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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 04-01-2015 , and ending 03-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF EL PASO COUNTY

Doing business as

Number and street (or P O box if mail is not delivered to street address)

100 NORTH STANTON STREET NO 500

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

EL PASO, TX 79901

F Name and address of principal officer

DEBORAH A ZULOAGA

100 NORTH STANTON STREET NO 500

EL PASO, TX 79901

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYELPASO ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1957

M State of legal domicile TX

Part I	Summary																																											
Activities & Governance	1 Briefly describe the organization's mission or most significant activities MEET THE HUMAN SERVICE NEEDS OF EL PASO COUNTY																																											
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																											
	<table><tr><td> 3 Number of voting members of the governing body (Part VI, line 1a) </td><td> 3 </td><td> 35 </td></tr><tr><td> 4 Number of independent voting members of the governing body (Part VI, line 1b) </td><td> 4 </td><td> 35 </td></tr><tr><td> 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) </td><td> 5 </td><td> 71 </td></tr><tr><td> 6 Total number of volunteers (estimate if necessary) </td><td> 6 </td><td> 0 </td></tr><tr><td> 7a Total unrelated business revenue from Part VIII, column (C), line 12 </td><td> 7a </td><td> 0 </td></tr><tr><td> b Net unrelated business taxable income from Form 990-T, line 34 </td><td> 7b </td><td> 0 </td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	35	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	71	6 Total number of volunteers (estimate if necessary)	6	0	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b Net unrelated business taxable income from Form 990-T, line 34	7b	0																									
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

2016-07-27

Signature of officer

Date

DEBORAH A ZULOAGA PRESIDENT CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

PHILLIP STRICKLER

Preparer's signature

PHILLIP STRICKLER

Date

Check ☐ if self-employed

PTIN P00015074

Firm's name ▶ STRICKLER & PRIETO LLP

Firm's EIN ▶ 74-2929617

Firm's address ▶ 201 E MAIN SUITE 500

EL PASO, TX 799011397

Phone no (915) 532-2901

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

TO IMPROVE THE LIVES OF EL PASO FAMILIES THROUGH THE CARING POWER OF OUR COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,442,513 including grants of \$ 1,298,134) (Revenue \$)

COMMUNITY IMPACTUNITED WAY OF EL PASO COUNTY POSITIVELY IMPACTS THE COMMUNITY BY ALLOCATING FUNDS AND ADVOCATING FOR CHANGE TO SUPPORT STRATEGIES IN THREE AREAS OF FOCUS THE GOALS FOR THESE FOCUS AREAS ARE 1) EVERY CHILD BEING READY FOR SCHOOL AND REDUCE THE HIGH SCHOOL DROPOUT RATE, 2) FAMILIES WILL LIVE STABLE AND HEALTHY LIFESTYLES, AND 3) FAMILIES AND INDIVIDUALS WILL INCREASE FAMILY ASSETS BY EDUCATING ABOUT MONEY AND MANAGEMENT, INCREASING HOME OWNERSHIP, AND IMPROVING EMPLOYABILITY WE ACCOMPLISH THIS THROUGH 1) ASSESSING THE NEEDS IN THE COMMUNITY2) REVIEWING FUNDING APPLICATIONS SUBMITTED UNDER IDENTIFIED AREAS OF NEED BY TRAINED VOLUNTEERS3) ALLOCATING FUNDS TO APPROVED PROGRAM/SERVICES4) MONITORING OF PROGRAM OUTCOMES AND PROGRAM BUDGETS5) ADVOCATING FOR TARGETED PUBLIC POLICIESTHROUGH THE COURSE OF THE EVOLVING COMMUNITY IMPACT PROCESS, THE UNITED WAY OF EL PASO COUNTY ASSEMBLED A DIVERSE TEAM MADE UP OF BOARD MEMBERS, AGENCY DIRECTORS, COMMUNITY EXPERTS AND CONCERNED CITIZENS TO HELP REVIEW AND RECOMMEND CHANGES TO THE CURRENT COMMUNITY IMPACT FUND DISTRIBUTION PROCESS THE COMMITTEE REVIEWED "BEST PRACTICES" FROM LOCAL UNITED WAYS AROUND THE COUNTRY AND THEN DISCUSSED A REVISED PROCESS TO INCLUDE AGENCY ELIGIBILITY, APPLICATION PROCESS, VOLUNTEER AND STAFF INVOLVEMENT, FUNDING CYCLE, USE OF COMMON OUTCOMES, AND SITE VISITS/PRESENTATION

4b

(Code) (Expenses \$ 1,031,665 including grants of \$) (Revenue \$)

