Form

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions. DAA

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For th	e 2016 calendar year, or tax year beginning		, and ending										
В_	Check if a	applicable: C_Name_of_organization					_D_Employer	r_identification_number						
Ш	Address o	hange United Way	of Easte	ern New Mex	ico In									
〒	Name cha	Doing business as					23-7	109243						
님	Nathe Chi	Number and street (or P.O. box it mail is not delivere				Room/suite	E Telephon							
	Initial retu	m 1200 North Thornton Str	reet				575-	<u>769-2103 </u>						
	Final retur		oreign postal code											
믬	terminated	Clovis	NM 88101				G Gross rec	eipts\$ 733,801						
Ш	Amended	return F Name and address of principal officer:				Ι								
П	Application	pending Erinn Burch				H(a) Is this a gro	oup return for s	subordinates? Yes X No						
	.,	1200 North Thornton	Ctmoot	,		H(b) Are all sub	ordinaton incl	uded? Yes No						
				0101		1								
		Clovis		88101		II NO,	attacij a list.	(see instructions)						
<u></u>	Tax-exen	npt status: X 501(c)(3) 501(c) () ◀ ((insert no.)	4947(a)(1) or	527									
J	Website	www.unitedwayenm.org				H(c) Group exe	mption numbe	er 🕨						
ĸ	Form of	organization: X Corporation Trust Association	Other >		L Y	ear of formation: 1	973	M State of legal domicile: NM						
	art I							V						
<u> </u>	T	Briefly describe the organization's mission or most	eignificant activ	ifice.										
	1	Improving lives in Curry and			+10-00-1-02									
2	1 .													
g		activities that strengthen ed	ucation,	income and	neartn	for our	Easte.	LU New						
Governance] .	Mexico families.												
ő	2 (Check this box ▶ if the organization discontinue	ed its operation:	s or disposed of m	ore than 25	% of its net as:	sets.							
ಶ	3 1	Number of voting members of the governing body (F	Part VI, line 1a))			3	15						
	4 1	Number of independent voting members of the gove	erning body (Pa	art VI. li ne 1b)			. 4	15						
ij	5	Total number of individuals employed in calendar ye	ar 2016 (Part)	/ line 2a)			. 5	8						
Activities		Total number of volunteers (estimate if necessary)					اما	195						
₹			(0) "		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •								
		Total unrelated business revenue from Part VIII, col						0						
	b	Net unrelated business taxable income from Form 9	990-T, line 34 .											
		0 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Yes		Current Year									
ē		Contributions and grants (Part VIII, line 1h)					3,867	665,466						
Revenue		Program service revenue (Part VIII, line 2g)						0						
ě	10 1	Investment income (Part VIII, column (A), lines 3, 4,		644	487									
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	, 9c, 10c, and	11e)	L		2,098	67,848						
		Total revenue – add lines 8 through 11 (must equal				56	6,609	733,801						
		Grants and similar amounts paid (Part IX, column (A					4,725	388,097						
								7						
	1 40 1	Calarias, other componentian, employee banefits (D	nefits paid to or for members (Part IX, column (A), line 4) laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)											
Expenses	10	Salanes, other compensation, employee benefits (F)	art IX, column	(A), IIII es 5-10)	·····	٠	4,514	147,635						
ü	16a	Professional fundraising fees (Part IX, column (A), li Total fundraising expenses (Part IX, column (D), line	ine 11e)		<u>,,</u>			0						
୍ଟ	b	Total fundraising expenses (Part IX, column (D), line	∍ 25) ▶	55,94	9									
ш	17 (Other expenses (Part IX, column (A), lines 11a–11d	l, 11f–24e)				B,430	160,872						
	18	Total expenses. Add lines 13–17 (must equal Part I	X, column (A),	line 25)	L	58'	7,669	696,604						
	19 1	Revenue less expenses. Subtract line 18 from line 1	12			-2:	1,060	37,197						
5	3					Beginning of Cu		End of Year						
Net Assets or Find Balances	20	Total assets (Part X, line 16)				640	0,967	660,639						
¥.	21	Total liabilities (Part X, line 26)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Г	11	4,322	96,797						
基	22	Net assets or fund balances. Subtract line 21 from li	ine 20			52	6,645	563,842						
	art II				una cauna agar a l		-, -,							
		nalties of perjury, I declare that I have examined this return				and a second of the second								
		names of perjury, I declare that I have examined this fetuli ect, and complete. Declaration of preparer (other than office						lowledge and belief, it is						
	00, 00m	T k	oci / lo basca ori	all thornauon or win	on properties		, , , , , , , , , , , , , , , , , , , 							
Sig	gn	Signature of officer					Date							
He	ere	Erinn Burch			Execut	<u>tive Di</u> :	rector	<u></u>						
		Type or print name and title												
		Print/Type preparer's name	Preparer's signatu	ıre		Date	Check	if PTIN						
Pai	d	De'Aun Willoughby, CPA		loughby, CPA		08/17	/17 self-em	LI "						
	parer		• •	-caginy, CER				85-0388106						
	e Only					<u>_</u>	im's EIN ▶	92-0200T00/						
USI	Citiy	225 Innsdale T		•				AFE AFA 1015						
			<u> 101-306</u> 2			F	hone no.	855-253-4313						
Ma	y the IF	RS discuss this return with the preparer shown above	e? (see instruc	tions)	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>	Yes X No						
For	Paperv	vork Reduction Act Notice, see the separate instruction	ons.					Form 990 (2016)						

Form 990 (2016) United Way of Eastern New Mexico In 23-7109243 Part IV Checklist of Required Schedules

