ature of officer				
	•	ER:	NN BURCH	EXEC	TIVE DIRECT	OR	
<u> </u>	-	ER:	NN_BURCH or print name, and title	EXECT	TIVE DIRECT	OR	
Palo	<u> </u>	ER:	NN BURCH	EXECT	Date	——————————————————————————————————————	PTIN
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ar ***		Stateme Check if	ont of Program S Schedule O con	Service Accomplis tains a response or	note to any line in th	is Part III.......		
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	IMPROV	ING LIV	ES IN CURRY A	AT STRENGTHEN E	DUCATION, INCOM	E AND HEALTH		
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Form 990 (2017) UNITED WAY OF EASTERN NEW MEXI Part IV Checklist of Required Schedules

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3	candidates for public office? If "Yes." complete Schedulo C. Part I		 	-
4	election in effect during the tax year? If "Yes." complete Schedule C. Port II.		 _	X
5		4	_[X
	Part III			
6	The site of Section Color of the Color of th	_5	 -	X
			İ	
7		6	1	х
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8		7	1	X
_		_	l	
9		8	 	X
	The state of the s		ĺ	
10	O THE STATE OF THE	9		x
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization's answer to any of the following quantities is 10%.			
11		10	X	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Did the organization report on ground for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	of its total assets reported in Part X. line 162 if "Yes." complete Schodule D. Part VI.	11a	Х	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11b		_X_
d		11c		X
	The state of the s	11d		x
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Х
		11f		х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.			
b	Was the organization included in consolidated independent audited Spanish to the	12a	X	
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b		X
	The state of the s	13		X
b		14a		X
	recomes, business, investment, and program control collection autobally the true of the			
15	Do no occuping valued at a late to mother it avec a complete to be and the property of the contract of the con	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Port IX, column (A) II.			
16		15		X
	The state of the total the state of the stat		i	
17	and organization report a total or more many with him of apparage for made at the contract of the contract	16		<u>x</u>
	The second of th	17		X
	The area of Section 1 Could little at (SL) to 10 District Of the developed and a figure of the country of the c	1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>x</u>
	If "Yes," complete Schedule G, Part III			
		19		X

m 990	(2017) UNITED WAY OF EASTERN NEW MEXI	اب عد ويو	,,,,	age 4
art I			Yes	No
single) (the contract of the contract o	20a		Х
Oa C		20b		X
		21	х	<u></u>
		22_	X	L
- 1 - L	CONTRACTOR OF THE DOMESTIC AND ADDITIONAL PROPERTY OF THE PROP			ļ
•	on the organization answer "Yes" to Part VII, Section A, line of the organization's current and former officers, directors, trustees, key employees, and highest compensated amployees? If "Yes," complete Schedule J	23	<u> </u>	X
? (employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			Ì
		24a	<u> </u>	}
		24b	<u> </u>	[]
b	Did the organization invest any proceeds of tax-exempt bonds beyond a company at any time during the year Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
C	Did the organization maintain an escrow account base than a rotating deviation maintain an escrow account base than a rotating deviation maintain an escrow account base than a rotating deviation the veer?	24c		12
- 25 7	* 1 * 12 - 41 2	24d	<u> </u>	
ď	Did the organization act as an "on behalf of issuer for bords outstanding of any state of an excess benefit Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l	1	1
		25a	<u> </u>	_
				1
b	Is the organization aware that it engaged in an excess benefit transaction. The organization is prior Forms 990 or prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or	1		
-1.	CONTRACTOR OF THE CONTRACT CONTRACT CONTRACT CONTRACTOR OF THE CON	25L	2	_
	The state of Early Sing & B. Of XZ TO FECEIVADIES HOLD OF POSCIOUS IN WAS	-	1	-
26	The state of the s			1
		26		-
4			\ \	١
27	Did the organization provide a grant or other assistance to air officer, through the substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ		
1 - E		27	,	
	entity or family member of any of these persons in Tres, comparing parties (see Schedule L, Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	and the state of t	28	a	-
a	A current or former officer, director, trustee, or key employee? If "Yes," complete A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		- [İ
		28	<u>b </u>	_
1	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		ı	
C	An entity of which a current or former officer, director, flustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	28		_
		2	9	
29	Did the organization receive more than \$25,000 in historical treasures, or other similar assets, or qualified Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		.	
30	Did the organization receive communities of any material transfer and the conservation contributions? If "Yes," complete Schedule M.	3	0	
	The state of the s	()	.	
31		3	1	<u> </u>
	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
32		3	2	
33		· -3	33	
34	Was the organization related to any tax-exempt of taxable critical stress of control of taxable critical stress of control of taxable critical stress of control of taxable critical stress of control of taxable critical stress of control of taxable critical stress of control of taxable critical stress of control of taxable critical stress of control of taxable critical stress of control of taxable critical stress of taxable	. —	34	
ė		13	5a	
35	a Did the organization have a controlled entity within the meaning of actual to the controlled by If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled by If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		\	
		13	5b	
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36		F	36	
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37	the design of the second of th]	
			37	
	The state of the s		. .	
710	Did the organization complete Schedule O and provide explanation in Complete Schedule O	- E	38	