PARENTS AS TEACHERS THIS YEAR, UWEPC JOINED FORCES WITH SEVERAL LOCAL AGENCIES TO EMPOWER AND EDUCATE PARENTS OF CHILDREN AGES BIRTH TO KINDERGARTEN THROUGH THE PARENTS AS TEACHERS PROGRAM (PAT) FACILITATED THROUGH FUNDING FROM THE PROJECT HEALTHY OUTCOMES THROUGH PREVENTION AND EARLY SUPPORT (HOPES) AND CORPORATION FOR NATIONAL COMMUNITY SERVICE (CNCS) THROUGH ONESTAR FOUNDATION, PAT OFFERS ENROLLED FAMILIES AN AMERICORPS PARENT EDUCATOR OR HOPES PARENT EDUCATOR WHO PROVIDES SUPPORT FOR THE PARENT AND CHILD THIS EVIDENCE-BASED HOME VISITATION PROGRAM BELIEVES ALL PARENTS ARE THEIR CHILD'S FIRST EDUCATOR AND WORKS TO INCREASE THEIR KNOWLEDGE OF EARLY CHILDHOOD DEVELOPMENT AND PARENTING PAT TRACKS THE CHILD'S MILESTONES BY AGE AND ASSESSES THE FAMILY'S WELL-BEING TO DEVELOP ITS STRENGTHS

4c

(Code) (Expenses \$ 685,829 including grants of \$ 685,829) (Revenue \$ 83,079)

DESIGNATIONS DONORS TO THE UNITED WAY OF EL PASO COUNTY MAY DESIGNATE ALL OR PART OF THEIR CONTRIBUTIONS TO SPECIFIC NON-PROFIT AGENCIES FOR 990 REPORTING PURPOSES, THESE DESIGNATIONS TO SPECIFIC AGENCIES ARE REPORTED IN REVENUE AS WELL AS PROGRAM EXPENSE UNITED WAY OF EL PASO COUNTY DOES NOT PROVIDE FISCAL OR PROGRAM OVERSIGHT FOR FUNDS DESIGNATED TO A SPECIFIC AGENCY THE UWEPC HONORS THESE DESIGNATIONS MADE TO THE AGENCIES ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS UNDERGO SCREENING TO VERIFY COMPLIANCE WITH PROVISIONS OF THE PATRIOT ACT AND CURRENT STATUS AS A 501(C)3 ORGANIZATION

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 369,791 including grants of \$ 2,500) (Revenue \$ 7,014)

4e

Total program service expenses

3,529,798

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	6	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	71	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
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 contract?		7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a 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	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	Yes
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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 form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ 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 policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records NINA SIROS 100 NORTH STANTON STREET NO 500 EL PASO, TX 79901 (915) 533-2434

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	183,494	0	11,009

2

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

1

(A)	(B)	(C)
Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	786,161				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,333,364				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			4,119,525			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,857			4,857	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents		(i) Real	(ii) Personal			
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . .		a				
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue		Business Code					
	11a	CAMPAIGN AND GRANT FEE	541200	83,079	83,079			
	b	OTHER INCOME	561000	7,014	7,014			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			90,093				
12	Total revenue. See Instructions			4,214,475	90,093	0	4,857	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,986,463	1,986,463		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	183,494	58,079	105,020	20,395
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	837,825	576,927	120,561	140,337
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,533	15,720	13,313	5,500
9	Other employee benefits	133,720	85,360	29,900	18,460
10	Payroll taxes	113,079	76,051	22,703	14,325
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	245,870	220,478	17,604	7,788
12	Advertising and promotion				
13	Office expenses	45,614	34,609	3,871	7,134
14	Information technology				
15	Royalties				
16	Occupancy	97,210	68,696	15,461	13,053
17	Travel	62,985	58,653	673	3,659
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,622	58,313	5,571	2,738
20	Interest				
21	Payments to affiliates	34,454	22,479	7,176	4,799
22	Depreciation, depletion, and amortization	34,028	21,038	4,533	8,457
23	Insurance	7,049	4,718	1,344	987
24	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)				
a	AMERICORPS LIVING STIPE	216,021	216,021		
b	PRINTING AND PUBLICATIO	35,897	8,185	1,024	26,688
c	DONOR RECOGNITION	7,115	873	617	5,625
d	MISCELLANEOUS	2,285	485	-2	1,802
e	All other expenses	31,430	16,650	10,330	4,450
25	Total functional expenses. Add lines 1 through 24e	4,175,694	3,529,798	359,699	286,197
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ 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
Assets	1	Cash—non-interest-bearing			1,802,472	1	1,782,903
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,319,655	3	2,278,474
	4	Accounts receivable, net				4	
	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	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	356,891			
	b	Less accumulated depreciation	10b	146,520	180,946	10c	210,371
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
15	Other assets See Part IV, line 11			38,641	15	42,300	
16	Total assets.Add lines 1 through 15 (must equal line 34)			4,341,714	16	4,314,048	
Liabilities	17	Accounts payable and accrued expenses			38,578	17	26,702
	18	Grants payable				18	
	19	Deferred revenue				19	6,800
	20	Tax-exempt bond liabilities				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					
						22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other 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			1,036,351	25	974,980
	26	Total liabilities.Add lines 17 through 25			1,074,929	26	1,008,482
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,937,765	27	2,959,071
	28	Temporarily restricted net assets			329,020	28	346,495
	29	Permanently restricted net assets				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				32	
	33	Total net assets or fund balances			3,266,785	33	3,305,566
	34	Total liabilities and net assets/fund balances			4,341,714	34	4,314,048

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,214,475
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,175,694
3	Revenue less expenses Subtract line 2 from line 1	3	38,781
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,266,785
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,305,566

Part XII

Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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?	3a	No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Additional Data