	The Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	ą
_	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		Λ.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		x
c	Part III	3		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
7	"Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	 		
8	Consultate Calcadide D. Bout III	8		x
^	complete Schedule D, Part III	0		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	١ , ا		х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	x	
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	47	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		**************************************	Part Control of the
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	x	
	complete Schedule D, Part VI	11a		 .
b		11b		X
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
¢	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		<u> </u>
d	reported in Don't V. line 462 # "Wee " complete Schoolule D. Don't IV.	11d		x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		-21
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
125	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111		
128		12a	X	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	22	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	i-ru		
, D	fundraising, business, investment, and program service activities outside the United States, or aggregate	,		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170	<u> </u>	- <u></u>
15	Control of the second of the Control	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- ''		
10		18		x
10	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?	10	 	
19	•	19	1	X
	If "Yes," complete Schedule G, Part III	1.19	-00	

Form 990 (2016) United Way of Eastern New Mexico In 23-7109243

	rt IV Checklist of Required Schedules (continued)			<u></u>
<u> </u>	Officerial of Required Contoures (Continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 .
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	2.00		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
00				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			₹.
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	!		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
C	Led Construction and the second bands O	24c		
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27		1		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			-
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	2/4.02030000.02 SCAPPESS (600 2/4 V market account		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	100 100 100 100 100 100 100 100 100 100	CONTRACTOR	1 444 64 84 44 1 4 444 10 88 4 18
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	CC and the state of the state o	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29		-23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			-
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ĺ	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ţ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
J-4		34		x
	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		- A.
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		x
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	-	1 -
Ju		38	x	1
	19? Note. All Form 990 filers are required to complete Schedule O.			0 (2010

orm	990 (2016) United Way of Eastern New Mexico In 23-71092	243			P	age 5
	TV Statements Regarding Other IRS Filings and Tax Compliance		•			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>			ليا
	 	1			Yes	Nd
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	1			ich est
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		- 04.0EV	Parth TENE
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			-	****	A Managaran and San
	reportable gaming (gambling) winnings to prize winners?		.,	1c_	111111111111111111111111111111111111111	**********
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•			The second secon
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		v	Mile and a dear of the
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	,	2b	X	TOTAL CONTRACTOR
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)		100000000000000000000000000000000000000		77
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	o		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial		١.		707
	account)?			4a	Parameter Control	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	Accour	nts	9700 000 har on 100 har		Common of the co
	(FBAR).				Constitution of	77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b	<u> </u>	<u> </u>
Ç				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did tr	n e				7.7
	organization solicit any contributions that were not tax deductible as charitable contributions?		*************************	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or		١	1	
	gifts were not tax deductible?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6b	The state of the s	
7	Organizations that may receive deductible contributions under section 170(c).					Property of the control of the contr
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		A consistency of the	(1970) Vice is	100 - 100 -
	and services provided to the payor?		**********	7a	<u> </u>	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		,,	7b	<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as		1_		
	required to file Form 8282?		T	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	xt?	7e	+	┼
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ract?	,	7 f	 	┼
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g	 	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by t	the	The reference of the control of the		
	sponsoring organization have excess business holdings at any time during the year?			8		7947794442
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?				+-	+
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1 .	I	7 F 976, 68 V bank		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	TO DESCRIPTION OF THE PROPERTY AND THE P		To a distance to a second
11	Section 501(c)(12) organizations. Enter:	1	1	A Selection of the sele		
a	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			- 100 de -		The second control of
	against amounts due or received from them.)	11b		A STATE OF THE STA		
12a		ກ 104 ໄ	1? 	12a		V to Annual State of
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b)	State and the state of the stat		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?	. . . 		13a	1	
	Note. See the instructions for additional information the organization must report on Schedule O.			- Comment of the Comm		
b		1	I	68 (8 mm)		Assets Acceptance of the control of
	the organization is licensed to issue qualified health plans	13b		Andread a service of the service of		200 St. 100 St
С	Enter the amount of reserves on hand	130				77
14a	Did the organization receive any payments for indoor tanning services during the tax year?		,,	148	+	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O .		141		00 ,,,,,

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	15	Print Barrey		0.000 000000 0.000 000000 0.00000000000
	If there are material differences in voting rights among members of the governing body, or		707.75.00	e to below toward	77 TO THE TOTAL THE T
	if the governing body delegated broad authority to an executive committee or similar		5.500 May 10.00		ADDRESS OF THE PROPERTY OF
	committee, explain in Schedule O.		570 00 mm m m m m m m m m m m m m m m m m		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	15	7710 (0 00000 0000 0000 0000 0000 0000 0	11.7.1	POSC CORRECTOR
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		100 to 10		THE RESERVE OF THE PARTY OF THE
	any other officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	1		3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	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 in Schedule O	(9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue (Code.)		
				Yes	No -
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
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?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the t	orm?	11a	X	Ĭ
b	Describe in Schedule O the process, If any, used by the organization to review this Form 990.	,,,,	To the second se	CERTAL MAN	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to d	onflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	•••			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		140	X	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approval by		The second secon		Post on Catalogue Control
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Transmistra au	Printer Control of Con
a	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		**************************************		Manufacture and the second sec
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		The second of th	CONTROL CONTROL	Page and comment a
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	,	An investment of the control of the	1,100,000	The second of th
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			77700000000	
	organization's exempt status with respect to such arrangements?		. 16b		
Sec	etion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NM				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(,		
. •	available for public inspection. Indicate how you made these available. Check all that apply.	,			
	X Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy, and			,
	financial statements available to the public during the tax year.	y,			į.
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•			
	nited Way of Eastern NM Inc 1200 North Thronton Street				
	lovis NM 88101	57	75-7 <i>6</i>	9-2	103