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax effects withing a party the post of soft withing a party than \$100,000, and did the		Statements Regarding Other IRS Fillings and Tax Compliance			
Enter the number reported in Box 3 of Form 1096. Enter-0- if not applicable. Enter the number of Forms W-26 included in line 1a. Enter 1-o- If not applicable. Did the organization comply with backup withholding rules for reportable psyments to vencors and reportable gamining (gambling) winnings to prize withnamer? Enter the number of emolyyee reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this noture. If a least one is reported on line 2s, did the organization fills all required faceral emoloyment tax returns? Notes, if the sum of filnes is and 2s is greater than 250, you may be required to e-file, (see instructions) Did the organization have unrelated business gross brone of \$1,000 or more during the year? At any time during the calendar year, did the organization was an interest in, or a signature or other surfavor over, a francial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country). See instructions for filing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBA:1), "If Yee," an left the name of the foreign country." See instructions for filing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBA:1), "If Yee," to line 5 or 5th, of the foreign country." See instructions for filing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBA:1), "If Yee," to line 5 or 5th, of the foreign country." See instructions for filing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBA:1), "If Yee," to line 5 or 5th, of the foreign country." See instructions for filing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBA:1), "If Yee," to line 5 or 5th, of the foreign country." See instructions for interest to the foreign country." 15 Under the organization selection for the value of the goods		Check if Schedule O contains a response or note to any line in this Part V	, .	. ,	
Either the humber of norms W-22 included in line 1s, Either-0- if not applicable. Did the organization comply with backup withholding used for reportable symmetrate to vendors and reportable garning (gambling) winnings to prize withholding used for reportable symmetric to vendors and reportable garning (gambling) winnings to prize withholding used for reportable symmetric to the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. Statements, flied for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1 and 2 as greater than 250, you may be required an explanation in xine than 20 and 1	1:	Enter the number resorted in Day 2 of Eq. (400)		Yes	Ī
Somming (gamibling) winnings to prize winners? 2a Etter the number of emoloyees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year or ding with or within the year covered by this raturn. 2		Enter the number of Forms W CC included by " 12 The Property of Fo			
Set of the number of employees reported on Form W-d, Transmittal of Wage and Tax Statements, filled for the celendar year ending with or within the year covered by this return. It is all less on he reported on the 2a, old the organization file all required dideral employment tax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file. (see Instructions) Bid the organization have unrelated business gross income of \$1,000 or more during the year? If Yes, lines it filled a Form 990-T for this year? If Ye's 15 line 3b, provide an explanation in Schedule 0. At any find udring the calendar year, clit the organization have an interest in, or a signature or other euthority over, a financial account in a foreign country. See instructions for filling requirements for FinCBN Form 114, Report of Foreign Benk and Financial Accounts (FBAR). Was the organization appry to a prohibited tax shelter transaction at any time during the tax year? See instructions for filling requirements for FinCBN Form 114, Report of Foreign Benk and Financial Accounts (FBAR). Was the organization appry to a prohibited tax shelter transaction at any time during the tax year? Was the organization appry to a prohibited tax shelter transaction at any time during the tax year? Was the organization appry to a prohibited tax shelter transaction at any time during the tax year? Was the organization approach that it was or is a party to a prohibited tax shelter transaction? If Yes to time 6 are 5b, did the organization file Form 8896-TY. Does the organization approach that it was or is a party to a prohibited tax shelter transaction? If Yes or to are statistically that the organization file organizat		Did the organization comply with backway wit			
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Siturements, filed for the calendar year ending with or within the year covered by this ratum. 2 a year in the calendar year ending with or within the year covered by the ratum. 2 a year. Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file. (see Instructions) 3D bit the organization have unrelated business gross income of \$1,000 or more during the year? bit if Yes, 'lines it filed a Form 990-T for this year? If You' to line 3b, provide an explanation in Schodule O. 3b. 13 and 14 are in the country over, a financial ecocount in a foreign country (such as a benk account, securities account, or other financial ecocount)? bit if Yes, 'enfer the name of the foreign country. See instructions for filing requirements for FincEN Form 114, Report of Foreign Benk and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Benk and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for FincEN Form 114, Report of Foreign Benk and Financial Accounts (FBAR). The arm of the arm of the foreign country of the seed of the organization of that it was or is a party to a prohibited tax shelter transaction? Fire Yes to line 5 ard 5b, did the organization file Form 888-TY. Does the organization and have annual gross receipts that are normally greater than \$100,000, and did the organization shall are avainable organization shall are accountable contributions? Fire Yes did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization shall ray receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made perty as a contribution and partly for goods and services provided to the payor? If Yes, 'indicate the number of Forms 8522 filed during the year. Did the organization shall receive a provin	2a	Enter the number of employees reported as Form M.C. There will be said to be	1c		
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ab Did the organization have unrelated business gross income of \$1,000 or more during the year? 3	đ	If at least one is reported on line 2a, did the accompation file all any interest one is return.			齫
bif Yes, "hes it filed a Form 990-T for this year?" **Not bit ne 3b, provide an explanation in Schedule C. 4a At any time during the calendar year, did the organization have an interest in, or a signeture or other extinority over, a financial account in a foreign country. 5 If Yes," enter the name of the foreign country. 5 If Yes," enter the name of the foreign country. 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR). 6 If Yes, "on the thin a party to a prohibited tax shelter transaction at any time during the tax year?. 5 If Yes," to line 6 or 55, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?. 5 If Yes, to line 6 or 55, did the organization file Form 886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions tax the ware not tax deductibles as charitable contributions? 6 If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "Indicate the number of Forms 6282 filed during the year. 9 Did the organization receive a pyment in excess of \$75 made party as a contribution and parity for goods and services provided? 9 Did the organization receive any funcs, directly or Indirectly, to pay premiums on a personal benefit contract? 7 To X 7 If Yes, "Indicate the number of Forms 6282 filed during the year. 9 Did the organization receive any funcs, directly or Indirectly, to pay premiums on a personal benefit contract? 7 To X 9 Sponsorting organization make any funcs, directly or Indirectly, to pay premiums on a personal benefit contract? 9 To X 10 The organization received a contribution of qualified inhelectual property, did the organization flie a Form 1098-C? 10 Sponsorting organization make an		Note. If the sum of lines 1a and 2a is greater than 250, you may be used to determ employment tax returns?	2b	Χ	
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Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?. 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization floensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b Inter the amount of reserves on hand. 14a Did the organization receive any payments for indeer tapping services during the tax year?		Initiation fees and capital contributions included on Devit VIII III and Devit VIII III and Devit VIII III and Devit VIII III and Devit VIII III and Devit VIII III and Devit VIII III and Devit VIII III and Devit VIII III and Devit VIII III and Devit VIIII III and Devit VIII and Devit VIII III and Devit VIII III and Devit VIII and Devit VIII III and Devit VIII III and Devi			
Gross income from members or shareholders		Gross receipts, included on Form 990. Part VIII, line 12.			
a Gross income from members or shareholders		Section 501(c)(12) organizations. Enter			
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. Did the organization receive any payments for indoor tapping services during the tay year?	а	Gross income from members as about 11			
section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. Did the organization receive any payments for indoor tapping services during the tay year?	b	Gross income from other sources (Do not pet amounts due or poid to other sources)			
12a		against amounts due or received from them.)			
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. Did the organization receive any payments for indoor tapping services during the tay year?	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in liquid Form 900 in l	13703		
Is the organization floensed to issue qualified health insurance issuers. Is the organization floensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. Did the organization receive any payments for indoor tapping services during the tay year?	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a	1	ζ.
a Is the organization floensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand. Did the organization receive any payments for indoor tapping services during the tay year?	13	Section 501(c)(29) qualified nonprofit health insurance issuers			#
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 13b 13c 14a Did the organization receive any payments for indoor tapping services during the tay year?	а	Is the organization licensed to issue qualified health plans in more than one state?			de
the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 13b 13c 14a Did the organization receive any payments for indoor tapping services during the tay year?		riote. See the instructions for additional information the organization must report on Schodulo O	13a	2	(===
c Enter the amount of reserves on hand. 13b 13c 13c	ь	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tapping services during the tay year?		and organization is licensed to issue qualified health plans.			
and the organization receive any payments for indoor tanning services during the tay year?	c	Enter the amount of reserves on hand			2
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	bid the organization receive any payments for indoor tanning services during the tay year?	142		=
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form 990 (2017)	UNITED WAY OF EASTERN NEW MEXI	ough 7h holour and for a	"No"
Part VI	UNITED WAY OF EASTERN NEW MEXT Governance, Management, and Disclosure For each "Yes" response to lines 2 thro response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha Check if Schedule O contains a response or note to any line in this Part VI.	ough 76 below, and to a inges in Schedule O. Sec	instructions.
Saetlan A	Governing Body and Management		Yes No
The section of the second section of the section of	"我的我们的,我们还是一个是我的人们的是一个人的,我们还是一个人的,我们就是我们的一个人的,我们就是一个人的,我们就是一个人的,我们就是这个人的,我们就是这个	la 15	
If there If the g	he number of voting members of the governing body at the end of the tax year . are material differences in voting rights among members of the governing body, or overning body delegated broad authority to an executive committee or similar titee, explain in Schedule O.		
计记录 经净的 螺纹铁	STOREGOE AND A PROPERTY OF A DESCRIPTION OF THE PROPERTY OF TH		
Did ar	y officer, director, trustee, or key employee have a rainily relation and	ationship with	2 X
3 Did th	e organization delegate control over management duties customarily periodical by or		3 X 4 X
4 Did the	o organization make any significant changes to its governing documents since the pro- e organization become aware during the year of a significant diversion of the organizat		5 X 6 X
6 Dld th 7a Did th	e organization have members or stockholders? e organization have members, stockholders, or other persons who had the power to el	ect or appoint	7a X
b Are a	r more members of the governing body? ny governance decisions of the organization reserved to (or subject to approval by) me holders, or persons other than the governing body?	mbers,	7b X
8 Did ti	holders, or persons other than the governing body? he organization contemporaneously document the meetings held or written actions und hear by the following:	ertaken during	Ba X
a Thou	inversing hadv?		8b X
	the state of the state of the government horizon.		00 1
9 Is the	ere any officer, director, trustee, or key employee listed in Fait VIII, Section 1, Shed	ule 0	g x
Section B	e organization's mailing address? If "Yes," provide the names and addresses in organization's mailing address? If "Yes," provide the names and addresses in organization about policies not required by . Policies (This Section B requests information about policies not required by	the internal Nevendo	Yes No
THE STANDS OF A PERSON.		Baras especies	10a X
10a Didit	he organization have local chapters, branches, or affiliates?	f such chapters.	
b If "Y	es," did the organization have written policies and procedures governing and action's exe	empt purposes?	10b
	the state of the second of the property of the property of the property of the second	- · · · · · · · · · · · · · · · · · · ·	
	- the debaddid O the process if any USEC by the organization to 1979.	90.	12a X
12a Did	the organization have a written conflict of interest policy. In 190, get the light of the loss annually inferests that co	uld give rise to conflicts?.	12b X
c Did des	the organization regularly and consistently mother and enforce sometimes of the organization regularly and consistently mother and enforce sometimes.		12c X
13 Did	the organization have a written whistleblower policy?		14 X
14 . Dld	the organization have a written document retention and destruction policy? the organization have a written document retention and destruction policy? the process for determining compensation of the following persons include a review ar	nd approval by	
15 Did	the process for determining compensation of the following persons include a trible the process for determining compensation of the deliberation of	peration and decision?	
inde	opendent persons, comparability data, and contemporarious organization's CEO, Executive Director, or top management official		15a X
a The	er officers or key employees of the organization		15b X
16a Did	the organization invest in, contribute assets to, or participate in a joint some		16a X
· · · · · · · · · · · · · · · · · · ·	The state of the s	1 445 6 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			16b
par	tricipation in joint venture arrangements under applicable reaction arrangements?		16b X
		uskiajistot kaika tiitot t	er i karenda erre erre erre erre erre erre erre er
17 Lis 18 Se av <u>X</u>	t the states with which a copy of this Form 990 is required to be filed. ction 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 ction 6104 requires an organization to make its Forms 1023 (or 1024 if applicable).	ther (explain in Schedule cuments, conflict of Intere	O) est policy, and