Software ID:
Software Version:
EIN: 74-1291051
Name: UNITED WAY OF EL PASO COUNTY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$	including grants of \$	(Revenue \$
COMMUNITY BUILDING WE ACCOMPLISH OUR RESULTS BY BRINGING PEOPLE TOGETHER - SUBJECT EXPERTS, BUSINESS LEADERS, DONORS, NEIGHBORHOODS AND MEMBERS OF LOCAL NONPROFIT AGENCIES - TO HELP IDENTIFY OUR COMMUNITY'S MOST CRITICAL SOCIAL ISSUES IN FORMING THESE PARTNERSHIPS WE ARE BETTER ABLE TO ADDRESS THE UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND PREVENT THEM FROM HAPPENING EDUCATION ORGANIZING AGENCY FOR PASO DEL NORTE HEALTH FOUNDATION'S IGNITE INITIATIVE ALIGNED WITH OUR GOAL TO IMPROVE OPPORTUNITIES FOR YOUTH, THE PASO DEL NORTE HEALTH FOUNDATION'S IGNITE INITIATIVE IS FOCUSED ON ENGAGING DISCONNECTED YOUTH IN HIGH-QUALITY OUT-OF-SCHOOL PROGRAMS ACROSS EL PASO AND HUDSPETH COUNTIES IN TEXAS, DONA ANA, LUNA AND OTERO COUNTIES IN SOUTHERN NEW MEXICO , AND CIUDAD JUAREZ, MEXICO DISCONNECTED YOUTH ARE DEFINED AS PEOPLE BETWEEN THE AGES OF 7 AND 18 YEARS OLD WHO ARE NOT INVOLVED IN OUT-OF-SCHOOL ACTIVITIES OR PARTICIPATING IN THE LABOR MARKET (PASO DEL NORTE HEALTH FOUNDATION DEFINITION, 2013) IN 2014, UWEPC RECEIVED FUNDING FROM THE PASO DEL NORTE HEALTH FOUNDATION TO ADVANCE THE IGNITE INITIATIVE'S STRATEGIES THROUGH THE FOLLOWING ACTIVITIES - ESTABLISH AND CONVENE THE OUT-OF-SCHOOL TIME NETWORK BY ENGAGING IGNITE-FUNDED AGENCIES AND OTHER YOUTH-SERVING AGENCIES AND COMMUNITY STAKEHOLDERS - COORDINATE TECHNICAL ASSISTANCE AND CAPACITY BUILDING OPPORTUNITIES FOR THE IGNITE INITIATIVE'S PARTNER AGENCIES - CONDUCT SITE VISITS WITH IGNITE INITIATIVE PARTNER AGENCIES TO MONITOR PROGRAM ACTIVITIES AND PARTICIPANTS - FACILITATE COMMUNICATION AMONG IGNITE INITIATIVE PARTNER AGENCIES AND SUPPORT EVALUATION ACTIVITIES FOR THE IGNITE INITIATIVE - COLLABORATE WITH VARIOUS EXTERNAL ENTITIES TO ADVANCE THE WORK OF THE IGNITE INITIATIVE THROUGH DIFFERENT PROJECTS - COMMUNICATE AND BUILD SUPPORT FOR THE IGNITE INITIATIVE'S COMMON AGENDA TO REDUCE THE PREVALENCE OF DISCONNECTION IN THE PASO DEL NORTE REGION BUILD RELATIONSHIPS AND SUPPORT CONNECTIONS AMONG IGNITE INITIATIVE PARTNERS, KEY STAKEHOLDERS AND LOCAL/STATE LEADERS EXPENSES \$141,316KIDS' WAY IN PARTNERSHIP WITH REGION 19 HEAD START, THIS PROGRAM PROMOTES PHILANTHROPY WITH CHILDREN AND THEIR FAMILIES WHO CREATIVELY FUNDRAISE FOR A FUND THAT IS ALLOCATED TO VETTED PROGRAMS THAT DIRECTLY IMPACT YOUTH LAST YEAR, ABOUT \$29,000 -- COMBINED WITH COMMUNITY IMPACT FUND DOLLARS -- WAS ALLOCATED IN MINI-GRANTS TO 14 ORGANIZATIONS WITH PROGRAMS FOCUSED ON IMPROVING THE LIVES OF EL PASO CHILDREN AND YOUTH EXPENSES \$29,0003RD GRADE READING INITIATIVE AWARE THAT THIRD GRADE READING PROFICIENCY IS AN EARLY PREDICTOR OF HIGH SCHOOL GRADUATION, UWEPC CREATES STRATEGIES TO INCREASE THE PERCENTAGE OF YOUTH READING AT GRADE LEVEL AND ENCOURAGES ACTIVITIES THAT PROMOTE LIFE-LONG LEARNING THE INITIATIVE IS GENEROUSLY FUNDED BY A GRANT FROM WELLS FARGO, WHICH ALLOWS UWEPC TO PARTNER WITH LOCAL SCHOOL DISTRICTS TO PILOT TWO READING/LITERACY EFFORTS SUMMER SLIDE BOOK DISTRIBUTION WHERE STUDENTS SELECT SUMMER "READING BUNDLES" INTENDED TO HELP CHILDREN BUILD PERSONAL LIBRARIES AND COLLECT RESOURCES FOR A TEXT-RICH HOME ENVIRONMENT AND A SUMMER READING INTERVENTION CAMP FOR STRUGGLING READERS IN KINDERGARTEN THROUGH THIRD GRADE TO DETERMINE BEST INTERVENTION TECHNIQUES TO IMPROVE FLUENCY AND PHONEMIC AWARENESS CHILDREN