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Form 990 (2016) United Wa	y of Eas	stei	<u>rn</u>	Nev	v Me	exi	ico In 23-710	9243	Page 7		
		Direc	ctor	s, Tr	ustee	es,	Key Employees, Hig	nest Compensated	Employees, and		
Independent C							line in this Dort	V // I	\Box	ì	
							any line in this Part			,	
							Compensated Employee				
1a Complete this table for all persor organization's tax year.									_		
 List all of the organization's cu compensation. Enter -0- in columns 	(D), (E), and (F)	if no	com	pensat	ion wa	as pa	aid.		f		
 List all of the organization's cu 											
• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)											
organization and any related organization	who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.										
 List all of the organization's for 	rmer officers, ke	ey emp	ploye	es, ar	nd high	nest	compensated employees	who received more than			
\$100,000 of reportable compensation								ulius atau an truatan of the			
 List all of the organization's forganization, more than \$10,000 of 	rmer directors reportable comp	or tru: ensatid	stee on fr	s that rom the	receiv e orda	ea, i niza	in the capacity as a former tion and anv related organ	izations.			
List persons in the following order:	individual trustee	s or d	lirect	ors; in	stitutio	nal 1	trustees; officers; key emp	loyees; highest			
compensated employees; and forme	•										
Check this box if neither the org	ganization nor an	y relal	ted o	organiz	ation	com	pensated any current office	er, director, or trustee.	· · · · · · · · · · · · · · · · · · ·		
(A)	(B) ⁻			(C)			(D)	(E)	(F)		
Name and Title	Average hours per	(do i	not ch	Position neck mor		ne	Reportable compensation	Reportable compensation from	Estimated amount of		
	week	box,	unles	s persor	is both	an	from	related	other		
	(list any			d a direc		•	the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	or di	nstit	Officer	Highest o	al ol	(W-2/1099-MISC)	· ·	organization and related		
	organizations below dotted	duat	nstitutional	# emp	yee o	욕			organizations		
	line)	Individuat trustee or director		cer employee	compensated						
		ee	trustee		atesni	Ì					
					- X	L					
(1)Erinn Burch	40.00		-								
	40.00	1	- 1				ì	i			

	week (list any	bo	x, unic	ess pe nd a	rson i directo	s both or/trust	an ee)	from the	related organizations	other compensation from the
	hours for related organizations below dotted line)	Individuat trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Erinn Burch	40.00								,	
Executive Director	0.00	X		x			1	51,593	o	ر -
(2) Casey Peacock	0.00	+	<u> </u>		\dagger					
(=, +=====	2.00				1					
President	0.00	x						0	0	0
(3) Kathy Spears	2.00									
Vice President	0.00	x						o	o	0
(4) Edward Lucero	0.00	42	 	+		-				
(4)	2.00		ļ		ļ					
Secretary	0.00	X						0	0	0
(5) John Ellis						ļ				
	2.00					1				
Treasurer	0.00	X					↓	0	0	0
(6) Steve Vernon	0.00									
Charles Charles	2.00 0.00	X						0	0	0
Campaign Chairman (7) Patrice Caldwell	4	<u> </u>		+	+	+	╁	 	<u> </u>	
(/)Factice caldwell	2.00									
Fund Distribution Ch	0.00	X			i			0	0	0
(8) April Goff										
	2.00									
Campaign Chair Elect	0.00	X	<u> </u>		1_	<u> </u>		0	0	0
(9) Tom Martin										
2-1-1 Chairman	2.00	×						0	0	0
(10) Daniel Brashears										
	2.00						1		_	,
Past President	0.00	X	1	\bot	_			0	0	
(11)				1	1					
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Form 990 (2016) United Way of Eastern New Mexico In 23-7109243
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any	00	k, unie	Posi check ess pe	ition more rson i	s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
					•••					
						:		51 500		
1b Sub-total							▶	51,593		
d Total (add lines 1b and 1c) Total number of individuals (in							<u>></u>	51,593		
 Total number of individuals (in reportable compensation from Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization individual Did any person listed on line for services rendered to the organization. 	ormer officer, dir "complete Schere 1a, is the sum nizations greater	ector dule of re thar	or, or J for eport 1 \$15	trust r suc table 50,00	ee, i h ind con 00? I	key key ke dividu npen: f "Ye 	empl val satio s," o	oyee, or highest compensation and other compensation complete Schedule J for suny unrelated organization o	ated from the ach r individual	3 2 3 4 2 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
 Complete this table for your fi 		ene:	ted	inde	nenc	lent (conti	actors that received more	than \$100,000 of	
compensation from the organi	zation. Report co	ompe	ensat	tion 1	or th	ie ca	lend	lar year ending with or with	nin the organization's tax y	ear.
Name and	(A) I business address						ļ	Descrip	(B) stich of services	(C) Compensation
	ALEXAL				***					
Total number of independent received more than \$100,000	contractors (inclu	uding	but	not	limit	ed to	tho	se listed above) who	0	A Commission of the commission

			NOT AND AN ADDRESS OF THE PROPERTY OF THE ADDRESS O	· voveredv.ivama.v.i		**************************************	442	(D)	(C)	(D) í
energy:	CHECK OF AGREE		THE PARTY OF THE P	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		The contract of the contract o	(A)	(B) Related or	Unrelated	Revenue
comproverballities				Transprendings.com			Total revenue	lqmexe	business	excluded from tax
								function revenue	revenue	under-sections- 512-514
ម្	1 a	Federated can	nnainne	1a			The All Annual Control of the Contro	The state of the s	A CONTROL OF THE PROPERTY OF T	The second secon
E E		Membership d		1b			The second secon	/ below person and the second	71000 - Turn - 120	A STATE OF THE PARTY OF THE PAR
<u>ت</u> ق		Fundraising ev		1c						Fig. 1 through processing a company of any of the processing of building to the company of the c
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S.S		Government grants All other contribution		16			The state of the s		Property of the control of the contr	The state of the distance of the state of th
불분		and similar amounts		1f		665,466		Control of		A manage of graph (a) of the following beauty and of graph and a property of the following and a second of the following beauty and the following
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Contributions, Gifts, Grants and Other Similar Amounts			es 1a–1f	111. 4	'		665,466	TO SERVICE AND ADMINISTRATION OF THE PROPERTY		El discher de la contra del la cont
	!!	Total. Add line	3 1α-11,	<u> </u>		Busn. Code	End down a reason of property and the second of the second		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Principle of the second of the
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		lacomo fram i	nvestment of tax		of bond n	roceeds				
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	5	Royalues	(i) Real			Personal	We defined the first control of the			
	6.	Gross rents	(1) 7 (001		("/ .	0,007				
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		Rental inc. or (loss)	ome or (loss)		•		27.17.5 mg 2 10 m 0.000 (main.) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the first Manusch as a course to the first and a course to the course to the first and a course to the first and a course to the cours	70 TO 10 TO	Existing American Company of the Com
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	h	other than inventory Less: cost or other						Birthon Co.		The second secon
İ	IJ	basis & sales exps.								The second secon
	_	Gain or (loss)								
		• •	oss)						***************************************	S
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venue	•	(not including \$	-							
اَقِ			reported on line 1c							Section and the section of the secti
&			: 18						Control of the Contro	A service of the serv
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			r (loss) from gar		tivities		Miles and Control of Participation Speciments and Control of Contr		11 12 11	
1			of inventory, less							Section 1 and 1 an
		returns and a	•	а			Marie Communication of the Com			
	b	Less: cost of		b						A STATE OF THE PROPERTY OF T
			r (loss) from sale	es of in	ventory.	>				
F			scellaneous Revenue			Busn. Code	See Sec. 1 and the second section of the sec		A DE SA CAMPANA DE LA CAMPANA	The second secon
7	11a	Other Re	venue				67,848	67,848		1
	b			,					<u></u>	
	C						********			
	d		nue						White is a control of a control of the control of t	*
	е	Total. Add lin	es 11a-11d			>	67,848			
	12	Total revenu	e. See instruction	ns. ,,		<u></u>	733,801	. 68,335	<u> </u>	0 (0,000)

United Way of Eastern New Mexico In 23-7109243

Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Eundraising (B) Program_service (C) Do not include amounts reported on lines 6b, Management_and. general expenses expenses 7b. 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 388,097 388,097 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 18,763 134,027 87,118 28,146 7 Other salaries and wages Pension plan accruals and contributions (include 726 484 2,247 3,457 section 401(k) and 403(b) employer contributions) Other employee benefits 9 6,598 2.132 1,421 10,151 10 Payroli taxes Fees for services (non-employees): Management Legal b 31,235 31,235 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 5,853 2,831 10,13318,817 13 Office expenses 778 1,167 5,558 3,613 14 Information technology 15 Royalties 1,655 12,354 7,687 3.012 16 Occupancy $7, \overline{177}$ 1,507 1,005 4,665 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 7,930 5,155 2,775 Conferences, conventions, and meetings 19 20 Interest 783 3,632 1,173 5,588 Payments to affiliates Depreciation, depletion, and amortization 22 5,028 5,028 23 Insurance Other expenses. Itemize expenses not covered above (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.) 37,035 37,035 Community Events 13,741 13,741 Campaign Events 3,708 6,180 2,472 Awards, Gifts, Events 6,002 6,002 211 Expenses 1,971 1,553 703 e All other expenses 4,227 696,604 561,727 78,928 55,949 25 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 if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 372.232 Cash---non-interest bearing 373,732 1 22,139 22,157 Savings and temporary cash investments 240,703 228,622 Pledges and grants receivable, net 3 3 7,701 15,216 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 5,802 Prepaid expenses and deferred charges 8,109 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,164 3,029 b Less: accumulated depreciation 10b 8,790 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 640,967 660,639 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 14,210 11,057 Accounts payable and accrued expenses 17 17 85,740 100,112 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 96,797 114,322 26 26 Total liabilities. Add lines 17 through 25... Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 4,406 258,195 27 Unrestricted net assets 28 Temporarily restricted net assets 516,067 299,489 28 or Fund 29 Permanently restricted net assets 6,158 6,172 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds Net 32 526,645 563,842 33 Total net assets or fund balances 33 660,639 640,967 Total liabilities and net assets/fund balances 34

Form 990 (2016).

Form	990 (2016) United Way of Eastern New Mexico In 23-7109243			Page 12
Pai	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$33,8\overline{01}$
2	Total expenses (must equal Part IX, column (A), line 25)	2		96,604 [\]
3	Revenue less expenses. Subtract line 2 from line 1	3		37 <u>,197</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52	26 <u>,645</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 in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	56	63,842
Pa	rt XII. Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		The second secon	Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		And the state of t	The state of the s
	Schedule O.		CONTROL CONTROL	
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		The control of the co	
	reviewed on a separate basis, consolidated basis, or both:		The second secon	
	Separate basis Consolidated basis Both consolidated and separate basis		and the second s	
þ	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		V / Adjournation (Common of the Common of th	Transferred Control of the Control
	separate basis, consolidated basis, or both:		And the second s	Section 1 and 1 an
	Separate basis Consolidated basis Both consolidated and separate basis		THE RESERVE OF THE PROPERTY OF	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		į l	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. .	2c	Commence of the late of the commence of the co
	If the organization changed either its oversight process or selection process during the tax year, explain in		A Part of the Control	١
	Schedule O.		and page printing a gargerian	A CARROLL AND A STATE OF THE ST
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		<u>3a</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	,		
			For	m 990 (2016)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer Identification number

Name of the organization United Way of Eastern New Mexico In 23-7109243 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ĥ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of prognization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Total

Page 2

Schedule A (Form 990 or 990-EZ) 2016

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	594,734	595,044	563,867	565,965	665,466	2,985,076
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	594,734	595,044	563,867	565,965	665,466	2,985,076
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)						
6	Public support. Subtract line 5 from line 4.						2,985,076
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	594,734	595,044	563,867	565,965	665,466	2,985,076
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	767	567	645	644		2,623
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					E CERROLE S VI MANT PÅ PRINSBYRFE SKRIRKE (1816 V CH. MAN MÅR.	
11	Total support. Add lines 7 through 10						2,987,699
12	Gross receipts from related activities, etc.	(see instructions)					68,335
13	First five years. If the Form 990 is for the	-		•			. —
	organization, check this box and stop her	e					<u></u>
Sec	tion C. Computation of Public S	<u> </u>					
14	Public support percentage for 2016 (line 6	i, column (f) divided	i by line 11, colum	n (f))		14	99.91 %
15	Public support percentage from 2015 Sch						99.88%
16a	33 1/3% support test—2016. If the organ				33 1/3% or more, o	check this	⊾ [च्छा
_	box and stop here. The organization qual						▶\
b	33 1/3% support test—2015. If the organ						. □
47-	this box and stop here. The organization						Р Ц
17a	10%-facts-and-circumstances test—20	· · ·					
	10% or more, and if the organization mee				=		
	Part VI how the organization meets the "I				• •		▶ □
h	organization 10%-facts-and-circumstances test—20						- L
b		=					
	15 is 10% or more, and if the organization Explain in Part VI how the organization m				•		
	,			_		*	▶ □
18	supported organization Private foundation. If the organization di	d not check a boy		h. 17a. or 17h. ebs	eck this hox and ea		▶ ⊔
10							▶ □
	instructions						· <u> </u>

Dage 2		
	Dage	2

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedu

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

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

Sec	tion A. Public Support		-			·····		
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			,				
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						_	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b	***************************************	VA 1897 / 18 ALV (8 B					
8	Public support. (Subtract line 7c from					1 (2) 2 (2) (2) (2) (2) (3) (4) (4) (4) (4)		
<u> </u>	line 6.)							
	tion B. Total Support Idar year (or fiscal year beginning in)	T (=) 2042	(h) 2012	(c) 2014	(d) 2015	(e) 2016		(f) Total
	• • • • • •	(a) 2012	(b) 2013	(6) 2014	(0) 2015	(e) 2010		(I) Total
9	Amounts from line 6		1			 		
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							
С	Add lines 10a and 10b					-		
11	Net income from unrelated business activities not included in line 10b; whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.) First five years. If the Form 990 is for the	organization's fo	et econd third to	urth or fifth toy us	ar as a soction 50	1(c)(2)		
14	organization, check this box and stop her		st, second, unid, lo					▶□
Sec	tion C. Computation of Public S							
15	Public support percentage for 2016 (line 8			nn (f))			15	%
16	Public support percentage from 2015 Sch						16	%
	tion D. Computation of Investme					· 1.1.6.2 * J.		
17	Investment income percentage for 2016 (3. column (f))	÷	T T	17	%
18	Investment income percentage from 2015		LIII 15 47			I .	18	%
19a	33 1/3% support tests—2016. If the orga							
	17 is not more than 33 1/3%, check this b							▶□
b	33 1/3% support tests—2015. If the orga		_					
~	line 18 is not more than 33 1/3%, check the							▶ 🗀
20	Private foundation. If the organization di	-						. —

Schedule A (Form 990 or 990-EZ) 2016

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	He A (Form 990 or 990-EZ) 2016 OTILIZED WAY OF MASCELLI NEW MEXICO III 25 /1052			Tage 3
Fair	t N Supporting Organizations (continued)			N -
			Yes	No ,
11	Has the organization accepted a gift or contribution from any of the following persons?	TOTAL CONTRACTOR	Epide November	Miles Annal Control of the Control o
a_	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			CONTRACTOR CONTRACTOR
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		L
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
	on a type to the t		Yes	No
	Did the discolute Associated as wear as more as more expensive to power to	100000000000000000000000000000000000000	CATALOG CONTRACT	TEMPS COMERCON WASHINGTON OF
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Control of walls on a second of the second o		THE STATE OF THE S
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Proceedings		CONTROL OF THE PROPERTY OF THE
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		THE STOCK CONTRACTOR OF THE ST	The second secon
	controlled the organization's activities. If the organization had more than one supported organization,	To the second second		The second of th
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Property Control		THE PROPERTY CONTRACTOR OF THE PROPERTY OF T
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	C-90 00 00 00 00 00 00 00 00 00 00 00 00 0	
2	Did the organization operate for the benefit of any supported organization other than the supported		TOTAL PROGRAMME	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	The second of th		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ALL SALES	Andrew County of the Section of the	The control of the co
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	### 1 F C C C C C C C C C C C C C C C C C C		Month of the service
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	THE STATE OF	Control of the Contro	TOTAL CONTROL OF THE PROPERTY
		Control of Control of	7	Control of the contro
	or management of the supporting organization was vested in the same persons that controlled or managed	1	Bi she true same vi comp i v	Section of the sectio
	the supported organization(s).	. 1	L	
Sect	ion D. All Type III Supporting Organizations			
			Yes	No No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	70-00-00 ubu ubu ubu ubu ubu ubu ubu ubu ubu u	TO SEE AND ADDRESS OF THE PARTY	7 0 000000 00000 00000 00000 00000 00000 0000
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	The state of the s		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Entry (COPY) on Manager	Programme aggregation
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	PETRONIA.		The state of the s
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			The second secon
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			STATE OF STA
J	significant voice in the organization's investment policies and in directing the use of the organization's	Committee of Committee of the Committee		
	· · · · · · · · · · · · · · · · · · ·			Provide and a second se
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		Probable Control
<u>C4</u>	supported organizations played in this regard.	<u> </u>	.l	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	S).		
a	- The state of the			
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions).		
				1
2	Activities Test. Answer (a) and (b) below.	hamberek www	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		The second secon
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Portion or working		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Co. Self-Verification and and of the self-verification and and of the self-verification and a self-ver		The second secon
	how the organization was responsive to those supported organizations, and how the organization determined	19-10-00-00-00-00-00-00-00-00-00-00-00-00-	Britain and a series	
	that these activities constituted substantially all of its activities.	2a		
h	many many and the state of the	0.00		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	100 00 00 00 00 00 00 00 00 00 00 00 00		of the control of the field of the control of the c
		error continues of the	W #11 (0.0)	A CONTROL OF THE PARTY OF THE P
	reasons for the organization's position that its supported organization(s) would have engaged in these	74	Total Control	-
	activities but for the organization's involvement.	2b	The second secon	
3	Parent of Supported Organizations. Answer (a) and (b) below.	The second second	7 0 000 000 000 000	
a		Parting ordered and		7
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	· ·	MET ON THE PROPERTY OF THE PRO		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2016 United Way of Eastern New Me			243 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			e
instructions. All other Type III non-functionally integrated supporting organizations must	com	Diete Sections A through E.	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
d. Net sent town could ask	1		(Optional)
Net short-term capital gain Recoveries of prior-year distributions	2		·
	3		
Other gross income (see instructions) Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			The second of th
instructions for short tax year or assets held for part of year):		The second secon	Consequence of a confidence of the confidence of
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	And the second of the second o		Consideration of the considera
factors (explain in detail in Part VI):	Of a fact of the contract of t		The second secon
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	- unmarter .	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The second secon	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type	III supporting organization (see
instructions).			

e Excess from 2016

Schedule A (Forr	n 990 or 990-EZ) 2016	United	Way of	Eastern	New	<u>Mexico</u>	<u>In 23-710</u>	9243	Page 8
Part VI	Supplemental I III, line 12; Part I' B, lines 1 and 2; 3a and 3b; Part V	nformation. Pr V, Section A, lir Part IV, Section	ovide the e les 1, 2, 3b la C, line 1;	explanations re o, 3c, 4b, 4c, 5 Part IV, Sectio	equired by 5a, 6, 9a, on D, line	y Part II, line 9b, 9c, 11a es 2 and 3;	e 10; Part II, lir a, 11b, and 11d Part IV, Sectio	ne 17a or 17 c; Part IV, Se n E, lines 1c	ection , 2a, 2b, {
	lines 2, 5, and 6	Also complete	this part fo	or anv addition	nal inform	nation. (See	instructions.)		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

-Name-of-the-organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer_identification_number

2016

United Way of	Eastern New Mexico In	23-7109243					
Organization type (check on							
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)(7 instructions.	covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See					
General Rule							
	ting Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$3 property) from any one contributor. Complete Parts I and II. See instructions for determinate intributions.						
Special Rules							
regulations under sec 13, 16a, or 16b, and	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test stions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa that received from any one contributor, during the year, total contributions of the greater the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts	art II, line of (1)					
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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							
990-EZ, or 990-PF), but it mu	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	n 990-EZ or on its					

Name of c	rganization and Way of Eastern New Mexico In		nployer identification number 3-7109243
Part I	Contributors (See instructions). Use duplicate copies of P	art I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Allsups Convenience Stores 2211 N Thornton Street Clovis NM 88101	\$ 35,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Donald R Bonner 2404 Fairway Terrace Clovis NM 88101	\$ 15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
• • • • • • • • • • • • • • • • • • • •		*\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Payroll
Noncash
(Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Uı	nited Way of Eastern New Mexico In	23-7109243
	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Accounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.
		(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised
	funds are the organization's property, subject to the organization's ex	clusive legal control? Yes N
6	Did the organization inform all grantees, donors, and donor advisors is	n writing that grant funds can be used
	only for charitable purposes and not for the benefit of the donor or do	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (chec	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified cons	\$1000000 and 100000 and 100000 and 100000 and 100000 and 1000000 and 100000 and 100000 and 100000 and 100000 and 100000 and 100000 0 and 1000000 and 1000000 and 1000000 and 1000000 and 1000000 and 1000000 and 10000000 and 10000000 and 10000000 and 10000000000
	easement on the last day of the tax year.	Held at the End of the Tax Ye
а	Total number of conservation easements	2a
þ	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure in	cluded in (a)
d	Number of conservation easements included in (c) acquired after 8/17	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organization during the
	tax year ▶	
	Number of states where property subject to conservation easement is	*******
5	Does the organization have a written policy regarding the periodic mo	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	iolations, and enforcing conservation easements during the year
_	<u> </u>	
8	Does each conservation easement reported on line 2(d) above satisfy	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easer	
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements that describes the
-Da	organization's accounting for conservation easements. Companizations Maintaining Collections of Art	, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on	Form 990 Part IV line 8
4-		· · · · · · · · · · · · · · · · · · ·
าส	If the organization elected, as permitted under SFAS 116 (ASC 958), works of art, historical treasures, or other similar assets held for publi	·
h	public service, provide, in Part XIII, the text of the footnote to its finan If the organization elected, as permitted under SFAS 116 (ASC 958),	
IJ	works of art, historical treasures, or other similar assets held for publi	· ·
	public service, provide the following amounts relating to these items:	o oximition, dudoation, or research in tultiblication of
	· · · · · · · · · · · · · · · · · · ·	▶ ¢
	(ii) Assets included in Form 900 Part V	<i>→</i> \$
2	(ii) Assets included in Form 990, Part X	or other circular accepts for financial sales provide the
2		- · · ·
_	following amounts required to be reported under SFAS 116 (ASC 958	
	Assets Included in Form 990, Part X	
D	ASSOIS INGUIGED IN FORM 990. PAR X	▶ %

Sche	dule D (Form 990) 2016 United W									ge ∠
Pa	rt III 📉 Organizations Maintainin	g Collections of	Art, Historical Tre	easures, d	or Other	Similar Ass	ets (continu	ied)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	s, check any of the follo	wing that ar	e a signific	ant use of its				
a_	Public exhibition	d 🗍	Loan_or_exchange_prog	rams						
b		Const	Other							
c	 									
	Provide a description of the organization's	collections and evoluin	how they further the c	roanization ⁱ s	exempt n	mose in Part				
4	· · · · · · · · · · · · · · · · · · ·	John Children and Explain	Thow they futures the c	луанигацоп	exempt p	aiposo iii i ait				
,	XIII.		aë ant Inlatadaal tuaaa m	athau	aimilas					
5	During the year, did the organization solicit							∏ Ye	_ [l Na
	assets to be sold to raise funds rather than		part or the organization	s collection?				Yes	5 [No
- Pa	rt IV Escrow and Custodial A		F 000 D			.4				
	Complete if the organization	n answered "Yes"	on Form 990, Par	t IV, line s	, or repo	nea an amo	unt or	ı Form	l.	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custo		-						F****	ı
	included on Form 990, Part X?					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ye:	s 📘	No:
b	If "Yes," explain the arrangement in Part XI	Il and complete the fo	ollowing table:							
								Amount		
C	Beginning balance					1c				
	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on	Form 900 Part X line	a 21 for econom or cust	todial accour	nt liability?		-	Ye	<u> </u>	No
	If "Yes," explain the arrangement in Part XI									'
	it V Endowment Funds.	ii. Check here if the e	xpiariauori rias oceri pri	Ovided Off F	art //III				سلسن	
Га	Complete if the organization	n annward "Vac"	on Form 000 Par	+ I\/ line 1	ın					
	Complete ii tile organizatio		T			(d) There is a second	a ali	(a) Faur	noun k	
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years b		(e) Four	,	
	Beginning of year balance		6,163		6,165	٥,	153		٥,	137
b	Contributions									
	Net investment earnings, gains, and		:		l.					
	losses		9				12			16
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	A .l., 1. 1. (tt				2					
			6,172		6,163	6.	165		6.	153
g	End of year balance	mant year and halana		hold as:						
2			e (iine 19, coloinin (a)) i	riolu de.						
a	Board designated or quasi-endowment									
	Permanent endowment ▶ %									
C	Temporarily restricted endowment ▶	%	•							
	The percentages on lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the pos-	session of the organiz	ation that are held and	administered	for the			Г		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)	00 D	X
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Schedule R?					3b		
4	Describe in Part XIII the intended uses of									
Pa	rt VI Land, Buildings, and Eq									
	Complete if the organization		" on Form 990. Par	t IV. line 1	I1a. See	Form 990. F	art X	. line 1	0.	
	Description of property	(a) Cost or other				ccumulated		(d) Book		
		(investment)	1 ''		- •	reciation	l			
1-	Land	·····								
ıd.	Land									
	Buildings						$\vdash \vdash$			
	Leasehold improvements	L .		11 010		0 700	\vdash		2	<u> </u>
d	Equipment			11,819		8,790	\vdash		٠,	029
	Other		L				├──			~~~
Tota	I. Add lines 1a through 1e. (Column (d) mus	t egual Form 990, Pa	rt X, column (B), line 10)c.)					ا, <u>ک</u>	<u>029</u>

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Schedule D (F	orm 990) 2016 United Way of Eastern	New Mexico I	n 23-7109243	Page \$
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line	: 11b. See Form 990, P	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial				
	d equity interests		, ,	11 - 1-14
(3) Other				
(A)			4	
· · · (Ŗ) · · · · ·				
(D)				
(<u>E</u>)				
(F)				
(G)				
	a (h) must aqual Form 000. Dort V. oot. (P) line 12)			or of the second consistency is the second consistency of the second c
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.	<u> </u>		
Lair Ani	Complete if the organization answered "Yes" on F	Form 990 Part IV line	11c See Form 990 P	Part X line 13
	(a) Description of Investment	(b) Book value	(c) Method of	
	tel accorption of imposition	(0) = 000. 751100	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11d. See Form 990, F	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)		,	 	
(8)	4.4.40004.444144.444.444.444.444.444.444			, <u></u>
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.	Commo 000 D 11 / !	110 on 11f C F	000 Dest V
	Complete if the organization answered "Yes" on I	rorm 990, Part IV, line	e Tie or Tit, See Form	ээи, гал Х,
4	line 25.	(b) Park well-		
1. (1) Endoral	(a) Description of liability	(b) Book value		
	income taxes	<u> </u>		
(2)				

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			A STATE OF THE PROPERTY OF THE
(3)			
(4)			
(5)			
(6)			
(7)		,	
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

sche	dule D (Form 990) 2016 United Way of Eastern New M	EXTCO III 52	7107240	Page 4
	rt XI Reconciliation of Revenue per Audited Financial State	ments With Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	733,801
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		100 miles (100 miles (
а	Net unrealized gains (losses) on investments	2a	Building statement and and common and another statement and common and another statement and another statement and another statement and another statement and another statement and another statement and another statement and another statement and another statement and another statement and another statement and another statement and another statement and another statement and another statement	
b	Donated services and use of facilities	2b	CONTROL CONTRO	
¢	Recoveries of prior year grants	2c	Former and engine of a sill guardiantees for the sill and	•
d		2d	200000000000000000000000000000000000000	
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	733,801
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		infrare parties gladeringer deut of the control of the control of the control of personnel of the control of the control of personnel of the control of the control of the control of the control of the control of personnel of p	
	Investment expenses not included on Form 990, Part VIII, line 7b		comments of companies of compan	
b	Other (Describe in Part XIII.)	4b	e manura de programa e du la composição de programa de la composição de programa de de la composição de la composiçõo de la composição de la composição de la composição de la composição de la composição de la composição de la composiçõ	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			733,801
Pa	rt XII Reconciliation of Expenses per Audited Financial State		enses per Return.	
	Complete if the organization answered "Yes" on Form 990			606 604
1	Total expenses and losses per audited financial statements		1	696,604
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	Company of the Compan	
а	Donated services and use of facilities		puriodic production of the control o	
þ	Prior year adjustments	2b	minimization on a sign of a contract of a co	
C	Other losses	2c	And the second of the second o	
d			Basel na care and a ca	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			696,604
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		Common Co	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	and of the Constraint of the Cons	
	Other (Describe in Part XIII.)	I (port of the delight of the control o	
C			4c	
с 5	Add lines 4a and 4b	,		696,604
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.		5	696,604
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; P	art V, line 4; Part X, line	696,604
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.	t IV, lines 1b and 2b; P	art V, line 4; Part X, line	696,604
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Iff XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Iff XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b and 2b; P ide any additional infor	art V, line 4; Part X, line nation.	
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Schedule D (For	m 990) 2016 Supplement	United	. Way o ation (cont	f Easter inued)	n New	Mexico	In	23-7109243	Page 5
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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,

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

▶ Attach to Form 990.

OMB No. 1545-0047 2016

Open to Public Inspection

ame of the Organization Thited Way of Eastern	New	Mexico	In			23	23-7109243	
Gra	Assistance							
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	amount of the grants?	ants or ass grant funds i	stance, the grantees' (eligibility for the grant	s or assistance, an	q	🔲 Yes	No No
i di	nestic Organi hat received m	zations a	and Domestic Go \$5,000. Part II car	vernments. Com	plete if the orga	anization answe e is needed.	red "Yes" on F	-orm
1 (a) Name and address of organization or government.	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	e of grant stance
) Arise Sexual Assault Services 1412 S Ave O Suite B Portales NM 88130		501c3	11,765					
) Clovis Meals on Wheels 1200 N Thornton NM 88101		50103	24,775					
) Clovis Special Olympics 1200 N Thornton MM 88101		50103	688,6					
4) Food Bank of Eastern NM 2217 E Brady Ave Clovis		50103	68,772					
5) Friends of Cannon Families PO Box 118 Cannon AFB NM 88103		501 C	6,010					
Humanity of St NM		501c3	7,018	-				
n Hartley House 900 N Main Clovis		50103	53,515					
9) Lighthouse Church Mission 407 L Casillas Street Clovis		50103	6,067					:
9) OASIS-Children Advocacy Center 1200 N Thornton Clovis NM 88101		501c3	29,694					
 Enter total number of section 501(c)(3) and government organizations I Enter total number of other organizations listed in the line 1 table 	suo	listed in the line 1 table	l table				*	

Schedule I (Form 990) (2016)

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

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public 2016

Inspection

OMB No. 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

≗ (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number Yes 23-7109243 (g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, (e) Amount of noncash assistance 5,215 123,685 6,256 512 8,168 7,356 14,400 the selection chiefra used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash 'n grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table United Way of Eastern New Mexico In (c) IRC section (if applicable) 501c3 501c3 85-6011246 85-0293362 General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (6) Girl Scouts of New Mexico Trails NM 88130 NM 88130 1200 N Thornton NM 88101 NM 87109 NM 87109 NM 88101 (3) NM Christian Children's Home (a) Name and address of organization (5) Curry Resident Senior Meals 6600 Palomas NE Suite 207 (7) Pregnancy Resource Center (1) Portales Meals on Wheels 4000 Jefferson Plaza NE (4) Less than 5000 each (2) The Salvation Army 1356 NM 236 PO Box 784 621 N Main Albuquerque Albuquerque Name of the organization Portales Portales 4 8 1 Part I Clovis Clovis 8

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

Schedule I (Form 990) (2016)

Page 2	cash assistance											Schedule I (Form 990) (2016)
V, line 22.	(f) Description of noncash assistance						information.					Schedule I
d "Yes" on Form 990, Part I	(e) Method of valuation (book, FMV, appraisal, other)); and any other additional information					
23-7109243 e organization answered	(d) Amount of noncash assistance				}		2; Part III, column (b);					
New Mexico In 2 viduals. Complete if the	(c) Amount of cash grant						equired in Part I, line					
f Eastern Nev Domestic Individu	onal space is needed (b) Number of recipients					1.4	Information. Provide the information required in Part					
Schedule I (Form 990) (2016) United Way of Eastern New Mexico In 23-7109243 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	(a) Type of grant or assistance redditional space is needed (b) Number of redditional space is needed (c) Type of grant or assistance redditional space is needed (d) Type of grant or ass	2	23	4	5	9	Supplemental Information. Provide the informa					

SCHEDULE O

(Form 990 or 990-EZ)

-Department-of-the-Treasury-Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization

IInited Way of Eastern New Mexico II

23-7109243

Employer identification number

United Way of Eastern New Mexico In	23-7109243
Form 990, Part I, Line 6	
Volunteers assist in several ways including collecting s	school supplies for
"Stuff the Bus," diapers for the "Diaper Drive," managing	ng clothing
donations for "Career Closet," etc	
Form 990, Part III, Line 4b - Second Accomplishment	,
Alliances, Local Emergency Planning Committee, Opioid &	Alcohol Abuse
Prevention.	
Form 990, Part VI, Line 11b - Organization's Process to	
The 990 is reviewed by the Finance Committee then preser	nted to the Board of
Directors	
Form 990, Part VI, Line 12c - Enforcement of Conflicts	
Management monitors and enforces compliance with the con	
policy by each signing the policy with an understanding	and acceptance
there of.	
	066 min 1
Form 990, Part VI, Line 15a - Compensation Process for	
Compensation is determined by the market and comparison	
regional organizations. The amount for salaries is budge	sted and approved
before the new year begins.	
Horm 000 Book VI Time 10 Commission Dominate Disale	auna Eurolanation
Form 990, Part VI, Line 19 - Governing Documents Disclo	
The organization makes it's governing documents, conflic	or interest