Form 990 (2017)	UNITED WAY OF EASTERN	NEW MEXI								23-71	00243 B
Part VII	Compensation of Officers, Dir	ectors, Truste	es,	Key	/ Er	np	oyee	s.	Highest Com	pensated	09243 Pag
	Employees, and Independent	Contractors							,	•	
	Check if Schedule O contains a	response or n	ote t	o ar	ıy li	ne	in this	۶P	art VII...		[7]
Section A.	Officers, Directors, Trustees, Key	Employees, ar	rd Hi	ghe	st (on	pens	ate	d Employees		
1a Complete organization's	this table for all persons required to b	e listed. Report	com	pens	atlo	n fo	or the	cai	endar year endi	ng with or within	the
 List all 	of the organization's current officers	directors, truste	es (1	whet	her	ind	lvidua	ls c	or organizations	renardless of s	amout al
or componed	aon. ⊑itter "o- in columns (D), (E), and	i (F) it no compe	ensat	ion v	ผลร	pai	d.				amount
• List all	of the organization's current key emi	ployees. If any, \$	See i:	nstri	ictic	เกร	for de	fini	tion of "key emp	loyee."	
Who received	organization's five current highest c	ompensated em	ploy	9 e s ((oth	er t	han a	n o	fficer, director, tr	ustee, or key er	nployee)
organization a	reportable compensation (Box 5 of Fand any related organizations.	om w-z and/or	BOX	7 Or	LOF	m 1	กลล-ผ	/115	C) of more than	\$100,000 from	the
• List all o	of the organization's former officers, eportable compensation from the orga	key employees,	and	high	est	con	npens	ate	d employees wi	no received more	e than
• List all o	of the organization's former director	s or trustees th	of ro	aceu colu	od i	icilii. In H	zalion	ა. აიი	tre on a form or d		
organization,	more than \$10,000 of reportable com	pensation from	the o	rdan	su, iizat	ion.	and a	การ เทร	ty as a tormer d related organiza	irector or trustee	e of the
riat betablis il	n the following order: individual truste	es or directors: i	nstitu	ıtlon	al tr	ust	ees: 0	ffic	ers: kev emplov	ees: hichest	
Compensated	employees; and former such persons	; .									
Check thi	s box if neither the organization nor a	ny related orgar	nizati	on c	omp	ens	sated	any	/ current officer.	director, or trus	tee.
			T			C)			1		
	(A)		1			sition					
	(A) Name and Title	(B) Average					e than o		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any	offic	box, unless person is both officer and a director/truste					compensation	compensation	amount of
		hours for	or director		Officer	₹	ent High	Former	from the	from related organizations	other compensation
		related organizations	rect	- E	萸	胃	est i	虱	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		below dotted	or director	: <u>ब</u>		Key employee	8 20		(**-2/1089-14830)		organization and related
		line)	Stee	Institutional trustee		8	l eg				organizations
				8	İ		Highest compensated employee				
(1) ERINN		40	 	╁┈╴	-	<u> </u>					
EXECUTIVE	· · · · · · · · · · · · · · · · · · ·		<u> </u>			X			49862.	0	0
(2) K SPE	ARS	2									
PRESIDENT	1017		Х		Х				0	0	0
(3) S VERI VP	NON	22									
(4) J ELL:		1									
	rq		Х	-	X.				0	0	0
* NEWPOURERS	"	22								***	
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(5) D BRAS		2	х		X_				0	0	0
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(5) D BRAS SECRETARY (6) A GOFF	SHEAR F	1	х		X X			-	0	0	0
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(5) D BRAS SECRETARY (6) A GOFT CAMPAIGN C (7) M BERT CAM CHAIR (8) J LUHN	E SHEAR F SHAIR FRAND ELEC MAN	2	x x		x x x				0	0 0	0
(5) D BRAS SECRETARY (6) A GOFT CAMPAIGN C (7) M BERT CAM CHAIR (8) J LUHN FUND DISTR	E SHEAR F CHAIR CRAND ELEC MAN	2 2 2	x x		X X				0	0 0	0
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(5) D BRAS SECRETARY (6) A GOFT CAMPAIGN C (7) M BERT CAM CHAIR (8) J LUHN FUND DISTR (9) M WATS 2-1-1 CHAI (10) C PEAC	SHEAR SHEAR CHAIR CRAND ELEC MAN OUTIO GON R	2 2 2	x x x x		X X X				0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0
(5) D BRAS SECRETARY (6) A GOFI CAMPAIGN C (7) M BERT CAM CHAIR (8) J LUHN FUND DISTR (9) M WATS 2-1-1 CHAI (10) C PEAC PAST PRES	SHEAR SHEAR SHAIR	2 2 2 2 2	x x x		X X X				0 0 0 0	0 0 0 0	0 0 0 0
(5) D BRAS SECRETARY (6) A GOFI CAMPAIGN C (7) M BERT CAM CHAIR (8) J LUHN FUND DISTR (9) M WATS 2-1-1 CHAI (10) C PEAC PAST PRES (11) C BURE	SHEAR SHEAR SHAIR	2 2 2 2	x x x x		X X X				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0
(5) D BRAS SECRETARY (6) A GOFT CAMPAIGN C (7) M BERT CAM CHAIR (8) J LUHN FUND DISTR (9) M WATS 2-1-1 CHAI (10) C PEAC PAST PRES (11) C BURF MEMBER (12) E LOPE	SHEAR SHEAR SHAIR FRAND ELEC MAN UTIO GON R COCK	2 2 2 2 2	x x x		X X X				0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0
SECRETARY (6) A GOFT CAMPAIGN C (7) M BERT CAM CHAIR (8) J LUHN FUND DISTR (9) M WATS 2-1-1 CHAI (10) C PEAC PAST PRES (11) C BURF MEMBER (12) E LOPE MEMBER	SHEAR SHEAR CHAIR CRAND ELEC MAN RUTIO SON R COCK ROUGHES	2 2 2 2 2 2	x x x		X X X				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0
(5) D BRAS SECRETARY (6) A GOFT CAMPAIGN C (7) M BERT CAM CHAIR (8) J LUHN FUND DISTR	SHEAR SHEAR CHAIR CRAND ELEC MAN RUTIO SON R COCK ROUGHES	2 2 2 2 2 2	x x x x		X X X				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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(14) M PORTER MEMBER