ARE PAIRED WITH ADULT TEACHER/ READING MENTORS FOR 3 HOURS OF ACTIVITIES DAILY FOR FOUR WEEKS TO ADDRESS THE EXACT AREAS THE CHILD NEEDS HELP, DETERMINED THROUGH PRE-TESTS LITERACY SKILLS AND READING PROFICIENCY IMPROVEMENTS ARE DETERMINED THROUGH A POST TEST AND MANY CHILDREN PROGRESS 1- 3 PHONEMIC LEVELS AND IMPROVE THEIR FLUENCY RATES AT THE FINAL GRADUATION EVENT, CHILDREN ARE ALLOWED TO SELECT BOOKS TO TAKE HOME TO START A PERSONAL LIBRARY EXPENSES \$15,639BASIC NEEDSENROLL EL PASO FOR A THIRD YEAR, UNITED WAY OF EL PASO COUNTY SERVED AS THE LEAD FOR THE ENROLL EL PASO COALITION COALITION MEMBERS WORKED TO HELP INDIVIDUALS SELECT A PLAN OR AUTOMATICALLY RE-ENROLL IN QUALITY, AFFORDABLE COVERAGE THROUGH THE HEALTH INSURANCE MARKETPLACE WITHIN THE OPEN ENROLLMENT PERIOD, WHICH TOOK PLACE BETWEEN NOVEMBER 15, 2015 AND JANUARY 31, 2016, 69,591 RESIDENTS IN OUR REGION ENROLLED OR RE-ENROLLED FOR HEALTHCARE COVERAGE THE COALITION'S EFFORTS AGAIN GARNERED PRAISE FROM THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE WHITE HOUSE MANY THANKS TO COALITION MEMBERS CENTRO SAN VICENTE, COGNOSANTE, OFFICE OF COUNTY JUDGE VERONICA ESCOBAR, ENROLL AMERICA, LAS PALMAS DEL SOL HEALTHCARE, OFFICE OF CONGRESSMAN BETO O'ROURKE, OFFICE OF SENATOR JOSE RODRIGUEZ, PASO DEL NORTE FOUNDATION, PASO DEL NORTE HEALTH FOUNDATION, PROJECT AMISTAD, PROJECT VIDA, THE HOSPITALS OF PROVIDENCE, SMALL BUSINESS ADMINISTRATION, AND UNIVERSITY MEDICAL CENTER OF EL PASO EXPENSES \$49,352EFSP - EMERGENCY FOOD AND SHELTER PROGRAM FOR YEARS, THE UWEPC HAS WORKED TO RESPONSIBLY ADMINISTER FUNDS FOR THE EFSP WITH MONEY PROVIDED BY THE U S DEPARTMENT OF HOMELAND SECURITY'S EMERGENCY AGENCY (FEMA) WITH SUCH A RESPONSIBILITY, UWEPC BRINGS TOGETHER DESIGNATED REPRESENTATIVES FROM THE CITY, COUNTY, LABOR ORGANIZATIONS, TRIBAL GOVERNMENT, CHURCH ORGANIZATIONS AND LOCAL AGENCIES TO SERVE ON A BOARD THAT ALLOCATES OVERALL, THE GOAL IS TO HELP PEOPLE IN NEED OF EMERGENCY ASSISTANCE THROUGH A COLLABORATIVE EFFORT IN 2015, \$362,285 WAS AWARDED WHICH WAS ALLOCATED TO THE SALVATION ARMY, GENERAL ASSISTANCE, HOLY SPIRIT EPISCOPAL CHURCH, CENTER AGAINST FAMILY VIOLENCE, INTERNATIONAL AIDS EMPOWERMENT, CHILD CRISIS CENTER OF EL PASO, MONTWOOD CHURCH OF CHRIST AND EL PASOANS FIGHTING HUNGER FOOD BANK EXPENSES \$4,625FAMILYWIZE - DISCOUNT PRESCRIPTION DRUG ASSISTANCE PROGRAM OVER THE YEARS, UNITED WAY HAS PROUDLY DISTRIBUTED FREE FAMILYWIZE DRUG DISCOUNT PROGRAM CARDS THAT HELP FAMILIES TACKLE THE HIGH COST OF PRESCRIPTIONS SINCE ITS INCEPTION, EL PASO FAMILIES SAVED MORE THAN \$1 MILLION IN PRESCRIPTION MEDICATION WITH MORE THAN \$261,000 IN 2015 THIS PROGRAM SERVES INDIVIDUALS AND FAMILIES WITHOUT INSURANCE AS WELL AS THOSE WHOSE INSURANCE MAY NOT COVER THEIR PRESCRIPTIONS INCOMEMY FREE TAXES AND VOLUNTEER INCOME TAX ASSISTANCE THE FREE ONLINE TOOL, MYFREETAXES.COM, ALLOWS TAXPAYERS TO SELF-FILE USING A SIMPLE STEP-BY-STEP PROCESS THAT INCLUDES FREE TELEPHONE, EMAIL AND ONLINE CHAT SUPPORT FROM IRS-CERTIFIED SPECIALISTS DURING THIS PAST TAX-FILING SEASON, UWEPC PARTNERED WITH CANUTILLO ISD AT CANUTILLO HIGH SCHOOL, ON SIX SATURDAYS, STUDENTS WHO ARE IRS CERTIFIED TAX PREPARERS, PROVIDED IN-PERSON MYFREETAXES ASSISTANCE TO LOCAL RESIDENTS IN 2015, 308 FAMILIES AND INDIVIDUALS WITH A HOUSEHOLD INCOME OF \$54,000 TOOK ADVANTAGE OF AN AVERAGE SAVINGS OF \$200 BY USING THE FREE TOOL LAST YEAR'S AVERAGE REFUND AMOUNT WAS \$2,411 05 WHILE THE AVERAGE EARNED INCOME CREDIT WAS \$2,444 94 EXPENSES \$29,975COMMUNITY ENGAGEMENT VOLUNTEER ACTION CENTER (VAC) FINDING WAYS TO SERVE OUR COMMUNITY IS EASY WHEN PEOPLE LOG ONTO VOLUNTEERELPASO.ORG, ALSO KNOWN AS THE VAC THIS UWEPC MANAGED SITE CONNECTS AGENCIES TO VOLUNTEERS SEARCHING FOR WAYS TO GET INVOLVED AND MAKE A DIFFERENCE STUDENTS HAVE ESPECIALLY BENEFITED FROM THE ONLINE TOOL THAT HELPS THEM FULFILL VOLUNTEER HOURS FOR SCHOOL REQUIREMENTS SINCE THE VAC LAUNCHED AGENCIES HAVE RECEIVED MORE THAN 156,000 VIEWS EXPENSES \$18,700ALTERNATIVE SPRING BREAK (ASB) AS PART OF UNITED WAY OF EL PASO COUNTY'S 2016 ASB, 14 STUDENTS FROM UNIVERSITIES SUCH AS NORTE DAME, BAYLOR UNIVERSITY, WESTERN KENTUCKY, AS WELL AS THE UNIVERSITY OF TEXAS AT EL PASO (UTEP) AND EL PASO COMMUNITY COLLEGE, TO NAME A FEW, PARTICIPATED IN A WEEKLONG SERVICE PROJECT FOCUSED ON FRAMING HOUSES WITH THE LOWER VALLEY HOUSING CORPORATION (LVHC) THE VOLUNTEERS HELPED EL PASO FAMILIES WHO THROUGH LVHC'S MUTUAL SELF-HELP CONSTRUCTION PROGRAM MUST BUILD 65% OF THEIR 3-BEDROOM HOME			
(Code)	(Expenses \$ 369,791	including grants of \$ 2,500	(Revenue \$ 7,014)
THIS PAST YEAR, STUDENTS TOURED DIFFERENT EL PASO LANDMARKS INCLUDING NONPROFIT AGENCIES, FORT BLISS, UTEP, THE SOUTHWEST UNIVERSITY STADIUM AND HIKED THE FRANKLIN MOUNTAINS WITH COMMUNITY LEADER SUSIE BYRD KEMP SMITH LAW GENEROUSLY SPONSORED A PORTION OF THE PROGRAM EXPENSES \$13,201YOUNG LEADERS SOCIETY (YLS) UNITED WAY YOUNG LEADERS SOCIETY IS A PROGRAM THAT ENGAGES, EDUCATES AND EMPOWERS RISING YOUNG PROFESSIONALS THROUGH NETWORKING, LEADERSHIP, WORKSHOPS, SERVICE PROJECTS AND MORE IN 2015, THE PROGRAM HOSTED A LEADERSHIP TRAINING, A NONPROFIT BOARD EXPO, NONPROFIT BOARD TRAINING, AND HOSTED SEVERAL VOLUNTEER EVENTS AND SOCIAL HOURS EXPENSES \$9,438			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MITZI SHANNON CHAIR	3 00	X		X				0	0	0
JANET AGUILAR PAST CHAIR	3 00	X		X				0	0	0
FORREST LAUHER CHAIR ELECT	3 00	X		X				0	0	0
SHANNON OSBORNE SECRETARY	1 00	X		X				0	0	0
RUBEN HERNANDEZ TREASURER	2 00	X		X				0	0	0
MONICA VARGAS-MAHAR VICE CHAIR	1 00	X		X				0	0	0
SUSANA AGUILERA DIRECTOR	1 00	X						0	0	0
DAVID ARANDA DIRECTOR	1 00	X						0	0	0
PRINCESS BEHRENS DIRECTOR	1 00	X						0	0	0
TOM BENSON DIRECTOR	2 00	X						0	0	0
DR ROBERTO CORONADO DIRECTOR	2 00	X						0	0	0
DR JOSE MANUEL DE LA ROSA DIRECTOR	1 00	X						0	0	0
JUAN DE LA TORRE DIRECTOR	1 00	X						0	0	0
ELIZABETH DIPP METZGAR DIRECTOR	1 00	X						0	0	0
BERTHA GALLARDO DIRECTOR	1 00	X						0	0	0
CHRISTINE GALLEGOS DIRECTOR	2 00	X						0	0	0
EDDIE GARCIA DIRECTOR	2 00	X						0	0	0
OSCAR GARZA DIRECTOR	2 00	X						0	0	0
VIL KILBY DIRECTOR	1 00	X						0	0	0
WILLIAM LILLY DIRECTOR	1 00	X						0	0	0
CRYSTAL LONG DIRECTOR	2 00	X						0	0	0
ALBERTO LOPEZ DIRECTOR	1 00	X						0	0	0
ROSEMARY MARIN DIRECTOR	2 00	X						0	0	0
ANTONIO MARTINEZ DIRECTOR	1 00	X						0	0	0
BOB MOORE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARCELA NAVARRETE DIRECTOR	2 00	X						0	0	0
JASON POPPE DIRECTOR	2 00	X						0	0	0
JOHN QUINN DIRECTOR	1 00	X						0	0	0
DR STEVEN SALDIVAR DIRECTOR	1 00	X						0	0	0
DR WILLIAM SERRATA DIRECTOR	1 00	X						0	0	0
WAYNE SOZA DIRECTOR	1 00	X						0	0	0
OMAR VILLA DIRECTOR	2 00	X						0	0	0
HECTOR VILLEGAS DIRECTOR	1 00	X						0	0	0
ANITA WERNER DIRECTOR	1 00	X						0	0	0
NATHAN WORLEY DIRECTOR	1 00	X						0	0	0
DEBORAH A ZULOAGA PRESIDENT/CEO	47 00			X				112,207	0	6,732
NINA SIROS VICE PRESIDENT FINANCE AND	43 00			X				71,287	0	4,277