art	(2017) UNITED WAY OF EA	ors, Trustees, Key E	mploy	/ees	, ai	nd F	lighe	st	Compensated	Employees (co	ntinued)
A ()	(A) Name and title		(do n	ot ch Unles	Posl eckl s per) tion nore reor	than c is both	ne an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	o o salas o la la lata se differentidas.	week (list any hours for related	individu or dire	Instituti	Officer	Кеу еп	Highest	Former	from the organization	from related organizations (W-2/1099-MISC)	compensation from the organization
	Andrew State (1995) (1995) (1995) (1995) Andrew State (1995) (1995) (1995) Andrew State (1995) (1995) (1995) (1995) Andrew State (1995) (1995) (1995) (1995) (1995)	below dotted line)	individual trustee or director	onal trustee		ployee	Highest compensated employee		(W-2/1099-MISC)		and related organizations
	BOSWELL	2	$-\frac{1}{x}$						Ø	Ø	8
) 	R 5 Carlo pour la composition della composition		2 - 3. 3 - 3 -								
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)			•	1,?			1.5% - 51%	: .	A. 18		
)							1.1				
2)											
3)	***										
4)											
5)											
С	Sub-total . Total from continuation sheets to I Total (add lines 1b and 1c)	Part VII, Section A				4 7 4		>	4986	2.	
	Total (add lines 1b and 1c). Total number of individuals (including reportable compensation from the on Did the organization list any former employee on line 1a? If "Yes," comp	j but not limited to tho ganization ► officer: director, or trus	se liste stee, k	eye ey∈	vod	e) w	no re	e i ge			Yes 3
.	For any individual listed on line 1a, is the organization and related organization.	s the sum of reportable atlons greater than \$1	e com _l 50,00	oens 3? <i>i</i>	satio f "Y	on a es,"	50111	μισι			4
5	Did any person listed on line 1a rece for services rendered to the organiza	elve or accrue compen ation? If "Yes," comple	sation ete Sc	froi hed	m al ule	ny u <i>I for</i>	nrela <i>sucl</i>	ited h pe	organization c erson	r Individual	5
Sec											of
1	tion B. Independent Contractors Complete this table for your five high compensation from the organization year.	hest compensated ind . Report compensation	epend n for ti	ent ne c	con aler	ırac ıdar	year	en	ding water of		<u> </u>
		(A) busīness address				<u>.</u>			Description (r of services	(C) Compensation
1ON	E						- 1 1 - 1				
			-, -,	. 4					<u> 14 / 18 - 11 </u>		
			i gay a si		. 4.		V-9-				

'62000		Check if Schedule O contains a responsi	e or	note to any line	a In this Part VIII.			🗀
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tex under section
90	" 1a	Federated campalgns	1a			Teveride		512-514
ilia.	i ji		1b					
Ø.	E c		1c					
SE S	a d		1d					
ອົ ອີ	Ēl e		1e					
fion	Ž f	All other contributions, gifts, grants, and	16	-				
ng:		similar amounts not included above	1f	522262				
Contributions, Giffs, Grants	and Other Similar Amounts	Noncash contributions included in lines 1a-1f:	<u>''</u> -	322202				
ا (ن	il h	Total. Add lines 1a-1f	Ψ		522262.			
<u>a</u>			• •	Business Code	322202.		· Saide Stephen	
ren.	2a					i i i nesi di gandani propinsi di propinsi	and the restaurance of	
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1ce	C	***************************************			 			
er.	l d						· · · · · · · · · · · · · · · · · · ·	
Ě	е						<u></u>	
Program Service Revenue	f	All other program service revenue						
_ <u>g</u>	<u>l</u> . g	Total. Add lines 2a-2f	. 1					The state of the s
	3	Investment income (including dividends, Intel	rest	and	<u> </u>			
	ĺ	other similar amounts)	_	🕨	474.	474.		
	4	Income from Investment of tax-exempt bond	oro:	ceeds >	3/3	4/4./		
	5	Royalties						
	l	(I) Real	Ì	(ii) Personal				
	6a	Gross rents						CATE OF SALES
	b	Less: rental expenses	\neg					
		Rental Income or (loss),						
	d	Net rental income or (loss)			CANADA MAY I WANTED TO STATE OF THE STATE OF	The state of the s	Circumstant Control	
		Gross amount from sales of (I) Securities		(ii) Other				
		assets other than inventory.	7				u w	
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						e a profesional de la company
	d	Net gain or (loss)		.				
enue	8a	Gross income from fundraising						
ě		events (not including \$						
يخ		of contributions reported on line 1c).						
e -		See Part IV, line 18.	a					
Other R	b	A manage allows at a	b					A CONTRACT
0	C	Net income or (loss) from fundraising events.			And the second s			
	9a	Gross income from gaming activities.	ſ					
			a					
	b	Less: direct expenses	b [
	C	Net income or (loss) from gaming activities.		_, ▶	A STATE OF THE PROPERTY OF THE			
	10a	Gross sales of inventory, less						
			a [
			b [
	C	Net income or (loss) from sales of Inventory .		.	And the second s	- to the second of the second		
		Miscellaneous Revenue		Business Code		7.1		
	11a	有名名 化化二氯 医克拉氏 医自己 医自己 医皮肤 医水子 医医水子 医牙脂 网络山口海绵 医原生			151883.	151883.	The state of the s	
	b							4,1
	C							
Į	d	All other revenue						
ĺ		Total. Add lines 11a-11d		▶	151883.			
	12	Total revenue. See instructions		▶ [674619.	152357.		Control of the last of the las

tion 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note	to any line in this F	art IX.		是人名英西葡罗斯斯克斯 下一下	
o not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program	11. 经保护的第三人称单数	(C) Management and	Fundraising
, 9b, and 10b of Part VIII.	(Ca) expended	expen		general expenses	expenses
Grants and other assistance to domestic organizations					
domestic governments. See Part IV, line 21 L	309463.	30	9463.		
Grants and other assistance to domestic	50000		53882.	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Individuals. See Part IV, line 22	53882.		33002.		
Grants and other assistance to foreign					
organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16					
Benefits paid to or for members					di al-
Compensation of current officers, directors,					
trustees, and key employees.		<u> </u>		and the contract	
Compensation not included above, to disqualified					
persons (as defined under section 4958(f)(1)) and				•	
persons described in section 4958(c)(3)(B)	124219.	2.7	79500.	17391	2732
Other salaries and wages .	124219.				
Pension plan accruals and contributions (include		112 3. 1		14.814.11	
section 401(k) and 403(b) employer contributions). Other employee benefits	2267.		1451.	317 31 7	
4.1.10. 超高速 6.4.4. \$1.6. (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	9692		6203.	1357	7. 213
Payroll taxes Fees for services (non-employees):	egystelja filo			0000	<u>.</u>
a Management.	33325		· · · · · ·	33325	> -
h legal.		Las Area St. 194	<u> </u>	<u> </u>	
c Accounting d Loobbying .		7,15			
d Lobbying.					
e Professional fundraising services. See Part IV, line IV					
f Investment management fees		 			
g Other: (If line 11g amount exceeds 10% of line 25, column					
(A) amount, list line 11g expenses on Schedule O.)	747 1 7 7 1 1	# 14 BH 11	€ 15		
2 Advertising and promotion	8045	-	3218.	160	
かた、「神秘・私物を出立され」という。ことがは、特殊を始めた場合とは、これには、などはからは、からかだった。これには、ためには、これには、これには、これには、これには、これには、これには、これには、これ	5173		3311.	7 <u>2</u>	4. 113
4 Information technology 5 #Royalties :				Alfanta III	4. 17:
6 Occupancy	7885		5046.	110 71	
7 Travel	5115	•	3274.	/1	0
8 Payments of travel or entertainment expenses					İ
for any federal, state, or local public officials	0040		2463.	53	89. 8
9 Conferences, conventions, and meetings	3849	<u>'-</u>	Z403.	ļ	
20 Interest	6163	-	3944.	86	53 13
Payments to affiliates	1170		17.35	117	70.
Depreciation, depletion, and amortization	in age of the age of t				
23 Insurance					
aboye (List miscellaneous expenses in line 24e. If					
line 24e amount exceeds 10% of line 25, column					
(A) amount, list line 24e expenses on Schedule O.)		ve basensa	and the second	A AREA CONTRACTOR OF THE STATE	
a SEE STMT	389		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	155 469				A STATE
C	2354		a yay ay a	- With Elivery	egy Mita
	2084		14179		
e All other expenses	_		492692		13. 649
 Total functional expenses. Add lines 1 through 24e. Joint costs. Complete this line only if the 					
organization reported in column (B) joint costs					
from a combined educational campaign and					
fundraising solicitation. Check here fi					
following SOP 98-2 (ASC 958-720)					Form 990

		Check if Schedule O contains a response o	r note	to any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			373732.	1	312132.
	2	Savings and temporary cash investments			22157.	2	124862.
	3	Pledges and grants receivable, net			240703.	3	245182.
	4	Accounts receivable, net			15216.	4	13204.
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest compens	sated e	mployees.			
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified person	ons (as o	defined under section			
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), a	and conti	rlbuting employers and			
Ø.		sponsoring organizations of section 501(c)(9) voluntary e					
Sta		organizations (see instructions). Complete Part II of Sche	,		6	Market Market Committee Co	
Assets	7	Notes and loans receivable, net . , . ,	,			7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5802.	9	10896.
	10a						
		other basis. Complete Part VI of Schedule D	10a	11586.			
	b	Less: accumulated depreciation	10b	9727.	3029.	10c	1859.
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, IInc	e 11.	, , ,		12	
	13	Investments—program-related. See Part IV, Iin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	34)	660639.	16	708135.
	17	Accounts payable and accrued expenses			11057.	17	8037.
	18	Grants payable			85740.	18	86417.
	19	Deferred revenue			I	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	·
Ö	22	Loans and other payables to current and forme					
Liabilities		trustees, key employees, highest compensated					
abi		disqualified persons. Complete Part II of School	lule È .	New Parks	TOTAL PROPERTY OF THE PROPERTY	22	The second secon
Ï	23	Secured mortgages and notes payable to unre	lated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayable	s to related third			
		parties, and other liabilities not included on line	s 17-2	4). Complete			
		Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25.			96797.	26	94454.
		Organizations that follow SFAS 117 (ASC 95		1000		a uran	
es S		complete lines 27 through 29, and lines 33 a					
anc.	27	Unrestricted net assets		Marc	258195.	27	298158.
gg	28	Temporarily restricted net assets			299489.	28	190703.
P	29	Permanently restricted net assets			6158.	29	124820.
딒							122020.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASG958), complete lines 30 through 34.	cneck i	tere 🕨 🔛 and			
ĺά	a č	=				- Contractor	
səl	30	Capital stock or trust principal, or current funds	i			30	
ĄB	31	Paid-in or capital surplus, or land, building, or e	equipm	ent tund		31	
e	32	Retained earnings, endowment, accumulated in		_		32	
2	33 34	Total liabilities and not assets/fund balances			563842.	33	613681.
	.14	TO BE INCUMED AND DESCRIPTION OF SECURIOR PROPERTY.		· ·	6606301	72 A	700175

dje.						
	되어 가능하는 집에 바꾸다는 그는 맛없는 그는 그가 가는 가는 것이 없다.					
F (1	90 (2017) UNITED WAY OF EASTERN NEW MEXI	23-	10924	13	Page	₃ 12
Part		E JAM	isi "b. Wi	71.2		
7	Check if Schedule O contains a response or note to any line in this Part XI	Allendaria	Garden min		Ī	7
458	Total revenue (must equal Part VIII, column (A), line 12)	4		6	746	19.
1	Total expenses (must equal Part IX, column (A), line 25).	2			247	
2 3	Revenue less expenses. Subtract line 2 from line 1.	3	4		498	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		5	638	42.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses . Prior period adjustments	7	91 1			
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			6	136	:02
2014	column (B))	10	<u> </u>) <u>1 3 0</u>	02.
Lan	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				. Г	\neg
	Check it Schedule O contains a response of note to any line in this reaction.				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in					
a San a	Schedule O					
2a	Were the organization's financial statements complied or reviewed by an independent accountant?			2a		X
4.7	If "Yes," check a box below to indicate whether the financial statements for the year were complied or					
	reviewed on a separate basis, consolidated basis, or both:					
•	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an Independent accountant?		12	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?.			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1				
	Schedule O.	:	Ë		AMERICAN	Light Danier
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ŀ	3a		x
	the Single Audit Act and OMB Circular A-133?	, 	` -	<u> </u>		 -
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	. '	l
-	required addit of acidits, explain with in Schedule of and describe any deep taxon of an asystem				990	(2017).
7 - 1 	하는 하는 것이 되는 것이 되는 것이 되는 것이 되었다. 그는 것이 되는 것이 되는 것이 되는 것이 되는 것이 되는 것이 되었다. 그런 것이 되었다. 그런 것이 되었다. 그는 것이 되었다. 					` '
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	사용하는 경우 사용하는 것이 되었다. 그런 그는 사용하는 사용하는 사용하는 것이 되었다. 그는 사용하는 것이 되었다. 그는 사용하는 것이 되었다. 그는 사용하는 것이 되었다. 그는 사용하는 것이 사 					
		9.50 - 5 70%				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization		T 1.7			Employer identification	number
UNITED WAY OF EASTERN 1					23-7109243	
Part Reason for Public Chari	ty Status (All orga	anizations must con	npiete tri	s part) t	see instructions.	
The organization is not a private foundat 1 A church, convention of church	es, or association o	of churches described	in sectio	n 170(b)(1)(A)(i).	
2 A school described in section	170(b)(1)(A)(ii). (Ai	ttach Schedule E (For	m 990 or 9	990-EZ).)		
3 A hospital or a cooperative hos	pital service organi	zation described in se	ection 170)(b)(1)(A)	(iii).	
4 A medical research organization hospital's name, city, and state		inction with a hospital	described	in section	on 170(b)(1)(A)(iii).	Enter the
5 An organization operated for the section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	ge or university owned	or operat	ed by a g	overnmental unit de	escribed in
6 A federal, state, or local govern	ment or governme	ntal unit described in	section 1	70(b)(1)(<i>/</i>	4)(v).	
7 X An organization that normally redescribed in section 170(b)(1)	eceives a substanti (A)(vi). (Complete	al part of its support fr Part II.)	om a gove	emmental	unit or from the get	neral public
8 A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt (1.)			
9 An agricultural research organi or university or a non-land-gran university:	zation described in at college of agricul	section 170(b)(1)(A)(ture (see instructions)	(ix) operat . Enter the	ed In con a пате, cl	junction with a land- ty, and state of the	-grant college college or
10 An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated the come and unrelated the come and unrelated the come are the companies.	onssubject to certait ted business taxable i	n exceptio ncome (le	ns, and (2 ss section	2) no more than 33 n 511 tax) from busi	1/3% of its
11 An organization organized and	operated exclusive	ely to test for public sa	fety. See	section 5	i09(a)(4).	
An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations d	escribed in section 5	09(a)(1) o	r-section	509(a)(2). See sec	tion 509(a)(3).
a Type I. A supporting organithe supported organization(organization. You must con	s) the power to regi mplete Part IV, Se	ularly appoint or elect	a majority	of the dir	ectors or trustees o	f the supporting
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.						
Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.						
f Enter the number of supported	organizations					
g Provide the following Information	on about the suppor	ted organization(s).	T 70 3 3 1 10 1	1	4 × 4	Auth Amount of
(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see Instructions))	listed in you	rganizadon ir governingi nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see (nstructions)
		•	Yes	No		
(A)						
(B)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(C)						
(D)						
(E)						

	dule A (Form 990 or 990-EZ) 2017 UNITED rt II Support Schedule for Orga						9243 Page 2
	(Complete only if you checked Part III. If the organization fa	ed the box on li	ine 5, 7, or 8 of	Part I or if the	organization fa	iled to qualify ur	nder
		的复数布拉克特基的	e, sice me propriation police	and wastern in	2006 (1810 <u>-195</u>)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ere il restituti
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1			an objective				90 V.C.
	membership fees received. (Do not include any "unusual grants.")	595044.	563867.	565965.	665466.	522262.	2912604
2	Tax revenues levied for the organization's	333044.	estis, coder electrics.	to for its office source.	₩ 605,400.		2012004
_	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					- square since	
4	Total. Add lines 1 through 3	595044.	563867.	565965.	665466.	522262.	2912604
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						2912604
_	tion B. Total Support	等的的原则 。	2007年開刊的2017年			接接法 医维克氏征	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4.	595044.	563867.	565965.	665466.	522262.	2912604
8	Gross income from Interest, dividends, payments received on securities loans,						
_	rents, royalities, and income from similar sources	567.	645.	644.	487.	474.	2817
9	Net irroome from unrelated business activities, whether or not the business is regularly carried on					19 (19) 19 (19) 19 (19)	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	国民職務議員日本 医自制管 人名英格兰斯 化						2915421
12	Gross receipts from related activities, etc. (s	see Instructions) .			The second secon	12	
13	First five years, if the Form 990 is for the o organization, check this box and stop here	rganization's first, s	second, third, fourth	ı, or fifth tax year a	is a section 501(c)		▶ [
Se	ction C. Computation of Public Su	pport Percent	age			Prise to the	
	Public support percentage for 2017 (line 6, o			f))		14	99.90%
15	Public support percentage from 2016 Sched	50 静脉转换 40 经产生成本 40 人名法	The second secon	No. of the second of the second		15	99.91%
	33 1/3% support test—2017. If the organiz and stop here. The organization qualifies a	s a publicly suppor	ted organization .				<u>*</u> [}
k	o 33 1/3% support test—2016. If the organiz box and stop here. The organization qualifi				s 33 1/3% or more	, check this	▶[
17a	10%-facts-and-circumstances test—2017 Is 10% or more, and if the organization mee Part VI how the organization meets the "fac organization	ts the "facts-and-ci fs-and-circumstand	ircumstances" test, ces" test. The organ	check this box and ization qualifies as	d stop here. Expl s a publicly suppor	ain in ted	▶□
Î	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization Explain in Part VI how the organization mee supported organization	i. If the organization meets the "facts-a ats the "facts-and-c	n did not check a bo and-circumstances' ircumstances" test.	ox on line 13, 16a, ' test, check this b The organization	16b, or 17a, and I ox and stop here qualifies as a publi	ine	~ <u>~</u>
18	Private foundation. If the organization did	not check a box on	iline 13, 16a, 16b.	17a, or 17b, check	this box and see		
	Instructions						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047
2017

Open to Public

Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer Identification number 23-7109243 UNITED WAY OF EASTERN NEW MEXICO IN Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year). Aggregate value of grants from (during year) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes purpose conferring impermissible private benefit?............ Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2<u>a</u>_ Total number of conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part-III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

	Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Baran Ba Baran Baran	---------------------------------	---
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Schedu	lle D (Form 990) 2017 UNITED WAY OF	EASTERN NEW	MEXIC(NI C		23-	7109243	Page 2
Part	III Organizations Maintaining Colle	ctions of Art, Histo	rical Tre	asures, or 0	Other S			
3	Using the organization's acquisition, access collection items (check all that apply):							
а	Public exhibition	d [Loan	or exchange p	orograms	3		
b	Scholarly research	e	Other				****	
C	Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and explain	how they	further the or	ganizatio	on's exempt purp	ose in Part	
5	During the year, did the organization solicit assets to be sold to raise funds rather than						Yes _	No
Part	Escrow and Custodial Arrangem Complete if the organization answer 990, Part X, line 21.		990, Part	IV, line 9, o	r reporte	ed an amount	on Form	
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for cor	tributions or	other ass	sets not		
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part X!						Yes] No
		•				Aı	nount	
C	Beginning balance				10			
d	Additions during the year				1d			
e f	Distributions during the year				1e 1f	<u> </u>		
	Ending balance						. Is	
2a	Did the organization include an amount on					=	Yes X	No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	planation	has been pro	vided on	Part XIII	<u>,, L</u>	<u> </u>
Part								
	Complete if the organization answer							
4			oryear 172.	(c) Two years 6 , 1 6		f) Three years back	(e) Four year	
1a		8,662.	112.	0,10	J.	6,153.	6,13) / •
b c	Contributions	0,002.						
U	and losses		(14.)		j	12.	1	6.
d	Grants or scholarships		(123)				1	
e	Other expenditures for facilities					/		
~	and programs							
f	Administrative expenses	······································			2.			
g	End of year balance 12	4,820. 6,	158.	6,16		6,165.	6,15	3.
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1g,	columa (a)) h	eld as:			
а	Board designated or quasi-endowment	▶ 100.00%		• • •				
b	Permanent endowment • 0	.00%						
C	Temporarily restricted endowment	0.00%						
	The percentages on lines 2a, 2b, and 2c sh							
Зa	Are there endowment funds not in the poss	ession of the organiza	tion that a	re held and a	dministe	red for the		T
	organization by:						Yes	No
	(i) unrelated organizations.						3a(i)	
L.	(ii) related organizations						3a(ii)	
ь 4	If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the					• • • • •	3b	<u></u> ,
+ Part			willeur inu	us.				
	Complete if the organization answer	ered "Yes" on Form	990, Part	IV, line 11a	. See Fo	orm 990, Part	X, line 10.	
- 11 -	Desoription of property	(a) Cost or other basis (Investment)		ost or other is (other)		cumulated preciation	(d) Book val	ue ———
1a	Land		ļ			Carolina de la Caroli		
b	Bulldings		<u> </u>					
C	Leasehold Improvements			1 010		0 707	A 6	<u> </u>
d	Equipment		1	1,819.		9,727.	2,0	92.
e Total	Add lines 1a through 1e (Column (d) mus	t agual Forms COO De-1	Vastari	a /D1 /ina 40-			2.09	02
1 17:33	- which driese is companied TA 10 from the IAN 18010	LECTRAL POTEN WALL POF	A CTRITION	1101 1109 1110		- 1	/ LI	-, / .

chadi	a D (Form 890) 2017 UNITED WAY OF EASTERN NEW MEXICO IN 23-7109243 Page 4
Pari	
7 (Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
1	Total revenue, gains, and other support per audited financial statements
2	Amounts Included on line 1 but not on Form 990, Part VIII, line 12:
а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
C	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
е 3	Add lines 2a through 2d
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b
b	Other (Describe in Part XIII.)
C	Add lines 4a and 4b.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
1	Total expenses and losses per audited financial statements
2 a	Donated services and use of facilities
b	Prior year adjustments
C	Other losses
d	Other (Describe in Part XIII.)
Ð	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b
Ъ	Other (Describe in Convent)
C	Add lines 4a and 4b
5	XIII Supplemental Information.
Dros	de 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. P	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
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SCHEDULE 1 (Form 990) Department of the Treasury

WAY OF EASTERN NEW MEXICO IN Internal Revenue Service Vame of the organization UNITED

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Publ Inspection Employer Identification number

OMB No. 1545-0047

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

2

X Yes

23-7109243

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

SSO, Part IV, IIII A	i, ici aliy iccipi	מוזה הושר ופכפולפת	830, Pari IV, IIII 21, 101 ally legiple in allegared filose and polocest art it can be depressed in additional places in the case of the c	ait il can bo aupino		مم ام المحمد	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (hook, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOY SCOUTS CONOUI	85-01023 Gg01C3	g01C3	5,318.				
(2) CLOVIS MEALS ON WHE	85-024842 <u>5</u> 01C3	£01c3	25,343.				
COURRY RESIDENT SENIOR	85-02933@201C3	201c3	9,200.				
(4) FAMILY & CHILDRE COURT	85-04095@201C3	201c3	9,913.				
(6) FOOD BANK OF EASTER	85-032078 <u>3</u> 01C3	× 90103	59,408.				Salador desproyagements and a dis
(6) FRIENDS OF CANNO FAMILI	30-007492301C3	3 01C3	6,545.				
WEW ME	85-601124501C3	50103	6,547.				
(8) HARTLEY HOUSE	85-027223 <u>2</u> 01C3	201c3	51,625.				
(9) HABITAT FOR HUMANI	85-045072301C3	301C3	10,421.				
(19)OASIS CHILD ADVOCA	85-040414501C3	501C3	32,247.				
(1) PORTALES MEALS ON WHE	85-024220B01C3	B01C3	7,051.				
HARGE ARISE SEXUAL	85-045884M01C3	301C3	12,292.				
2 Enter fotal number of section 501(c)(3) and government organizations listed in the line 1 table.	on 501(c)(3) and	poverniment organi	zations listed in the line	1 table		A	

Enter total number of other organizations listed in the line 1 table

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

Schadule I (Form 990) (2017)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 48061º 3600 -(c) Amount of cash grant 2216 Part III can be duplicated if additional space is needed (b) Number of reciplents 294 3 9 1 Bill assistance (rent/util) 2 Heaters/Vital home Repair Birth Certif, (a) Type of grant or assistance 3 Document Pees (Part IV Ŋ

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

UNITED WAY OF EASTERN NEW MEXICO IN	23-7109243
BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFOR	E SUBMITTING
<u> </u>	

Description of the Asset Total Services Fundralsing			xpenses: Page	Management	201
### 1,555. #################################	Description of the Asset	Total	Services		Fundralsing
SURANCE 4,692. 4,692. MPAIGN EVENTS 23,549. 5,668. MMUNITY EVENTS 3,403. 3,403. ARDS 3,875. 1,550. NK 1,516. 1,516. ES & SUBSCRIPTIONS 1,500. 990. SCELLANEOUS 1,865. 807. 781. 1 EXPENSES 5,201. 5,201. LEPHONE 3,481. 2,228. 487.		3,894.			3,115
MPAIGN EVENTS 23,549. 5,668. 17,88 MMUNITY EVENTS 3,403. 3,403. 3,403. ARDS 3,875. 1,550. 2,32. NK 1,516. 1,516. 1,516. ES & SUBSCRIPTIONS 1,865. 807. 781. 27 SCELLANEOUS 1,865. 807. 781. 27 1 EXPENSES 5,201. 5,201. 5,201. 487. 76 LEPHONE 3,481. 2,228. 487. 76		1,555.	311.	622.	622
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		3,201.	3,201.	407	70
34,331. 20,337. 8,036. 23,43	DEFTIONE	5/ 531	20 027		

US 990	Main	Information Sheet		2017
For calend	ar year 2016 or tax year beginning	and ending		
Name:	UNITED WAY OF EASTE	ERN NEW MEXICO IN	EIN:	23-7109243
Name line 2: Address: City, State, and Zip Code:	1200 NORTH THORNTON CLOVIS NM 88101-	1000000000000000000000000000000000000	Telephone No:	575-769-2103
Web site address Fiduciary name, if applicate Name of officer signing ret Title of officer/trustee/fiduc Group exemption number Check if exemption applicate Accounting method	la .	NWW.UNITEDWAYENM.OI ERINN BURCH EXECUTIVE DIRECTOR Cash: Accrual: X Other		·
(Form 990) Organization exempt with gross receipts les Private foundation or	ution: under section 501(c), 527 or 4947(a)(1) under section 501(c), 527 or 4947(a)(1) is than \$200,000 and total assets less to section 4947(a)(1) nonexempt charitate with unrelated business income (Form	of the Internal Revenue Code (exce than \$500,000 at the end of the year le trust treated as a private foundatio	pt black lung ben (Form 990-EZ)	
Firm's name: W]	LLIAM BARRETT LLIAM BARRETT CPA	Th	ne in this return: Date: PTIN: Self-employed: Firm's EIN:	902 minutes 85-4488833

NM 87501-

Phone:

Address: 227 E PALACE

City, State, ZIP Code: SANTA FE