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED WAY OF EL PASO COUNTY	Employer identification number 74-1291051
--	--

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 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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.**

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.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	5,144,548	4,624,812	3,525,727	4,196,031	4,119,525	21,610,643
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	5,144,548	4,624,812	3,525,727	4,196,031	4,119,525	21,610,643
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						21,610,643

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	5,144,548	4,624,812	3,525,727	4,196,031	4,119,525	21,610,643
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,364	2,054	1,470	2,219	4,857	11,964
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)	183,018	172,958	111,868	75,071	90,093	633,008
11 Total support. Add lines 7 through 10						22,255,615

12 Gross receipts from related activities, etc (see instructions)

12

13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97 100 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	96 740 %

16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2014.If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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 or trustees of each of the organization’s supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i>			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
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 factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .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	
1	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	
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) ☐		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

► 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF EL PASO COUNTY

Employer identification number
74-1291051

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part 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 (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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 violations, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	Cost or other (b)basis (other)	Accumulated (c)depreciation	(d)Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment	356,891	146,520	210,371
e	Other			
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				210,371

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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	3,528,646
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,528,646
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	685,829
c	Add lines 4a and 4b	4c	685,829
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,214,475

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,489,865
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,489,865
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	685,829
c	Add lines 4a and 4b	4c	685,829
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,175,694

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 685,829
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 685,829

[illegible]

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization
UNITED WAY OF EL PASO COUNTY

Employer identification number
74-1291051

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

40

3

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

40

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALLOCATIONS ALLOCATIONS TO AGENCY PROGRAMS ARE ONE OF THE MEANS THROUGH WHICH THE UNITED WAY ACHIEVES MEANINGFUL AND MEASURABLE IMPACT IN OUR THREE FOCUS AREAS, EDUCATION, BASIC NEEDS, AND INCOME UNITED WAY RECOGNIZES THAT NONPROFIT AGENCIES NEED TO BE WELL-MANAGED AND EFFECTIVELY GOVERNED IN ORDER TO APPROPRIATELY RESPOND TO CRITICAL COMMUNITY NEEDS AND TO IMPROVE THE QUALITY OF LIFE IN EL PASO COUNTY AGENCIES RECEIVING PROGRAM FUNDING FROM UNITED WAY UNDERGO STAFF AND VOLUNTEER SCREENING BEFORE BEING AWARDED FUNDING THE APPLICATION PROCESS INCLUDES -- EXPLANATION OF THE PROPOSED USE OF FUNDS AND MEASURABLE OUTCOMES TO SUPPORT SPECIFIC TARGETED COMMUNITY OUTCOMES --REVIEW OF AGENCIES FOR SOUND GOVERNANCE, AND OPERATIONAL AND FISCAL POLICIES --VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT --VERIFICATION OF CURRENT 501(C)3 STATUS FUNDED AGENCIES ARE REQUIRED TO PROVIDE UNITED WAY WITH PERIODIC REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED AND WHAT OUTCOMES HAVE BEEN ACHIEVED DONOR DESIGNATED FUNDS - ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS UNDERGO SCREENING TO VERIFY COMPLIANCE WITH PROVISIONS OF THE PATRIOT ACT AND CURRENT STATUS AS A 501(C)3 NONPROFIT ORGANIZATION

Additional Data

Software ID:
Software Version:
EIN: 74-1291051
Name: UNITED WAY OF EL PASO COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCACY CENTER FOR CHILDREN OF EL PASO 1100 E CLIFF DR BLDG D EL PASO, TX 79902	74-2741621	501(C)(3)	9,643				PROGRAM SERVICES
ALZHEIMER'S ASSOCIATION STAR CHAPTER - EL PASO 4400 N MESA STE 9 EL PASO, TX 79912	04-3631046	501(C)(3)	17,674				OUTREACH & AWARENESS
AMERICAN RED CROSS EL PASO CHAPTER PO BOX 972236 EL PASO, TX 79997	53-0196605	501(C)(3)	42,885				DISASTER SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVANCE INC 616 N VIRGINIA STE D EL PASO,TX 79902	74-1769114	501(C)(3)	88,044				EVENT START FAMILY LITERACY CORE PARENT-CHILD EDUCATION PROGRAM
BIG BROTHERS BIG SISTERS OF EL PASO 1801 WYOMING SUITE 101 EL PASO,TX 79902	74-1970973	501(C)(3)	21,773				PROJECT AVENTURA
BOY SCOUTS OF AMERICA YUCCA COUNCIL 7601 LOCKEED EL PASO,TX 79925	74-1109834	501(C)(3)	45,759				EXPLORERS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF EL PASO 801 S FLORENCE EL PASO, TX 79901	74-1145974	501(C)(3)	83,019				PROJECT LEARN
CANDELIGHTERS OF EL PASO AREA 1900 OREGON STE 402 EL PASO, TX 79901	74-2243283	501(C)(3)	23,434				DESIGNATIONS
COURT APPOINTED SPECIAL ADVOCATES 500 E SAN ANTONIO STE 312 EL PASO, TX 79901	74-1950407	501(C)(3)	66,181				COURT APPOINTED SPECIAL ADVOCATES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COUNSELING SERVICES 499 SAINT MATHEWS ST EL PASO,TX 79907	74-1109833	501(C)(3)	30,273				COUNSELING
CENTER AGAINST FAMILY VIOLENCE 580 GILES RD EL PASO,TX 79915	74-1945924	501(C)(3)	99,202				FAMILY RESOURCE CTR, SHELTER FOR BATTERED WOMEN
CENTRO SAN VICENTE 8061 ALAMEDA EL PASO,TX 79915	74-2505561	501(C)(3)	26,041				HOMELESS CONTINUUM OF CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CRISIS CENTER OF EL PASO 2100 N STEVENS EL PASO, TX 79930	74-2055761	501(C)(3)	90,855				FAMILY SUPPORT PROGRAM, EMERGENCY SHELTER, CRISIS NURSERY
CHILDREN'S GRIEF CENTER OF EL PASO 11625 PELLICANO SUITE B EL PASO, TX 79936	74-2770329	501(C)(3)	6,159				PROGRAM SERVICES
DIOCESAN MIGRANT & REFUGEE SERVICES INC 2400 E YANDELL EL PASO, TX 79903	74-2723627	501(C)(3)	26,074				LEGAL SERVICES FOR IMMIGRANT FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL PASO CENTER FOR CHILDREN 2200 N STEVENS EL PASO, TX 79930	74-1695944	501(C)(3)	98,918				THERAPEUTIC HOMES & RUNAWAY SHELTER
EL PASO CHILD GUIDANCE CENTER 2701 E YANDELL EL PASO, TX 79903	74-1043335	501(C)(3)	60,232				CHILDRENS MENTAL HEALTH PREVENTION, MENTAL HEALTH INTERVENTION FOR ABUSED CHILDREN
EL PASO DIABETES ASSOCIATION 1120 MONTANA AVE EL PASO, TX 79902	74-1759410	501(C)(3)	29,609				DIBETES MANAGEMENT CLASSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASO DEL NORTE CHILDRENS DEVELOPMENTAL CENTER 1101 E SCHUSTER EL PASO,TX 79902	74-1312313	501(C)(3)	81,029				EARLY CHILDHOOD INTERVENTION PROGRAM, EL PAPALOTE INCLUSIVE CHILD DEVELOPMENT
EL PASO VILLA MARIA INC 920 S OREGON EL PASO,TX 79901	74-0621343	501(C)(3)	17,355				TRANSITIONAL LIVING
FAMILY SERVICES OF EL PASO 6040 SURETY DR EL PASO,TX 79905	74-1152612	501(C)(3)	37,866				INTEGRATED MENTAL HEALTH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF THE DESERT SOUTHWEST 9700 GIRL SCOUT WAY EL PASO, TX 79924	74-1189693	501(C)(3)	36,456				LEADERSHIP DEVELOPMENT EXPERIENCE
HOSPICE OF EL PASO 1440 MIRACLE WAY EL PASO, TX 79925	74-2093957	501(C)(3)	6,635				PROGRAM SERVICES
JEWISH FAMILY & CHILDREN'S SERVICES 401 WALLENBERG DR EL PASO, TX 79912	74-1168038	501(C)(3)	26,919				MENTAL HEALTH COUNSELING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS EXCEL OF EL PASO 1120A TEXAS AVE EL PASO,TX 79901	20-1783383	501(C)(3)	25,947				ARTS EDUCATION OUTREACH
OPPORTUNITY CENTER FOR THE HOMELESS PO BOX 63 EL PASO,TX 79941	74-2634199	501(C)(3)	123,136				MEN'S AND WOMEN'S DAY RESOURCE CENTER/EMERGENCY NIGHT SHELTER, CENTRALIZED FEEDING PROGRAM
LEE & BEULAH MOOR CHILDREN'S HOME 1200 CLIFF EL PASO,TX 79902	74-1329373	501(C)(3)	9,270				PROGRAM SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT VIDA 3607 RIVERA AVE EL PASO,TX 79905	74-2481679	501(C)(3)	102,377				HEALTH SERVICES,ROOTS & WINGS HOMELESS PREVENTION AND RECOVERY, EARLY CHILDHOOD CENTER, AFTER SCHOOL ENRICHMENT PROGRAM, CHAMIZAL PROSPERITY CENTER
THE SALVATION ARMY PO BOX 10756 EL PASO,TX 79905	86-0096791	501(C)(3)	28,017				EMERGENCY SHELTER, AFTERSCHOOL PROGRAM
REYNOLDS HOUSE NON-PROFIT CORPORATION 8023 SAN JOSE EL PASO,TX 79915	74-2649847	501(C)(3)	28,398				TRANSITIONAL LIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST VINCENT DE PAUL 2104 N PIEDRAS EL PASO, TX 79930	91-1789800	501(C)(3)	10,028				EMERGENCY ASSISTANCE
YWCA EL PASO DEL NORTE REGION 1918 TEXAS AVE EL PASO, TX 79901	74-1109650	501(C)(3)	168,397				TEEN LEADERSHIP, SARA MCKNIGHT TRANSITIONAL LIVING CENTER AND CHILD CARE FOR LOW INCOME FAMILIES
AMERICA'S CHARITIES 14150 NEWBROCK DR STE 110 CHANTILLY, MD 20151	54-1517707	501(C)(3)	12,696				DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES OF TEXAS 16414 N SAN PEDRO STE 940 SAN ANTONIO,TX 78232	75-0954584	501(C)(3)	21,392				DESIGNATION
EARTH SHARE OF TEXAS 707 WEST AVENUE SUITE 203 AUSTIN,TX 78701	74-2627643	501(C)(3)	5,492				DESIGNATION
PLACE OF PURPOSE 14400 SMOKEY POINT EL PASO,TX 79938	35-2484849	501(C)(3)	15,470				PROGRAM SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR,CA 94939	94-3067804	501(C)(3)	35,639				DESIGNATION
EL PASOANS FIGHTING HUNGER 320 TEXAS AVE STE 300 EL PASO,TX 79901	45-2893839	501(C)(3)	70,036				MOBILE FOOD BANK
GLOBAL IMPACT 2941 PANNELL ST AUSTIN,TX 78722	52-1273585	501(C)(3)	6,329				DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCAL INDEPENDENT CHARITIES OF TEXAS 173 MENDEZ LOOP KYLE,TX 786404343	94-3219813	501(C)(3)	30,633				DESIGNATION

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.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
 Inspection

Name of the organization
 UNITED WAY OF EL PASO COUNTY

Employer identification number

74-1291051

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EACH CONTRIBUTOR TO THE UNITED WAY IS AN INDIVIDUAL MEMBER OF THE CORPORATION FOR THE YEAR FOR WHICH CONTRIBUTION WAS GIVEN AND SHALL BE ENTITLED TO ATTEND AND VOTE AT ALL MEMBERSHIP MEETINGS DURING THAT PERIOD EACH MEMBER SHALL BE ENTITLED TO ONE VOTE AT SUCH MEETINGS
FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER SHALL BE ENTITLED TO ONE VOTE AT MEMBERSHIP MEETINGS
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AFTER APPROVAL BY THE FINANCE COMMITTEE, THE 990 IS THEN RATIFIED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 12C	MANAGEMENT REVIEWS THE ANNUAL CONFLICT OF INTEREST STATEMENTS PROVIDED BY THE GOVERNING BOARD IT ALSO REVIEWS THE DISBURSEMENT TRANSACTIONS THROUGHOUT THE YEAR TO IDENTIFY ANY CONFLICTS OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION AMOUNT OF THE OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION WILL MAIL ITS FORMS 1023 AND 990 UPON REQUEST THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL MAIL ITS FORMS 1023 AND 990 UPON REQUEST THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE FORM 990 THE ALLOCATIONS REPORTED ON THIS 990 ARE RECORDED ON THE ACCRUAL BASIS AND ARE TO BE PAID OUT OVER TWELVE MONTHS THE DESIGNATIONS REPORTED ON THIS 990 ARE RECORDED ON THE ACCRUAL BASIS AND REPRESENT THE DESIGNATIONS TO BE PAID OUT OVER THE SAME TWELVE MONTH PERIOD
FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND FOR SELECTING THE INDEPENDENT AUDITOR THE COMMITTEE ALSO MEETS WITH THE AUDITOR AND REVIEWS THE AUDIT BEFORE IT IS ISSUED THEN THE COMMITTEE MAKES A RECOMMENDATION TO APPROVE THE AUDIT TO THE FULL BOARD OF DIRECTORS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR