

Form **990**

**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **UNITED WAY OF CENTRAL NEW MEXICO**  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address): **2340 ALAMO AVE SE, 2ND FLOOR**  
 Room/suite:  
 City or town, state or province, country, and ZIP or foreign postal code: **ALBUQUERQUE NM 87106**

**D** Employer identification number: **85-0277138**

**E** Telephone number: **505-247-3671**

**F** Name and address of principal officer:  
**RODNEY PRUNTY**  
**2340 ALAMO AVE SE, 2ND FLOOR**  
**ALBUQUERQUE NM 87106**

**G** Gross receipts \$: **30,648,315**

**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.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.UWCNM.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1979**

**M** State of legal domicile: **NM**

**H(c)** Group exemption number

**Part I Summary**

|                             |   |  |   |
|-----------------------------|---|--|---|
| Activities & Governance     | 1 Briefly describe the organization's mission or most significant activities:<br><b>SEE SCHEDULE O</b>                                    |  |   |
|                             | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |   |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)                  | <b>40</b>   |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)      | <b>39</b>   |
|                             | 5   | Total number of individuals employed in calendar year 2020 (Part V, line 2a)       | <b>53</b>   |
|                             | 6   | Total number of volunteers (estimate if necessary)                                 | <b>840</b>  |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12               | <b>0</b>  |
|                             | 7b  | Net unrelated business taxable income from Form 990-T, Part I, line 11             | <b>0</b>  |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)                                      | Prior Year: <b>17,916,209</b> Current Year: <b>30,514,150</b>               |
|                             | 9   | Program service revenue (Part VIII, line 2g)                                       | <b>10,976</b> <b>23,850</b>   |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | <b>5,156</b> <b>44,672</b>  |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | <b>2,310</b> <b>0</b>   |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <b>17,934,651</b> <b>30,582,672</b>   |
| Expenses                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   | <b>12,083,698</b> <b>11,581,063</b>   |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                      | <b>0</b>  |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>3,495,464</b> <b>3,350,655</b>   |
|                             | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)                      | <b>0</b>  |
|                             |   | b Total fundraising expenses (Part IX, column (D), line 25) <b>2,002,212</b>       |   |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | <b>1,633,303</b> <b>1,567,914</b>   |
| 18                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>17,212,465</b> <b>16,499,632</b>  |   |
| 19                          | Revenue less expenses. Subtract line 18 from line 12  | <b>722,186</b> <b>14,083,040</b>   |   |
| Net Assets or Fund Balances | 20  | Total assets (Part X, line 16)   | Beginning of Current Year: <b>12,102,414</b> End of Year: <b>26,019,435</b> |
|                             | 21  | Total liabilities (Part X, line 26)  | <b>3,837,459</b> <b>3,380,978</b>   |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20                         | <b>8,264,955</b> <b>22,638,457</b>  |

**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**

Signature of officer: *Lisa Kruger* Date: **2/25/22**  
**LISA KRUGER** SECRETARY/ TREASURER  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **ROBERT A. DEPASQUALE** Preparer's signature: *Robert A. DePasquale* Date: **02/23/22** Check  if self-employed PTIN: **P00446108**  
 Firm's name: **PULAKOS CPAS, PC** Firm's EIN: **85-0219147**  
 Firm's address: **5921 JEFFERSON ST NE ALBUQUERQUE, NM 87109** Phone no: **505-338-1500**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**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:

**SEE SCHEDULE O**

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 \$ **13,810,685** including grants of \$ **11,581,063** ) (Revenue \$ **23,850** )

**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **13,810,685**

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

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | X   |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>   |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>  |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>  |     | X  |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>   |     | X  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> |     | X  |
| 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>   |     | X  |
| b   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>  |     | X  |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   |     | X  |
| 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>   |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   |     | X  |
| 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>   |     | X  |
| 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>   |     | X  |
| 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>   |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     | X  |
| 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>  |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | X   |    |

**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   |     |    |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |     |    |

|    |   |
|----|---|
| 1a | 9 |
| 1b | 0 |

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

|            |  | Yes        | No       |
|------------|--|------------|----------|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |          |
|            | <b>2a</b> <b>53</b>  |            |          |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | <b>X</b>   |          |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |            | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  |            |          |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |            | <b>X</b> |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>u</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |          |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | <b>X</b> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | <b>X</b> |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |            |          |
| <b>6a</b>  | 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?                                    |            | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            |          |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |          |
| <b>a</b>   | 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?  |            | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |            |          |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            | <b>X</b> |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |          |
|            | <b>7d</b>  |            |          |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            | <b>X</b> |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            | <b>X</b> |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |          |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |          |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |            |          |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |          |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |            |          |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |            |          |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |          |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |          |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |          |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |          |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |          |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |          |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |          |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |          |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |          |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |          |
| <b>b</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  | <b>13b</b> |          |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |          |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |          |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | <b>X</b> |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | <b>X</b> |



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|                        |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) JEANETTE BRAHL     | 50.00   |   |                       |         |              |                              |         |  |   |   |
| CMO                    | 0.00  |   |                       | X       |              |                              | 102,898 | 0  | 16,116  |   |
| (2) MEGAN DUNN DAVISON | 50.00   |   |                       |         |              |                              |         |  |   |   |
| CIO                    | 0.00  |   |                       | X       |              |                              | 110,773 | 0  | 6,646   |   |
| (3) WILLIAM NEWELL     | 50.00   |   |                       |         |              |                              |         |  |   |   |
| CFO                    | 0.00  |   |                       | X       |              |                              | 118,207 | 0  | 25,013  |   |
| (4) RODNEY PRUNTY      | 50.00   |   |                       |         |              |                              |         |  |   |   |
| PRESIDENT & CEO        | 0.00  | X   |                       | X       |              |                              | 197,988 | 0  | 25,928  |   |
| (5) RANDY WOODCOCK     | 50.00   |   |                       |         |              |                              |         |  |   |   |
| VP & CDO               | 0.00  | X   |                       | X       |              |                              | 138,762 | 0  | 23,238  |   |
| (6) JOHN CAREY         | 1.00  |   |                       |         |              |                              |         |  |   |   |
| BOARD CHAIR            | 0.00  | X   |                       | X       |              |                              | 0       | 0  | 0   |   |
| (7) SONYA PRIESTLY     | 1.00  |   |                       |         |              |                              |         |  |   |   |
| IMMEDIATE PAST BOARD   | 0.00  | X   |                       | X       |              |                              | 0       | 0  | 0   |   |
| (8) DALE MAXWELL       | 1.00  |   |                       |         |              |                              |         |  |   |   |
| BOARD CHAIR ELECT      | 0.00  | X   |                       | X       |              |                              | 0       | 0  | 0   |   |
| (9) LISA KRUGER        | 1.00  |   |                       |         |              |                              |         |  |   |   |
| SECRETARY/ TREASURER   | 0.00  | X   |                       | X       |              |                              | 0       | 0  | 0   |   |
| (10) RICHARD BERRY     | 1.00  |   |                       |         |              |                              |         |  |   |   |
| PUBLIC POLICY CHAIR    | 0.00  | X   |                       | X       |              |                              | 0       | 0  | 0   |   |
| (11) H. NOELLE CHAVEZ  | 1.00  |   |                       |         |              |                              |         |  |   |   |
| COMMUN. IMPACT CHAIR   | 0.00  | X   |                       | X       |              |                              | 0       | 0  | 0   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |                | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former         |  |   |   |
| (12) <b>GARNETT STOKES</b>   | 1.00  |   |                       |         |              |                              |                |  |   |   |
| CAMPAIGN CHAIR   | 0.00  | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (13) <b>PAUL MOYA</b>  | 1.00  |   |                       |         |              |                              |                |  |   |   |
| STRATEGIC DEV. CHAIR   | 0.00  | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (14) <b>DIANA GOOD</b>   | 1.00  |   |                       |         |              |                              |                |  |   |   |
| RURAL COUNTIES CHAIR   | 0.00  | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (15) <b>SUSAN WILSON</b>   | 1.00  |   |                       |         |              |                              |                |  |   |   |
| MARKETING CHAIR  | 0.00  | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (16) <b>TERESA SALAZAR</b>   | 1.00  |   |                       |         |              |                              |                |  |   |   |
| GRADUATE CO CHAIR  | 0.00  | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (17) <b>LEIGH CASWELL</b>  | 1.00  |   |                       |         |              |                              |                |  |   |   |
| FAMILIES CO-CHAIR  | 0.00  | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (18) <b>LISA EDEN</b>  | 1.00  |   |                       |         |              |                              |                |  |   |   |
| MEMBER AT LARGE  | 0.00  | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (19) <b>ELLEN BERNSTEIN</b>  | 1.00  |   |                       |         |              |                              |                |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              | <b>668,628</b> |  | <b>96,941</b>   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |                |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | <b>668,628</b> |  | <b>96,941</b>   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 5**

|  | Yes      | No       |
|--|----------|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |          | <b>X</b> |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> ..... | <b>X</b> |          |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |          | <b>X</b> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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 **u 0**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (20) PAUL CASSIDY  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (21) SUE CLEVELAND   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (22) ELAINE DARNELL  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (23) KELCY FLANAGAN  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (24) JULIAN GARZA  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (25) SYDNEY GUNTROPE   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (26) JESSICA HERNANDEZ   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (27) TONY HERNANDEZ  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     |    |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> ..... |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     |    |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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 **u**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (28) <b>EMILY HOWARD</b>   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (29) <b>BARBARA JONES</b>  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (30) <b>MEG MEISTER</b>  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (31) <b>KELLIE MIXON</b>   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (32) <b>KAREN MOSES</b>  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (33) <b>JAMES PEERY</b>  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (34) <b>RAQUEL REEDY</b>   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (35) <b>LAWRENCE SANCHEZ</b>   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     |    |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> ..... |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     |    |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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 **u**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (36) <b>RYAN SHELL</b>   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (37) <b>SHYLA SHEPPARD</b>   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (38) <b>JOHN STICHMAN</b>  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (39) <b>ANDY STREBE</b>  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (40) <b>BRENDA TAPIA</b>   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (41) <b>DEREK VALDO</b>  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (42) <b>JOHN VALENTINE</b>   | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (43) <b>LORI WALDON</b>  | 1.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     |    |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> ..... |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     |    |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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 **u**



**Part VIII Statement of Revenue**

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

|  |   |               | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|--|---|---------------|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>  | <b>1a</b> Federated campaigns   | <b>1a</b>     |                      |  |                                      |   |  |
|  | <b>b</b> Membership dues  | <b>1b</b>     |                      |  |                                      |   |  |
|  | <b>c</b> Fundraising events   | <b>1c</b>     |                      |  |                                      |   |  |
|  | <b>d</b> Related organizations  | <b>1d</b>     |                      |  |                                      |   |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>     | 746,628              |  |                                      |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>     | 29,767,522           |  |                                      |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>     | \$                   |  |                                      |   |  |
|  | <b>h Total.</b> Add lines 1a-1f   | <b>u</b>      | 30,514,150           |  |                                      |   |  |
| <b>Program Service Revenue</b>   | <b>2a</b> <b>AFFILIATED PROGRAMS &amp; ACTIV.</b>                                       | Business Code | 900099               | 23,850                                       | 23,850                               |   |  |
|  | <b>b</b>  |               |                      |  |                                      |   |  |
|  | <b>c</b>  |               |                      |  |                                      |   |  |
|  | <b>d</b>  |               |                      |  |                                      |   |  |
|  | <b>e</b>  |               |                      |  |                                      |   |  |
|  | <b>f</b> All other program service revenue  |               |                      |  |                                      |   |  |
|  | <b>g Total.</b> Add lines 2a-2f   | <b>u</b>      | 23,850               |  |                                      |   |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   | <b>u</b>      | 45,738               |  |                                      | 45,738  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds                             | <b>u</b>      |                      |  |                                      |   |  |
|  | <b>5</b> Royalties  | <b>u</b>      |                      |  |                                      |   |  |
|  | <b>6a</b> Gross rents   | <b>6a</b>     | (i) Real             |  |                                      |   |  |
|  |   |               | (ii) Personal        |  |                                      |   |  |
|  |   |               |                      |  |                                      |   |  |
|  | <b>b</b> Less: rental expenses  | <b>6b</b>     |                      |  |                                      |   |  |
|  | <b>c</b> Rental inc. or (loss)  | <b>6c</b>     |                      |  |                                      |   |  |
|  | <b>d</b> Net rental income or (loss)  | <b>u</b>      |                      |  |                                      |   |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory                        | <b>7a</b>     | (i) Securities       | 64,577                                       |                                      |   |  |
|  |   |               | (ii) Other           |  |                                      |   |  |
|  |   |               |                      |  |                                      |   |  |
|  |   |               |                      |  |                                      |   |  |
|  | <b>b</b> Less: cost or other basis and sales exps.                                      | <b>7b</b>     | 65,643               |  |                                      |   |  |
| <b>c</b> Gain or (loss)  | <b>7c</b>   | -1,066        |                      |  |                                      |   |  |
| <b>d</b> Net gain or (loss)  | <b>u</b>  | -1,066        |                      |  | -1,066                               |   |  |
| <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |               |                      |  |                                      |   |  |
|  |   |               |                      |  |                                      |   |  |
| <b>b</b> Less: direct expenses   | <b>8b</b>   |               |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from fundraising events  | <b>u</b>  |               |                      |  |                                      |   |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |               |                      |  |                                      |   |  |
|  |   |               |                      |  |                                      |   |  |
| <b>b</b> Less: direct expenses   | <b>9b</b>   |               |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from gaming activities   | <b>u</b>  |               |                      |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |               |                      |  |                                      |   |  |
|  |   |               |                      |  |                                      |   |  |
|  |   |               |                      |  |                                      |   |  |
| <b>b</b> Less: cost of goods sold  | <b>10b</b>  |               |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from sales of inventory  | <b>u</b>  |               |                      |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>   | <b>11a</b>  | Business Code |                      |  |                                      |   |  |
|  | <b>b</b>  |               |                      |  |                                      |   |  |
|  | <b>c</b>  |               |                      |  |                                      |   |  |
|  | <b>d</b> All other revenue  |               |                      |  |                                      |   |  |
|  | <b>e Total.</b> Add lines 11a-11d   | <b>u</b>      |                      |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions  | <b>u</b>  | 30,582,672    | 23,850               | 0  | 44,672                               |   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | <b>11,581,063</b>     | <b>11,581,063</b>               |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | <b>786,806</b>        | <b>295,086</b>                  | <b>147,993</b>                         | <b>343,727</b>              |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | <b>2,020,325</b>      | <b>759,348</b>                  | <b>380,772</b>                         | <b>880,205</b>              |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | <b>106,499</b>        | <b>39,005</b>                   | <b>19,599</b>                          | <b>47,895</b>               |
| <b>9</b> Other employee benefits  | <b>224,547</b>        | <b>82,240</b>                   | <b>41,323</b>                          | <b>100,984</b>              |
| <b>10</b> Payroll taxes   | <b>212,478</b>        | <b>77,820</b>                   | <b>39,102</b>                          | <b>95,556</b>               |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  | <b>5,861</b>          | <b>4,105</b>                    | <b>146</b>                             | <b>1,610</b>                |
| <b>c</b> Accounting   | <b>40,748</b>         | <b>28,541</b>                   | <b>1,013</b>                           | <b>11,194</b>               |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   | <b>3,315</b>          | <b>2,322</b>                    | <b>82</b>                              | <b>911</b>                  |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | <b>538,608</b>        | <b>371,270</b>                  | <b>15,034</b>                          | <b>152,304</b>              |
| <b>12</b> Advertising and promotion   | <b>71,091</b>         | <b>58,779</b>                   | <b>1,231</b>                           | <b>11,081</b>               |
| <b>13</b> Office expenses   | <b>29,114</b>         | <b>17,242</b>                   | <b>2,723</b>                           | <b>9,149</b>                |
| <b>14</b> Information technology  | <b>121,662</b>        | <b>87,317</b>                   | <b>98</b>                              | <b>34,247</b>               |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | <b>177,210</b>        | <b>101,007</b>                  | <b>7,620</b>                           | <b>68,583</b>               |
| <b>17</b> Travel  | <b>12,655</b>         | <b>6,343</b>                    | <b>610</b>                             | <b>5,702</b>                |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  |                       |                                 |  |                             |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  | <b>243,731</b>        | <b>121,865</b>                  | <b>12,187</b>                          | <b>109,679</b>              |
| <b>22</b> Depreciation, depletion, and amortization   | <b>53,744</b>         | <b>13,126</b>                   | <b>7,543</b>                           | <b>33,075</b>               |
| <b>23</b> Insurance   | <b>24,998</b>         | <b>12,499</b>                   | <b>1,250</b>                           | <b>11,249</b>               |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> TELEPHONE  | <b>55,542</b>         | <b>34,920</b>                   | <b>406</b>                             | <b>20,216</b>               |
| <b>b</b> CREDIT CARD CHARGES  | <b>34,778</b>         | <b>17,389</b>                   | <b>1,739</b>                           | <b>15,650</b>               |
| <b>c</b> CO BRANDED EXPENSES  | <b>28,729</b>         | <b>18,259</b>                   | <b>2,674</b>                           | <b>7,796</b>                |
| <b>d</b> BANK SERVICE FEES  | <b>26,429</b>         | <b>13,215</b>                   | <b>1,321</b>                           | <b>11,893</b>               |
| <b>e</b> All other expenses   | <b>99,699</b>         | <b>67,924</b>                   | <b>2,269</b>                           | <b>29,506</b>               |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | <b>16,499,632</b>     | <b>13,810,685</b>               | <b>686,735</b>                         | <b>2,002,212</b>            |
| <b>26</b> 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 <input checked="" type="checkbox"/> 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)<br>Beginning of year  |               | (B)<br>End of year |            |
|---|--|---|---------------|--------------------|------------|
| <b>Assets</b>   | 1  | Cash—non-interest-bearing   | 1,114,862     | 1                  | 3,782,518  |
|   | 2  | Savings and temporary cash investments  |               | 2                  |            |
|   | 3  | Pledges and grants receivable, net  | 6,406,355     | 3                  | 6,640,013  |
|   | 4  | Accounts receivable, net  | 129,956       | 4                  |            |
|   | 5  | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |               | 5                  |            |
|   | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |               | 6                  |            |
|   | 7  | Notes and loans receivable, net   |               | 7                  |            |
|   | 8  | Inventories for sale or use   |               | 8                  |            |
|   | 9  | Prepaid expenses and deferred charges   | 364,352       | 9                  | 259,354    |
|   | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 1,257,958 |                    |            |
|   | b  | Less: accumulated depreciation  | 10b 1,103,243 | 10c                | 154,715    |
|   | 11   | Investments—publicly traded securities  |               | 11                 |            |
|   | 12   | Investments—other securities. See Part IV, line 11  | 2,384,574     | 12                 | 12,685,972 |
|   | 13   | Investments—program-related. See Part IV, line 11   |               | 13                 |            |
|   | 14   | Intangible assets   |               | 14                 |            |
|   | 15   | Other assets. See Part IV, line 11  | 1,570,631     | 15                 | 2,496,863  |
| 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) | 12,102,414  | 16            | 26,019,435         |            |
| <b>Liabilities</b>  | 17   | Accounts payable and accrued expenses   | 537,229       | 17                 | 401,884    |
|   | 18   | Grants payable  |               | 18                 |            |
|   | 19   | Deferred revenue  |               | 19                 |            |
|   | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |               | 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   | 3,300,230     | 25                 | 2,979,094  |
|   | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 3,837,459     | 26                 | 3,380,978  |
|   | <b>Net Assets or Fund Balances</b>                               | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>  |               |                    |            |
| 27  |  | Net assets without donor restrictions   | 1,970,762     | 27                 | 13,837,519 |
| 28  |  | Net assets with donor restrictions  | 6,294,193     | 28                 | 8,800,938  |
| <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b> |  |   |               |                    |            |
| 29  |  | Capital stock or trust principal, or current funds  |               | 29                 |            |
| 30  |  | Paid-in or capital surplus, or land, building, or equipment fund  |               | 30                 |            |
| 31  |  | Retained earnings, endowment, accumulated income, or other funds  |               | 31                 |            |
| 32  |  | <b>Total net assets or fund balances</b>  | 8,264,955     | 32                 | 22,638,457 |
| 33  | <b>Total liabilities and net assets/fund balances</b>            | 12,102,414  | 33            | 26,019,435         |            |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                   |
|-----------|--|-----------|-------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>30,582,672</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>16,499,632</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>14,083,040</b> |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>8,264,955</b>  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | <b>290,462</b>    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                   |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                   |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                   |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  |                   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | <b>22,638,457</b> |

**Part XII Financial Statements and Reporting**

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

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |          |          |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>X</b> |          |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | <b>X</b> |          |
| <b>3a</b> 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?  |          | <b>X</b> |
| <b>b</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 on Schedule O and describe any steps taken to undergo such audits   |          |          |



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**UNITED WAY OF CENTRAL NEW MEXICO**

Employer identification number

**85-0277138**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 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 |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2016   | (b) 2017   | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 18,647,755 | 18,386,537 | 15,812,220 | 17,916,209 | 30,514,150 | 101,276,871 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3  | 18,647,755 | 18,386,537 | 15,812,220 | 17,916,209 | 30,514,150 | 101,276,871 |
| <b>5</b> 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) |            |            |            |            |            | 576,761     |
| <b>6</b> Public support. Subtract line 5 from line 4   |            |            |            |            |            | 100,700,110 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2016   | (b) 2017   | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4   | 18,647,755 | 18,386,537 | 15,812,220 | 17,916,209 | 30,514,150 | 101,276,871 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 51,161     | 149,044    | 34,262     | 39,976     | 45,738     | 320,181     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                              |            |            |            |            |            |             |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                | 10,115     | 1,750      | 2,765      | 2,310      |            | 16,940      |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 101,613,992 |

**12** Gross receipts from related activities, etc. (see instructions) 12 4,071,726

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 99.10 % |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14                       | <b>15</b> | 99.66 % |

**16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |
| <b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17                         | <b>18</b> | % |

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> 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 I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</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>   |     |    |

**Part IV Supporting Organizations (continued)**

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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> |     |    |
| <b>2</b> 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>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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>   |     |    |
| <b>3</b> By reason of the relationship described in line 2, above, 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>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |     |    |
| <b>a</b> 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> | Yes | No |
| <b>b</b> Did the activities described in line 2a, above, 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>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |
| <b>a</b> 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>If "Yes" or "No," provide details in Part VI.</i>  |     |    |
| <b>b</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>   |     |    |
| <b>2a</b>   |     |    |
| <b>2b</b>   |     |    |
| <b>3a</b>   |     |    |
| <b>3b</b>   |     |    |

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

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

| Section A – Adjusted Net Income  |  | (A) Prior Year | (B) Current Year<br>(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                                | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |
| Section B – Minimum Asset Amount |  | (A) Prior Year | (B) Current Year<br>(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):  |                |                                |
| 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                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                                |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                                |
| 3                                | Subtract line 2 from line 1d.  | 3              |                                |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4              |                                |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                                |
| 6                                | Multiply line 5 by 0.035.  | 6              |                                |
| 7                                | Recoveries of prior-year distributions   | 7              |                                |
| 8                                | <b>Minimum Asset Amount</b> (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 0.85 of line 1.  | 2              |                                |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3              |                                |
| 4                                | Enter greater of line 2 or line 3.   | 4              |                                |
| 5                                | Income tax imposed in prior year   | 5              |                                |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                                |
| 7                                | <input type="checkbox"/> 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—provide details in Part VI)   |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> 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 2020 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E – Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2020   |                             |  |   |
| a From 2015 .....   |                             |  |   |
| b From 2016 .....   |                             |  |   |
| c From 2017 .....   |                             |  |   |
| d From 2018 .....   |                             |  |   |
| e From 2019 .....   |                             |  |   |
| f <b>Total</b> of lines 3a through 3e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2020 distributable amount  |                             |  |   |
| i Carryover from 2015 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| 4 Distributions for 2020 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2020 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                         |                             |  |   |
| 7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2016 .....  |                             |  |   |
| b Excess from 2017 .....  |                             |  |   |
| c Excess from 2018 .....  |                             |  |   |
| d Excess from 2019 .....  |                             |  |   |
| e Excess from 2020 .....  |                             |  |   |

**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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 16,940**



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF CENTRAL NEW MEXICO

85-0277138

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year (92), 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year (608,146), 5 Did the organization inform all donors... (X Yes), 6 Did the organization inform all grantees... (X Yes).

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet.

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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 FASB 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 u \$, (ii) Assets included in Form 990, Part X u \$. 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

**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 make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 on Part XIII

**Part V Endowment Funds.**

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     | 3,076,982        | 3,168,879      | 3,110,617          | 3,042,301            | 2,603,543           |
| <b>b</b> Contributions .....                                  | 491,684          | 60,860         | 42,089             | 52,175               | 203,396             |
| <b>c</b> Net investment earnings, gains, and losses .....     | 1,020,883        | 22,975         | 44,042             | 153,784              | 347,427             |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        | 110,484          | 175,732        | 27,869             | 137,643              | 112,065             |
| <b>g</b> End of year balance .....                            | 4,479,065        | 3,076,982      | 3,168,879          | 3,110,617            | 3,042,301           |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** ..... %
  - b** Permanent endowment **u** ..... %
  - c** Term endowment **u** **100.00** %
- 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:
- |   | Yes      | No       |
|---|----------|----------|
| <b>(i)</b> Unrelated organizations .....  | <b>X</b> |          |
| <b>(ii)</b> Related organizations .....   |          | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... |          |          |
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....   |                                      |                                 |                              |                |
| <b>b</b> Buildings .....   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements .....  |                                      | 395,073                         | 389,928                      | 5,145          |
| <b>d</b> Equipment .....   |                                      | 587,398                         | 443,312                      | 144,086        |
| <b>e</b> Other .....   |                                      | 275,487                         | 270,003                      | 5,484          |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ..... |                                      |                                 | <b>u</b>                     | <b>154,715</b> |

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value    | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|-------------------|--|
| (1) Financial derivatives   |                   |  |
| (2) Closely held equity interests   |                   |  |
| (3) Other <b>BANK OF AMERICA INVESTMENT</b>                               | <b>9,700,559</b>  | <b>MARKET</b>  |
| (A) <b>INV. W/ ABQ COMMUNITY FOUNDATION</b>                               | <b>2,812,575</b>  | <b>MARKET</b>  |
| (B) <b>CERTIFICATES OF DEPOSIT</b>  | <b>94,407</b>     | <b>MARKET</b>  |
| (C) <b>OTHER LONG TERM INVESTMENTS</b>                                    | <b>78,431</b>     | <b>MARKET</b>  |
| (D)   |                   |  |
| (E)   |                   |  |
| (F)   |                   |  |
| (G)   |                   |  |
| (H)   |                   |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | <b>12,685,972</b> |  |

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value   |
|---|------------------|
| (1) <b>PLANNED GIVING ASSETS</b>  | <b>2,496,863</b> |
| (2)   |                  |
| (3)   |                  |
| (4)   |                  |
| (5)   |                  |
| (6)   |                  |
| (7)   |                  |
| (8)   |                  |
| (9)   |                  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | <b>2,496,863</b> |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value   |
|---|------------------|
| (1) Federal income taxes  |                  |
| (2) <b>DONOR OPTIONS PAYABLE</b>  | <b>2,374,254</b> |
| (3) <b>PLANNED GIVING PAYABLE</b>   | <b>316,979</b>   |
| (4) <b>NON-CAMPAIGN DONOR OPTION PAYABLE</b>                              | <b>287,861</b>   |
| (5)   |                  |
| (6)   |                  |
| (7)   |                  |
| (8)   |                  |
| (9)   |                  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>2,979,094</b> |

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

**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         | 22,576,854 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 290,462   |            |
| b | Donated services and use of facilities  | 2b | 826,592   |            |
| c | Recoveries of prior year grants   | 2c |           |            |
| d | Other (Describe in Part XIII.)  | 2d |           |            |
| e | Add lines 2a through 2d   |    | 2e        | 1,117,054  |
| 3 | Subtract line 2e from line 1  |    | 3         | 21,459,800 |
| 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 | 1,590     |            |
| b | Other (Describe in Part XIII.)  | 4b | 9,121,282 |            |
| c | Add lines 4a and 4b   |    | 4c        | 9,122,872  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5         | 30,582,672 |

**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         | 8,203,217  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |           |            |
| a | Donated services and use of facilities   | 2a | 826,592   |            |
| b | Prior year adjustments   | 2b |           |            |
| c | Other losses   | 2c |           |            |
| d | Other (Describe in Part XIII.)   | 2d |           |            |
| e | Add lines 2a through 2d  |    | 2e        | 826,592    |
| 3 | Subtract line 2e from line 1   |    | 3         | 7,376,625  |
| 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 | 9,123,007 |            |
| c | Add lines 4a and 4b  |    | 4c        | 9,123,007  |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5         | 16,499,632 |

**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.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

UWCNM TRANSFERS CERTAIN ENDOWMENT GIFTS FROM DONORS TO THE ALBUQUERQUE COMMUNITY FOUNDATION (ACF). UNDER THE TERMS OF AN AGREEMENT BETWEEN UWCNM AND ACF, ACF HOLDS VARIANCE POWER OVER THESE ASSETS. ACF KEEPS SEPARATE RECORDS OF THE ACTIVITY AND PERFORMANCE OF EACH OF THESE ASSETS WITHIN UWCNM'S ENDOWMENT TOTAL. ANNUALLY, UWCNM REQUESTS DISTRIBUTIONS OF THESE ASSETS FROM ACF ACCORDING TO THE ENDOWMENT AGREEMENT BETWEEN UWCNM AND THE INITIAL DONOR OF THE ENDOWMENT.

**PART X - FIN 48 FOOTNOTE**

UWCNM IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CLASSIFIED

**Part XIII Supplemental Information** *(continued)*

BY THE INTERNAL REVENUE SERVICE AS A PRIVATE FOUNDATION.

UWCNM HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, AS THEY RELATE TO UNCERTAIN TAX POSITIONS, AND HAS EVALUATED ITS TAX POSITIONS TAKEN FOR OPEN TAX YEARS. MANAGEMENT BELIEVES THAT ALL ACTIVITIES OF UWCNM ARE WITHIN THEIR TAX EXEMPT PURPOSE AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS. ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION ARE CLASSIFIED AS CURRENT IN UWCNM'S FINANCIAL STATEMENTS. THERE WERE NO INTEREST OR PENALTIES RECORDED AS OF JUNE 30, 2021 AND 2020.

## PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

|                                    |              |
|------------------------------------|--------------|
| AMOUNTS RAISED ON BEHALF OF OTHERS | \$ 9,121,282 |
|------------------------------------|--------------|

## PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

|                                    |              |
|------------------------------------|--------------|
| AMOUNTS RAISED ON BEHALF OF OTHERS | \$ 9,121,282 |
|------------------------------------|--------------|

|                 |          |
|-----------------|----------|
| INVESTMENT FEES | \$ 1,725 |
|-----------------|----------|

**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.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF CENTRAL NEW MEXICO**

Employer identification number

**85-0277138**

**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.

| 1   | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | <b>SEE ATTACHED SCHEDULE</b>                       |         |                                 | <b>11,581,063</b>        |                                   |   |                                       | <b>SEE ATTACHED SCHEDULE</b>       |
| (2) |  |         |                                 |                          |                                   |   |                                       |                                    |
| (3) |  |         |                                 |                          |                                   |   |                                       |                                    |
| (4) |  |         |                                 |                          |                                   |   |                                       |                                    |
| (5) |  |         |                                 |                          |                                   |   |                                       |                                    |
| (6) |  |         |                                 |                          |                                   |   |                                       |                                    |
| (7) |  |         |                                 |                          |                                   |   |                                       |                                    |
| (8) |  |         |                                 |                          |                                   |   |                                       |                                    |
| (9) |  |         |                                 |                          |                                   |   |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u **312**
- 3 Enter total number of other organizations listed in the line 1 table u **0**

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

Schedule I (Form 990) (2020)

**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1                               |                          |                          |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

UNITED WAY OF CENTRAL NEW MEXICO FUNDS GRANTS THROUGH THEIR COMMUNITY FUND

PROGRAM BY MEANS OF PRIORITY FOCUS AREA GRANTS, IN WHICH QUALIFYING

NONPROFIT ORGANIZATIONS APPLY FOR AND GO THROUGH AN ANNUAL COMPETITIVE

PROCESS. PROGRAMS ARE EXAMINED FOR NEED, EFFICIENCY, EFFECTIVENESS, AND

FINANCIAL ACCOUNTABILITY BY OVER 300 COMMUNITY VOLUNTEERS. UNDER THE DONOR

OPTION PROGRAM, DONORS HAVE THE OPTION TO DESIGNATE CONTRIBUTIONS TO ANY

ORGANIZATIONS WHICH ARE TAX-EXEMPT UNDER IRC SECTION 501(C)(3). UWCNM

REMITTS COLLECTED CONTRIBUTIONS ON A MONTHLY BASIS TO THE DESIGNATED

ORGANIZATIONS.

**United Way of Central New Mexico**  
**EIN: 85-0277138**  
**Attachment to Form 990, Schedule I**

| <b>Organization Name</b>   | <b>Type</b> | <b>Street Address</b>            | <b>City, State, Zip</b> | <b>Amount</b> | <b>EIN</b> | <b>Purpose</b>  |
|--|-------------|----------------------------------|-------------------------|---------------|------------|-----------------|
| Albuquerque Christian Children's Home                                    | 501 c 3     | 5700 Winter Haven NW             | Albuquerque, NM 87120   | 28,422.43     | 237122398  | Program Funding |
| Abrazos Family Support Services  | 501 c 3     | 412Camino don Tomas              | Bernalillo NM 87004     | 284,346.00    | 850265449  | Program Funding |
| Care Net Pregnancy Center of Albuquerque                                 | 501 c 3     | PO Box 21962                     | Albuquerque, NM 87154   | 23,046.00     | 850312055  | Program Funding |
| American Lung Association of the Southwest New Mexico                    | 501 c 3     | 5911 Jefferson NE                | Albuquerque, NM 87109   | 8,258.33      | 860111676  | Program Funding |
| Archdiocese of Santa Fe Annual Catholic Appeal Foundation                | 501 c 3     | 4000 St Joseph's Pl NW           | Albuquerque, NM 87120   | 23,522.41     | 850422498  | Program Funding |
| Adaptive Sports Program New Mexico                                       | 501 c 3     | 2301 South Court                 | Santa Fe, NM 87505      | 5,270.26      | 850403958  | Program Funding |
| Albuquerque Youth Symphony Program, Inc                                  | 501 c 3     | PO Box 30961                     | Albuquerque, NM 87190   | 9,109.59      | 850421180  | Program Funding |
| Albuquerque Academy  | 501 c 3     | 6400 Wyoming Blvd NE             | Albuquerque, NM 87109   | 98,006.57     | 850129165  | Program Funding |
| Albuquerque Public Schools Foundation                                    | 501 c 3     | PO Box 25704                     | Albuquerque, NM 87125   | 99,298.80     | 850434438  | Program Funding |
| Albuquerque Sign Language Academy  | 501 c 3     | 620 Lomas Blvd NW                | Albuquerque NM 87102    | 58,200.00     | 271007207  | Program Funding |
| Alzheimer's Association New Mexico Chapter                               | 501 c 3     | PO Box 21400                     | Albuquerque, NM 87154   | 13,169.78     | 850287820  | Program Funding |
| Albuquerque Area Firefighters Random Acts                                | 501 c 3     | PO Box 65576                     | Albuquerque, NM 87193   | 8,918.17      | 320229938  | Program Funding |
| Albuquerque Public Library Foundation, Inc.                              | 501 c 3     | PO Box 25792                     | Albuquerque, NM 87125   | 12,126.73     | 452688338  | Program Funding |
| Alameda County Community Food Bank, Inc.                                 | 501 c 3     | PO Box 2599                      | Oakland, CA 94614       | 6,002.51      | 942960297  | Program Funding |
| DreamSpring  | 501 c 3     | 2000 Zearing Ave NW              | Albuquerque, NM 87104   | 30,763.31     | 850417347  | Program Funding |
| Adelante Development Center, Inc.  | 501 c 3     | 3900 Osuna Rd NE                 | Albuquerque, NM 87109   | 8,088.66      | 850262072  | Program Funding |
| Albuquerque Cat Action Team (ACAT)                                       | 501 c 3     | PO Box 51683                     | Albuquerque, NM 87181   | 6,378.11      | 850469190  | Program Funding |
| Albuquerque Community Foundation   | 501 c 3     | PO Box 25266                     | Albuquerque, NM 87125   | 780,386.63    | 850295444  | Program Funding |
| Albuquerque Involved   | 501 c 3     | 108 Wellesley Dr SE              | Albuquerque, NM 87106   | 20,064.04     | 461389704  | Program Funding |
| Alliance Defending Freedom   | 501 c 3     | 15100 N 90th St 165              | Scottsdale, AZ 85260    | 20,960.53     | 541660459  | Program Funding |
| All Faiths Children's Advocacy Center                                    | 501 c 3     | 1709 Moon St NE                  | Albuquerque, NM 87112   | 64,512.69     | 850165284  | Program Funding |
| Alta Mira Specialized Family Services, Inc.                              | 501 c 3     | 1605 Carlisle NE                 | Albuquerque, NM 87110   | 46,107.16     | 850339642  | Program Funding |
| Albuquerque Museum Foundation  | 501 c 3     | PO Box 7006                      | Albuquerque, NM 87194   | 52,243.94     | 850201054  | Program Funding |
| Allegro Organizational Solutions Inc                                     | 501 c 3     | 5535 Memorial Dr Ste F-811       | Houston, TX 77007       | 12,000.00     | 261197590  | Program Funding |
| Rape Crisis Center of Central New Mexico                                 | 501 c 3     | 9741 Candelaria Rd NE            | Albuquerque, NM 87112   | 34,555.23     | 850482979  | Program Funding |
| Albuquerque Rescue Mission dba Steelbridge                               | 501 c 3     | PO Box 331                       | Albuquerque, NM 87103   | 70,031.83     | 850208645  | Program Funding |
| ALS Association of New Mexico Chapter                                    | 501 c 3     | 2309 Renard Pl SE Ste 105        | Albuquerque, NM 87106   | 5,844.57      | 850473026  | Program Funding |
| American Cancer Society New Mexico                                       | 501 c 3     | 8500 Manual Blvd NE Suite A500   | Albuquerque, NM 87112   | 48,195.78     | 131788491  | Program Funding |
| American General Media Foundation KHFM                                   | 501 c 3     | 8009 Marble Ave NE               | Albuquerque, NM 87110   | 5,959.83      | 261295261  | Program Funding |
| American Heart Association Southwest Affiliate New Mexico                | 501 c 3     | 2201 San Pedro NE Bldg 2 Ste 102 | Albuquerque, NM 87110   | 15,223.82     | 135613797  | Program Funding |
| American Red Cross National Headquarters                                 | 501 c 3     | PO Box 37295                     | Washington, DC 20013    | 10,807.19     | 530196605  | Program Funding |
| American Red Cross in New Mexico #31061                                  | 501 c 3     | 7445 Pan American West Fwy NE    | Albuquerque, NM 87109   | 16,032.37     | 530196605  | Program Funding |
| Anti-Defamation League Mountain States Region                            | 501 c 3     | 1120 Lincoln Street Suite 1301   | Denver, CO 80203        | 9,050.00      | 131818723  | Program Funding |
| Animal Humane New Mexico   | 501 c 3     | 615 Virginia SE                  | Albuquerque, NM 87108   | 227,571.16    | 850207652  | Program Funding |
| ARCA Foundation  | 501 c 3     | 11300 Lomas Blvd NE              | Albuquerque, NM 87112   | 15,443.52     | 850437970  | Program Funding |
| ARCA   | 501 c 3     | 11300 Lomas Blvd NE              | Albuquerque, NM 87112   | 35,824.00     | 856005755  | Program Funding |
| Our Lady of the Assumption Catholic Church                               | 501 c 3     | 811 Guaymas Pl NE                | Albuquerque, NM 87108   | 5,148.78      | 850156969  | Program Funding |
| Assistance League of Albuquerque, Inc.                                   | 501 c 3     | PO Box 35910                     | Albuquerque, NM 87176   | 5,983.85      | 856009968  | Program Funding |
| Against Malaria Foundation   | 501 c 3     | 310 W 20th St Ste 300            | Kansas City, MO 64108   | 8,179.70      | 203069841  | Program Funding |
| American Society for the Prevention of Cruelty to Animals (ASPCA)        | 501 c 3     | 520 8th Ave 7th Floor            | New York, NY 10018      | 9,048.47      | 131623829  | Program Funding |
| Asbury Theological Seminary  | 501 c 3     | 204 N Lexington Avenue           | Wilmore, KY 40390       | 14,000.00     | 610445823  | Program Funding |
| Arizona Next Level Basketball Foundation                                 | 501 c 3     | PO Box 12376                     | Tempe, AZ 85284         | 5,000.00      | 274765316  | Program Funding |
| Brothers of the Good Shepherd  | 501 c 3     | PO Box 389                       | Albuquerque, NM 87103   | 6,398.21      | 850340581  | Program Funding |
| Barrett Foundation, Inc.   | 501 c 3     | 10300 Constitution Ave NE        | Albuquerque, NM 87112   | 125,232.93    | 850336208  | Program Funding |
| Believers Center of Albuquerque  | 501 c 3     | 320 Waterfall Dr SE              | Albuquerque, NM 87123   | 11,201.29     | 850284928  | Program Funding |
| Baptist Student Union Christian Challenge at New Mexico State University | 501 c 3     | 1313 E University                | Las Cruces, NM 88001    | 6,851.62      | 850128001  | Program Funding |
| Bethel Community Storehouse  | 501 c 3     | PO Box 968                       | Moriarty, NM 87035      | 12,581.38     | 850387679  | Program Funding |
| Big Brothers Big Sisters of Central New Mexico                           | 501 c 3     | 2500 Louisiana Blvd NE Ste 200   | Albuquerque, NM 87110   | 45,972.32     | 850271207  | Program Funding |



|   |  |                            |            |           |                 |
|---|--|----------------------------|------------|-----------|-----------------|
| Congregation B'nai Israel   | 501 c 3 4401 Indian School Rd NE       | Albuquerque, NM 87110      | 8,350.00   | 850159160 | Program Funding |
| Boys and Girls Club of Central New Mexico                                 | 501 c 3 3333 Truman St NE              | Albuquerque, NM 87110      | 21,944.93  | 850106943 | Program Funding |
| Bosque School   | 501 c 3 4000 Bosque School Rd NW       | Albuquerque, NM 87120      | 17,704.32  | 850420092 | Program Funding |
| Great Southwest Council, Boy Scouts of America                            | 501 c 3 5841 Office Blvd NE            | Albuquerque, NM 87109      | 28,701.98  | 850102305 | Program Funding |
| Bible Project   | 501 c 3 1302 SE Ankeny Street          | Portland, OR 97214         | 10,825.00  | 464277592 | Program Funding |
| Banquet Network Inc   | 501 c 3 6570 Dobbin Road               | Columbia, MD 21045         | 15,000.00  | 824272766 | Program Funding |
| Casa Angelica   | 501 c 3 5629 Isleta Blvd SW            | Albuquerque, NM 87105      | 6,826.70   | 850382266 | Program Funding |
| Casa Esperanza, Inc.  | 501 c 3 PO Box 40472                   | Albuquerque, NM 87196      | 37,538.27  | 850356946 | Program Funding |
| Catholic Relief Services  | 501 c 3 PO Box 17090                   | Baltimore, MD 21203        | 9,156.97   | 135563422 | Program Funding |
| Calvary Albuquerque Inc   | 501 c 3 4001 Osuna Rd NE               | Albuquerque, NM 87109      | 141,977.93 | 850305870 | Program Funding |
| Campus Crusade for Christ, Inc.   | 501 c 3 100 Lake Hart Dr               | Orlando, FL 32832          | 11,970.99  | 956006173 | Program Funding |
| Calvary Chapel Rio Grande Valley  | 501 c 3 19381 N Highway 314            | Belen, NM 87002            | 6,334.80   | 850424927 | Program Funding |
| Calvary's New Harvest   | 501 c 3 701 Main Street Ste A          | Los Lunas, NM 87031        | 15,059.53  | 421721949 | Program Funding |
| Carrie Tingley Hospital Foundation  | 501 c 3 PO Box 25424                   | Albuquerque, NM 87125      | 10,215.33  | 856012236 | Program Funding |
| Casa Q, Inc.  | 501 c 3 PO Box 36168                   | Albuquerque, NM 87176      | 34,069.00  | 461245391 | Program Funding |
| Catholic Charities-Archdiocese of Santa Fe                                | 501 c 3 2010 Bridge Blvd SW            | Albuquerque, NM 87105      | 51,882.61  | 850110070 | Program Funding |
| Cathedral Basilica of St. Francis of Assisi                               | 501 c 3 PO Box 2127                    | Santa Fe, NM 87504         | 11,962.14  | 801045467 | Program Funding |
| Culver Educational Foundation   | 501 c 3 1300 Academy Rd 153            | Culver, IN 46511           | 7,000.00   | 350868071 | Program Funding |
| Friends of CEENMO aka Centro de Enseñanza Moderna                         | 501 c 3 5047 Calle Espana NW           | Albuquerque, NM 87120      | 15,045.58  | 471342683 | Program Funding |
| Central United Methodist Church   | 501 c 3 201 University Blvd NE         | Albuquerque, NM 87106      | 23,936.33  | 850102940 | Program Funding |
| Church in Albuquerque   | 501 c 3 1405 Dakota St NE              | Albuquerque, NM 87110      | 7,084.80   | 850252522 | Program Funding |
| Children's Grief Center of New Mexico                                     | 501 c 3 4125 Carlisle Boulevard NE     | Albuquerque, NM 87107      | 23,207.42  | 850474099 | Program Funding |
| Children's Cancer Fund of New Mexico                                      | 501 c 3 112 14th St SW                 | Albuquerque, NM 87102      | 9,474.32   | 237116828 | Program Funding |
| Christina Kent Early Childhood Center                                     | 501 c 3 423 3rd St SW                  | Albuquerque, NM 87102      | 5,030.06   | 850105594 | Program Funding |
| Santa Fe Chamber Music Festival Ltd.                                      | 501 c 3 PO Box 2227                    | Santa Fe, NM 87504         | 15,750.00  | 850224461 | Program Funding |
| Champion Ministries Inc aka Groundwire                                    | 501 c 3 PO Box 1323                    | Castle Rock, CO 80104      | 10,000.00  | 841341326 | Program Funding |
| Risen Savior Catholic Community   | 501 c 3 7701 Wyoming Blvd NE           | Albuquerque, NM 87109      | 16,196.46  | 850379146 | Program Funding |
| City Church of Albuquerque  | 501 c 3 5300 2nd Street NW             | Albuquerque, NM 87107      | 10,800.00  | 850415507 | Program Funding |
| Children and Arthritis  | 501 c 3 2751 Albert Bicknell Dr Ste 2E | Shreveport, LA 71103       | 5,000.00   | 721170530 | Program Funding |
| Congregation Albert   | 501 c 3 3800 Louisiana Blvd NE         | Albuquerque, NM 87110      | 46,984.82  | 850124933 | Program Funding |
| Compassion International Incorporated                                     | 501 c 3 12290 Voyager Parkway          | Colorado Springs, CO 80921 | 5,358.50   | 362423707 | Program Funding |
| Community of Poor Clares of New Mexico, Inc.                              | 501 c 3 809 E 19th Street              | Roswell, NM 88201          | 8,282.70   | 200945329 | Program Funding |
| Covenant Presbyterian Church  | 501 c 3 9315 Candelaria Rd NE          | Albuquerque, NM 87112      | 54,214.96  | 850171773 | Program Funding |
| Cornell University  | 501 c 3 377 Pine Tree Road             | Ithaca, NY 14850           | 5,414.80   | 150532082 | Program Funding |
| Cornucopia Adult and Family Services                                      | 501 c 3 2002 Bridge Blvd NW            | Albuquerque NM 87105       | 45,000.00  | 850311603 | Program Funding |
| AnchorPoint Church  | 501 c 3 6751 Pasilla Rd NE             | Rio Rancho, NM 87144       | 41,031.77  | 850389124 | Program Funding |
| Cross of Hope Lutheran Church   | 501 c 3 6104 Taylor Ranch NW           | Albuquerque, NM 87120      | 5,905.10   | 850294144 | Program Funding |
| Crossroads for Women  | 501 c 3 805 Tijeras Ave NW             | Albuquerque, NM 87102      | 45,844.63  | 850448641 | Program Funding |
| CLNkids Inc   | 501 c 3 PO Box 12786                   | Albuquerque, NM 87195      | 66,689.08  | 850366029 | Program Funding |
| Doctors Without Borders USA, Inc.   | 501 c 3 40 Rector Street 16th Floor    | New York, NY 10006         | 23,988.07  | 133433452 | Program Funding |
| Disabled American Veterans Charitable Service Trust National Headquarters | 501 c 3 3725 Alexandria Pike           | Cold Spring, KY 41076      | 5,593.00   | 521521276 | Program Funding |
| Designs for Learning Differences, Inc.                                    | 501 c 3 8600 Academy Rd NE             | Albuquerque, NM 87111      | 8,801.92   | 850290551 | Program Funding |
| Rotary Del Norte Foundation   | 501 c 3 PO Box 3951                    | Albuquerque, NM 87190      | 5,592.91   | 850384102 | Program Funding |
| Desert Springs Church   | 501 c 3 705 Osuna Rd NE                | Albuquerque, NM 87113      | 96,749.81  | 850379220 | Program Funding |
| Dickinson College   | 501 c 3 PO Box 1773                    | Carlisle, PA 17013         | 9,346.50   | 231365954 | Program Funding |
| DreamSpring   | 501 c 3 2000 Zearing Ave NW            | Albuquerque NM 87104       | 50,000.00  | 850417347 | Program Funding |
| Explora Science Center & Children's Museum of Albuquerque                 | 501 c 3 1701 Mountain Rd NW            | Albuquerque, NM 87104      | 74,345.41  | 850442062 | Program Funding |
| Earthjustice  | 501 c 3 50 California St Ste 500       | San Francisco, CA 94111    | 5,390.33   | 941730465 | Program Funding |
| Earlham College   | 501 c 3 801 National Rd W Ste D193     | Richmond, IN 47374         | 5,780.00   | 350868073 | Program Funding |
| East Central Ministries, Inc.   | 501 c 3 123 Vermont St NE              | Albuquerque, NM 87108      | 34,226.83  | 371426703 | Program Funding |
| East-West Ministries International  | 501 c 3 2001 W Plano Parkway Ste 3000  | Plano, TX 75075            | 6,600.00   | 752486132 | Program Funding |
| El Buen Samaritano United Methodist Church                                | 501 c 3 700 Granite Avenue NW          | Albuquerque, NM 87102      | 5,388.00   | 856078012 | Program Funding |
| El Ranchito de Los Ninos Foundation                                       | 501 c 3 PO Box 2400                    | Los Lunas, NM 87031        | 19,457.50  | 263208502 | Program Funding |

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| ENLACE Comunitario   | 501 c 3 PO Box 8919                               | Albuquerque, NM 87198      | 100,516.45 | 850473384 | Program Funding |
| Equal Access to Justice, Inc.  | 501 c 3 PO Box 25941                              | Albuquerque, NM 87125      | 15,142.24  | 850437183 | Program Funding |
| Faith Lutheran Church  | 501 c 3 10000 Spain Rd NE                         | Albuquerque, NM 87111      | 62,306.29  | 850124951 | Program Funding |
| First Presbyterian Church  | 501 c 3 215 Locust NE                             | Albuquerque, NM 87102      | 8,532.63   | 850115803 | Program Funding |
| First United Methodist Church  | 501 c 3 PO Box 1638                               | Albuquerque, NM 87103      | 23,977.54  | 850125540 | Program Funding |
| First Unitarian Church of Albuquerque  | 501 c 3 3701 Carlisle Blvd NE                     | Albuquerque, NM 87110      | 21,574.59  | 850134789 | Program Funding |
| Focus On The Family  | 501 c 3 8605 Explorer Drive                       | Colorado Springs, CO 80920 | 28,984.77  | 953188150 | Program Funding |
| Fellowship Missionary Baptist Church   | 501 c 3 PO Box 26327                              | Albuquerque, NM 87125      | 29,895.51  | 850324303 | Program Funding |
| Family Research Council, Inc.  | 501 c 3 801 G Street NW                           | Washington, DC 20001       | 13,360.00  | 521792772 | Program Funding |
| Formation Counseling Services, Inc.  | 501 c 3 8600 Academy Rd NE                        | Albuquerque, NM 87111      | 20,728.00  | 141912128 | Program Funding |
| First Christian Church of Albuquerque  | 501 c 3 10101 Montgomery Blvd NE                  | Albuquerque, NM 87111      | 11,313.54  | 850166035 | Program Funding |
| Citizen Church   | 501 c 3 10500 Copper Ave NE Suite D               | Albuquerque, NM 87123      | 26,843.70  | 850162541 | Program Funding |
| Foothills Fellowship Church  | 501 c 3 12504 Candelaria Road NE                  | Albuquerque, NM 87112      | 5,103.55   | 850318447 | Program Funding |
| Fractal Foundation   | 501 c 3 2917 Campus Blvd NE                       | Albuquerque, NM 87106      | 5,555.00   | 134252553 | Program Funding |
| Future Focused Education   | 501 c 3 200 Broadway Blvd NE                      | Albuquerque NM 87102       | 200,000.00 | 473717716 | Program Funding |
| Golden Apple Foundation of New Mexico  | 501 c 3 PO Box 40469                              | Albuquerque, NM 87196      | 11,680.21  | 850420305 | Program Funding |
| Girl Scouts of New Mexico Trails, Inc.   | 501 c 3 4000 Jefferson Plaza NE                   | Albuquerque, NM 87109      | 36,290.54  | 856011246 | Program Funding |
| Gospel for Asia, Inc.  | 501 c 3 1116 St. Thomas Way                       | Wills Point, TX 75169      | 5,275.40   | 731099096 | Program Funding |
| Greater Albuquerque Habitat for Humanity                                       | 501 c 3 4900 Manual Blvd NE                       | Albuquerque, NM 87110      | 53,707.36  | 850359138 | Program Funding |
| Grace Church   | 501 c 3 6901 San Antonio Dr NE                    | Albuquerque, NM 87109      | 5,452.04   | 856011708 | Program Funding |
| Give Direct Inc aka GiveDirectly   | 501 c 3 PO Box 3221                               | New York, NY 10008         | 5,437.29   | 271661997 | Program Funding |
| Holy Ghost School  | 501 c 3 6201 Ross Ave SE                          | Albuquerque, NM 87108      | 6,065.61   | 850124338 | Program Funding |
| Albuquerque Healthcare for the Homeless  | 501 c 3 PO Box 25445                              | Albuquerque, NM 87125      | 35,468.68  | 850368993 | Program Funding |
| Heifer Project International, Inc.   | 501 c 3 1 World Ave                               | Little Rock, AR 72202      | 6,778.13   | 351019477 | Program Funding |
| Heights Cumberland Presbyterian Church   | 501 c 3 8600 Academy NE                           | Albuquerque, NM 87111      | 40,436.40  | 850229225 | Program Funding |
| Hope Evangelical Free Church   | 501 c 3 4710 Juan Tabo Blvd NE                    | Albuquerque, NM 87111      | 58,344.63  | 237037643 | Program Funding |
| Habitat for Humanity International, Inc.                                       | 501 c 3 322 W Lamar St                            | Americus, GA 31709         | 5,578.67   | 911914868 | Program Funding |
| H2 Academic Solutions Scholarship Fund   | 501 c 3 506 Becker Ave                            | Belen, NM 87002            | 18,000.00  | 813138628 | Program Funding |
| The Heart Gallery of New Mexico Foundation                                     | 501 c 3 13170-B Central Ave SE # 190              | Albuquerque, NM 87123      | 15,008.54  | 204468893 | Program Funding |
| Albuquerque Heights First Church of the Nazarene                               | 501 c 3 8401 Paseo del Norte NE                   | Albuquerque, NM 87122      | 11,135.50  | 850125996 | Program Funding |
| National Hispanic Cultural Center Foundation                                   | 501 c 3 1701 4th St SW Ste 211                    | Albuquerque, NM 87102      | 86,576.74  | 850335056 | Program Funding |
| Hope Christian School  | 501 c 3 8005 Louisiana Blvd NE                    | Albuquerque, NM 87109      | 16,842.59  | 850244670 | Program Funding |
| Hoffmantown Baptist Church   | 501 c 3 8888 Harper NE                            | Albuquerque, NM 87111      | 32,010.18  | 850162757 | Program Funding |
| Sagebrush Community Church   | 501 c 3 6440 Coors NW                             | Albuquerque, NM 87120      | 265,941.96 | 850484234 | Program Funding |
| Outreach Map (House of Judah)  | 501 c 3 PO Box 1801                               | Walnut, CA 91789           | 20,000.00  | 953165410 | Program Funding |
| Hope in the Desert Episcopal Church  | 501 c 3 8700 Alameda Blvd NE                      | Albuquerque, NM 87122      | 12,240.00  | 850475053 | Program Funding |
| Hosanna  | 501 c 3 2421 Aztec Road NE                        | Albuquerque, NM 87107      | 23,048.53  | 850223225 | Program Funding |
| Horizon Student Opportunities & Results for New Mexico aka Horizon Albuquerque | 501 c 3 PO Box 6066                               | Albuquerque, NM 87197      | 33,391.12  | 812915448 | Program Funding |
| Immanuel Evangelical Lutheran Church and School                                | 501 c 3 300 Gold Ave SE                           | Albuquerque, NM 87102      | 5,790.43   | 850109590 | Program Funding |
| Immaculate Conception Parish   | 501 c 3 619 Copper Ave NW                         | Albuquerque, NM 87102      | 7,303.98   | 850161934 | Program Funding |
| Indian Pueblo Cultural Center, Inc.  | 501 c 3 2401 12th Street NW                       | Albuquerque, NM 87104      | 37,870.00  | 850232968 | Program Funding |
| Family Promise of Albuquerque  | 501 c 3 808 Edith Blvd NE                         | Albuquerque, NM 87102      | 9,208.06   | 850472315 | Program Funding |
| Juvenile Diabetes Research Foundation New Mexico Chapter                       | 501 c 3 6100 Indian School NE Suite 210           | Albuquerque, NM 87110      | 6,866.98   | 231907729 | Program Funding |
| St. John XXIII Catholic Community  | 501 c 3 4831 Tramway Ridge Dr NE                  | Albuquerque, NM 87111      | 21,251.76  | 850325258 | Program Funding |
| Jewish Community Foundation of New Mexico                                      | 501 c 3 5520 Wyoming Blvd NE                      | Albuquerque, NM 87109      | 13,510.00  | 464161463 | Program Funding |
| Jewish Community Center of Greater Albuquerque, Inc.                           | 501 c 3 5520 Wyoming Blvd NE                      | Albuquerque, NM 87109      | 21,726.00  | 850457178 | Program Funding |
| Jewish Federation of New Mexico  | 501 c 3 5520 Wyoming Bld NE                       | Albuquerque, NM 87109      | 91,858.63  | 850158242 | Program Funding |
| Joy Junction   | 501 c 3 PO Box 27693                              | Albuquerque, NM 87125      | 139,049.64 | 850360268 | Program Funding |
| Junior Achievement of New Mexico, Inc.   | 501 c 3 4700 Lincoln Rd NE                        | Albuquerque, NM 87109      | 10,172.93  | 850416889 | Program Funding |
| Keshet Dance Company   | 501 c 3 4121 Cutler Ave NE                        | Albuquerque, NM 87110      | 106,943.69 | 850436623 | Program Funding |
| Albuquerque Kennel Kompadres, Inc.   | 501 c 3 139 Palacio Rd                            | Corrales, NM 87048         | 5,734.33   | 810579861 | Program Funding |
| KLOVE Christian Radio Educational Media Foundation                             | 501 c 3 PO Box 2098                               | Omaha, NE 68103            | 8,616.06   | 942816342 | Program Funding |
| New Mexico PBS/KNME TV   | 501 c 3 1130 University Blvd NE Mailstop: MCS 12- | Albuquerque, NM 87102      | 54,028.50  | 850275408 | Program Funding |

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| Leukemia and Lymphoma Society NM/El Paso Chapter                                   | 501 c 3 8500 Menaul Blvd NE Suite B295 | Albuquerque, NM 87112    | 5,226.24   | 135644916 | Program Funding |
| Lap Dog Rescue of New Mexico   | 501 c 3 PO Box 1316                    | Tijeras, NM 87059        | 43,021.56  | 850477845 | Program Funding |
| Las Placitas Presbyterian Church   | 501 c 3 PO Box 768                     | Placitas, NM 87043       | 8,872.00   | 850289668 | Program Funding |
| Church of Jesus Christ of LDS  | 501 c 3 50 E North Temple St Rm 1521   | Salt Lake City, UT 84150 | 63,356.46  | 237300405 | Program Funding |
| Libros for Kids Inc  | 501 c 3 2052 Calle Pajaro Azul NW      | Albuquerque, NM 87120    | 51,052.00  | 822152369 | Program Funding |
| Little Sisters of the Poor of New Mexico   | 501 c 3 1900 Mark Avenue               | Gallup, NM 87301         | 6,830.12   | 850319341 | Program Funding |
| La Plaza de Encuentro Gathering Place  | 501 c 3 714 4th St SW                  | Albuquerque, NM 87102    | 60,011.52  | 272016727 | Program Funding |
| Make-A-Wish Foundation of New Mexico   | 501 c 3 7400 Tiburon St NE             | Albuquerque, NM 87109    | 38,735.57  | 850347088 | Program Funding |
| Mission Aviation Fellowship  | 501 c 3 PO Box 47                      | Nampa, ID 83653          | 32,880.00  | 951920983 | Program Funding |
| Menaul School  | 501 c 3 301 Menaul Blvd NE             | Albuquerque, NM 87107    | 14,260.83  | 850218216 | Program Funding |
| Manzano Day School   | 501 c 3 1801 Central Ave NW            | Albuquerque, NM 87104    | 25,960.84  | 850127993 | Program Funding |
| March of Dimes   | 501 c 3 PO Box 18819                   | Atlanta, GA 31126        | 6,269.42   | 131846366 | Program Funding |
| Mandy's Special Farm   | 501 c 3 PO Box 9346                    | Albuquerque, NM 87119    | 14,656.55  | 850436516 | Program Funding |
| Albuquerque Meals on Wheels  | 501 c 3 PO Box 92614                   | Albuquerque, NM 87199    | 23,186.64  | 850307043 | Program Funding |
| High Desert United Methodist Church  | 501 c 3 PO Box 45378                   | Rio Rancho, NM 87174     | 6,846.20   | 205181819 | Program Funding |
| Heading Home   | 501 c 3 PO Box 27636                   | Albuquerque, NM 87125    | 14,946.19  | 201917517 | Program Funding |
| Pathways Academy   | 501 c 3 201 University Blvd NE         | Albuquerque, NM 87106    | 8,632.01   | 680553717 | Program Funding |
| Montgomery Boulevard Church of Christ, Inc.  | 501 c 3 7201 Montgomery Blvd NE        | Albuquerque, NM 87109    | 18,250.36  | 850240167 | Program Funding |
| Mountainside Church of Christ  | 501 c 3 12300 Indian School Rd NE      | Albuquerque, NM 87112    | 5,533.35   | 850319148 | Program Funding |
| East Mountain High School Foundation   | 501 c 3 PO Box 1852                    | Sandia Park, NM 87047    | 5,340.26   | 850462827 | Program Funding |
| Mount Olive Missionary Baptist Church of Albuquerque                               | 501 c 3 2401 University Blvd SE        | Albuquerque, NM 87106    | 24,048.30  | 850280799 | Program Funding |
| Mountain Christian Church  | 501 c 3 PO Box 615                     | Cedar Crest, NM 87008    | 27,247.31  | 850282571 | Program Funding |
| The Rock at NoonDay  | 501 c 3 PO Box 25451                   | Albuquerque, NM 87125    | 11,829.09  | 850349649 | Program Funding |
| A New Day, Inc.  | 501 c 3 2305 Renard Pl SE Suite 200    | Albuquerque, NM 87106    | 151,783.11 | 850245782 | Program Funding |
| National Society of Black Engineers  | 501 c 3 PO Box 11544                   | Albuquerque, NM 87192    | 6,584.25   | 850447739 | Program Funding |
| New Mexico Christian Children's Home   | 501 c 3 1356 NM 236                    | Portales, NM 88130       | 6,110.98   | 856018576 | Program Funding |
| National Atomic Museum Foundation DBA National Museum of Nuclear Science & History | 501 c 3 601 Eubank Blvd SE             | Albuquerque, NM 87123    | 6,730.51   | 850404628 | Program Funding |
| National Parks Foundation  | 501 c 3 1110 Vermont Ave NW Ste 200    | Washington, DC 20005     | 5,951.23   | 521086761 | Program Funding |
| National Dance Institute of New Mexico aka NDI New Mexico                          | 501 c 3 1140 Alto St                   | Santa Fe, NM 87501       | 112,129.26 | 850431846 | Program Funding |
| National Institute of Flamenco   | 501 c 3 1771 Bellamah Ave NW Suite A   | Albuquerque, NM 87106    | 5,164.99   | 850332879 | Program Funding |
| National Multiple Sclerosis Society New York Chapter                               | 501 c 3 1050 N Post Oak Rd Ste 240     | Houston, TX 77055        | 13,673.62  | 135661935 | Program Funding |
| Native American Community Academy  | 501 c 3 1000 Indian Scholl Rd NW       | Albuquerque 87104        | 39,843.00  | 272193660 | Program Funding |
| Nature Conservancy   | 501 c 3 4245 N Fairfax Dr Ste 100      | Arlington, VA 22203      | 12,728.59  | 530242652 | Program Funding |
| New City Church aka New City Christian Church(NEWCCC)                              | 501 c 3 6300 San Mateo Blvd NE Ste F-1 | Albuquerque, NM 87109    | 5,325.34   | 271702411 | Program Funding |
| Nature Conservancy of New Mexico   | 501 c 3 212 East Marcy St Ste 200      | Santa Fe, NM 87501       | 10,643.05  | 530242652 | Program Funding |
| Netherwood Park Church of Christ   | 501 c 3 5101 Indian School NE          | Albuquerque, NM 87110    | 13,602.24  | 850285289 | Program Funding |
| New City Christian Church  | 501 c 3 6300 San Mateo Blvd NE Ste F-1 | Albuquerque, NM 87109    | 18,126.00  | 271702411 | Program Funding |
| New Covenant Church of Albuquerque   | 501 c 3 7201 Paseo del Norte NE        | Albuquerque, NM 87113    | 23,341.78  | 850416124 | Program Funding |
| New Life City  | 501 c 3 5454 Venice Ave NE Ste E       | Albuquerque, NM 87113    | 12,633.32  | 850472363 | Program Funding |
| New Mexico Association of Grantmakers  | 501 c 3 PO Box 70126                   | Albuquerque, NM 87197    | 8,492.46   | 850437031 | Program Funding |
| New Mexico Alliance for Hispanic Education   | 501 c 3 PO Box 25806                   | Albuquerque, NM 87125    | 7,500.00   | 850452029 | Program Funding |
| New Mexico Appleseed   | 501 c 3 222 E Marcy St Suite 20        | Santa Fe, NM 87501       | 33,746.48  | 204985257 | Program Funding |
| New Mexico Black History Organizing Committee                                      | 501 c 3 1258 Ortiz St SE               | Albuquerque NM 87108     | 20,000.00  | 863739335 | Program Funding |
| New Mexico Boys and Girls Ranch Foundation, Inc.                                   | 501 c 3 6209 Hendrix Rd NE             | Albuquerque, NM 87110    | 11,351.73  | 850328251 | Program Funding |
| National Christian Foundation, Inc. NM Affiliate                                   | 501 c 3 PO Box 27015                   | Scottsdale, AZ 85255     | 129,815.90 | 850466529 | Program Funding |
| American Civil Liberties Union of New Mexico Foundation (ACLU-NM Foundation)       | 501 c 3 PO Box 566                     | Albuquerque, NM 87103    | 21,740.43  | 850275276 | Program Funding |
| New Mexico Foundation  | 501 c 3 8 Calle Medico                 | Santa Fe, NM 87505       | 7,743.26   | 850311210 | Program Funding |
| NMDOG Inc  | 501 c 3 9445 Coors Blvd NW # 171       | Albuquerque, NM 87114    | 10,155.40  | 452781292 | Program Funding |
| New Mexico Foundation for Dental Health Research and Education                     | 501 c 3 PO Box 16854                   | Albuquerque, NM 87111    | 30,500.00  | 743146433 | Program Funding |
| New Mexico Heart Institute Foundation  | 501 c 3 601 Lomas Blvd NE              | Albuquerque, NM 87102    | 13,576.96  | 201443608 | Program Funding |
| New Mexico Holocaust & Intolerance Museum  | 501 c 3 PO Box 1762                    | Albuquerque, NM 87103    | 15,924.98  | 850456900 | Program Funding |
| New Mexico Immigrant Law Center  | 501 c 3 PO Box 7040                    | Albuquerque NM 87194     | 37,500.00  | 273303237 | Program Funding |
| New Mexico International School Foundation   | 501 c 3 7215 Montgomery Blvd NE        | Albuquerque, NM 87109    | 9,934.78   | 474059847 | Program Funding |

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| New Mexico Jazz Workshop                           | 501 c 3 5500 Lomas Blvd NE             | Albuquerque NM 87110   | 50,000.00  | 850247988 | Program Funding |
| New Mexico Kids Matter                             | 501 c 3 2340 Alamo Ave SE              | Albuquerque NM 87106   | 106,624.00 | 850424064 | Program Funding |
| New Mexico Legal Aid                               | 501 c 3 505 Marquette NW               | Albuquerque NM 87102   | 74,631.00  | 850116950 | Program Funding |
| New Mexico Museum of Natural History Foundation    | 501 c 3 PO Box 25446                   | Albuquerque, NM 87125  | 16,301.56  | 850257595 | Program Funding |
| New Mexico Philharmonic                            | 501 c 3 3035 Menaul Blvd NE # 2        | Albuquerque, NM 87107  | 42,372.50  | 271148446 | Program Funding |
| New Mexico State University Foundation             | 501 c 3 PO Box 3590                    | Las Cruces, NM 88003   | 13,420.05  | 850170157 | Program Funding |
| New Mexico Youth Foundation and Alliance           | 501 c 3 125 Bosque Farms Blvd          | Bosque Farms, NM 87068 | 6,027.84   | 204056366 | Program Funding |
| North Church Albuquerque                           | 501 c 3 4700 San Mateo Blvd NE         | Albuquerque, NM 87109  | 30,927.26  | 850415507 | Program Funding |
| Our Lady of the Most Holy Rosary Church            | 501 c 3 5415 Fortuna Rd NW             | Albuquerque, NM 87105  | 13,872.39  | 850168153 | Program Funding |
| Opera Southwest                                    | 501 c 3 PO Box 27671                   | Albuquerque, NM 87125  | 18,652.00  | 237314812 | Program Funding |
| Our Lady of Belen Church                           | 501 c 3 101A 10th St                   | Belen, NM 87002        | 5,384.97   | 850157923 | Program Funding |
| Open Heart Kitchen of Livermore, Inc.              | 501 c 3 1141 Catalina Drive Ste 137    | Livermore, CA 94550    | 6,649.58   | 943396038 | Program Funding |
| Our Lady of Annunciation Church                    | 501 c 3 2532 Vermont NE                | Albuquerque, NM 87110  | 42,761.38  | 850154013 | Program Funding |
| One Albuquerque Fund                               | 501 c 3 PO Box 25125                   | Albuquerque, NM 87125  | 47,120.27  | 842644992 | Program Funding |
| One For Israel                                     | 501 c 3 PO Box 93000                   | Southlake, TX 76092    | 5,030.74   | 473813968 | Program Funding |
| Presbyterian Ear Institute                         | 501 c 3 415 Cedar St SE                | Albuquerque, NM 87106  | 45,387.22  | 850373591 | Program Funding |
| Paws and Stripes                                   | 501 c 3 617 Truman St NE               | Albuquerque, NM 87110  | 74,345.51  | 272908352 | Program Funding |
| PB&J Family Services, Inc.                         | 501 c 3 1101 Lopez Rd SW               | Albuquerque, NM 87105  | 101,468.31 | 850231566 | Program Funding |
| Pegasus Legal Services for Children                | 501 c 3 505 Marquette NW               | Albuquerque NM 87102   | 97,400.00  | 460509986 | Program Funding |
| Pioneers, Inc.                                     | 501 c 3 10123 William Carey Dr         | Orlando, FL 32832      | 5,950.00   | 521206938 | Program Funding |
| Planned Parenthood Federation of America           | 501 c 3 PO Box 97166                   | Washington, DC 20090   | 9,087.31   | 131644147 | Program Funding |
| Planned Parenthood of New Mexico                   | 501 c 3 719 San Mateo NE               | Albuquerque, NM 87108  | 89,597.58  | 850197745 | Program Funding |
| People Prosper International Inc                   | 501 c 3 2650 FM 407 E Ste 145/150      | Bartonville, TX 76226  | 13,905.26  | 812598323 | Program Funding |
| Prince of Peace Lutheran Church & School           | 501 c 3 12121 State Highway 14 N       | Cedar Crest, NM 87008  | 10,937.38  | 850317705 | Program Funding |
| Project Defending Life                             | 501 c 3 729 San Mateo Blvd NE          | Albuquerque, NM 87108  | 10,185.19  | 412199203 | Program Funding |
| Presbyterian Healthcare Foundation                 | 501 c 3 PO Box 26666                   | Albuquerque, NM 87125  | 637,212.30 | 856016041 | Program Funding |
| Prince of Peace Catholic Community                 | 501 c 3 12500 Carmel Ave NE            | Albuquerque, NM 87122  | 52,716.10  | 850386229 | Program Funding |
| Haven House, Inc.                                  | 501 c 3 PO Box 15611                   | Rio Rancho, NM 87174   | 91,929.36  | 850422830 | Program Funding |
| Domestic Violence Resource Center, Resources, Inc. | 501 c 3 625 Silver Ave SW Ste 185      | Albuquerque, NM 87102  | 95,555.13  | 850439226 | Program Funding |
| 30 60 100 Ministries, Inc.                         | 501 c 3 PO Box 2799                    | Keller, TX 76244       | 6,375.00   | 710867927 | Program Funding |
| Rotary Foundation of Rotary International          | 501 c 3 14280 Collections Center Dr    | Chicago, IL 60693      | 9,876.20   | 363245072 | Program Funding |
| Rio Grande Center For Spiritual Living             | 501 c 3 4374 Alexander Blvd NE Suite T | Albuquerque, NM 87107  | 8,772.00   | 271119850 | Program Funding |
| Rio Grande Food Project                            | 501 c 3 PO Box 66498                   | Albuquerque, NM 87193  | 56,253.18  | 201667103 | Program Funding |
| Redemption Hill Church                             | 501 c 3 9674 Eagle Ranch Rd NW Suite 6 | Albuquerque, NM 87114  | 6,033.73   | 471503037 | Program Funding |
| Roadrunner Food Bank                               | 501 c 3 5840 Office Blvd NE            | Albuquerque, NM 87109  | 437,079.06 | 850278525 | Program Funding |
| Ronald McDonald House of New Mexico                | 501 c 3 1011 Yale Blvd NE              | Albuquerque, NM 87106  | 53,403.16  | 850283204 | Program Funding |
| Rio Rancho Public Schools District Office          | 501 c 3 500 Laser Rd NE                | Rio Rancho, NM 87124   | 18,098.26  | 850414272 | Program Funding |
| Special Olympics New Mexico                        | 501 c 3 6600 Palomas NE Ste 207        | Albuquerque, NM 87109  | 46,192.92  | 850268084 | Program Funding |
| St. Thomas Aquinas Parish                          | 501 c 3 1502 Sara Rd SE                | Rio Rancho, NM 87124   | 11,194.29  | 850313902 | Program Funding |
| Albuquerque SANE Collaborative                     | 501 c 3 PO Box 37139                   | Albuquerque, NM 87176  | 5,860.95   | 850443295 | Program Funding |
| Sandia Preparatory School                          | 501 c 3 532 Osuna Rd NE                | Albuquerque, NM 87113  | 42,681.55  | 850196115 | Program Funding |
| The Storehouse New Mexico                          | 501 c 3 PO Box 94810                   | Albuquerque, NM 87199  | 142,573.06 | 352511614 | Program Funding |
| Samaritan's Purse                                  | 501 c 3 PO Box 3000                    | Boone, NC 28607        | 11,451.38  | 581437002 | Program Funding |
| St. Jude's Children's Research Hospital            | 501 c 3 501 St Jude Place              | Memphis, TN 38105      | 49,998.01  | 351044585 | Program Funding |
| St. Luke Lutheran Church                           | 501 c 3 9100 Manual Blvd NE            | Albuquerque, NM 87112  | 10,098.00  | 856003664 | Program Funding |
| St. John's United Methodist Church                 | 501 c 3 2626 Arizona St NE             | Albuquerque, NM 87110  | 56,567.69  | 850105796 | Program Funding |
| Holy Child Parish                                  | 501 c 3 PO Box 130                     | Tijeras, NM 87059      | 10,208.22  | 850303496 | Program Funding |
| Southern Poverty Law Center                        | 501 c 3 400 Washington Ave             | Montgomery, AL 36104   | 7,472.42   | 630598743 | Program Funding |
| St. Vincent de Paul Society Albuquerque            | 501 c 3 4120 Menaul Blvd NE            | Albuquerque, NM 87110  | 17,821.34  | 850213561 | Program Funding |
| St. Joseph on the Rio Grande Parish                | 501 c 3 5901 St. Joseph's Dr NW        | Albuquerque, NM 87120  | 5,385.69   | 856009986 | Program Funding |
| Salvation Army                                     | 501 c 3 PO Box 27690                   | Albuquerque, NM 87125  | 82,137.74  | 860096791 | Program Funding |
| Santa Fe Opera                                     | 501 c 3 PO Box 2408                    | Santa Fe, NM 87504     | 17,230.80  | 850131810 | Program Funding |
| SAT-7 North America                                | 501 c 3 24 W Dover St                  | Easton, MD 21601       | 5,980.00   | 232964829 | Program Funding |

|  |  |                            |            |           |                 |
|--|--|----------------------------|------------|-----------|-----------------|
| Sandia Presbyterian Church                                 | 501 c 3 10704 Paseo del Norte NE         | Albuquerque, NM 87122      | 93,420.31  | 850380522 | Program Funding |
| Saranam, LLC   | 501 c 3 201 University NE                | Albuquerque, NM 87106      | 161,101.19 | 202036621 | Program Funding |
| Santa Fe Pro Musica Inc                                    | 501 c 3 PO Box 2091                      | Santa Fe, NM 87504         | 6,000.00   | 850283203 | Program Funding |
| Shepherd's Gate  | 501 c 3 1660 Portola Ave                 | Livermore, CA 94551        | 7,785.80   | 942902803 | Program Funding |
| Shepherd of the Valley Presbyterian Church                 | 501 c 3 1801 Montano Rd NW               | Albuquerque, NM 87107      | 13,156.53  | 850206058 | Program Funding |
| Sierra Club Foundation                                     | 501 c 3 2101 Webster St Suite 1300       | Oakland, CA 94612          | 9,874.05   | 946069890 | Program Funding |
| New Beginnings Church of God                               | 501 c 3 3601 Montgomery Blvd NE          | Albuquerque, NM 87109      | 16,894.00  | 10815203  | Program Funding |
| St. Pius X High School Foundation                          | 501 c 3 5301 St Josephs Dr NW            | Albuquerque, NM 87120      | 9,110.57   | 850427816 | Program Funding |
| Shine School Partnership                                   | 501 c 3 6300 San Mateo Blvd NE Ste F-1   | Albuquerque, NM 87109      | 20,876.26  | 812266285 | Program Funding |
| SSTPS, Inc. DBA La Luz Early Childhood Center              | 501 c 3 1301 Britt St SE                 | Albuquerque, NM 87123      | 8,068.53   | 850475097 | Program Funding |
| St. Thomas Aquinas School                                  | 501 c 3 1100 Hood Rd SE                  | Rio Rancho, NM 87124       | 6,127.53   | 530196617 | Program Funding |
| Student Clothing Bank                                      | 501 c 3 PO Box 94735                     | Albuquerque, NM 87199      | 20,201.70  | 465765753 | Program Funding |
| St. Felix Pantry, Inc.                                     | 501 c 3 4020 Barbara Loop SE             | Rio Rancho, NM 87124       | 27,105.73  | 850407376 | Program Funding |
| St. John's Episcopal Cathedral                             | 501 c 3 PO Box 1246                      | Albuquerque, NM 87103      | 20,796.20  | 850119046 | Program Funding |
| St. Jude Thaddeus Church                                   | 501 c 3 5712 Paradise Blvd NW            | Albuquerque, NM 87114      | 25,029.70  | 850382507 | Program Funding |
| St. John Vianney Church                                    | 501 c 3 1001 Meteor Ave NE               | Rio Rancho, NM 87144       | 11,956.36  | 850435440 | Program Funding |
| St. Martin's Hospitality Center dba St. Martin's HopeWorks | 501 c 3 1128 2nd St NW                   | Albuquerque, NM 87102      | 68,067.39  | 850338552 | Program Funding |
| St. Michael & All Angels Episcopal Church                  | 501 c 3 601 Montano Rd NW                | Albuquerque, NM 87107      | 7,645.35   | 850202316 | Program Funding |
| St. Mary's University of San Antonio                       | 501 c 3 1 Camino Santa Maria St          | San Antonio, TX 78228      | 5,000.00   | 741143128 | Program Funding |
| Teen Challenge of New Mexico                               | 501 c 3 PO Box 20610                     | Albuquerque, NM 87154      | 9,758.28   | 850333739 | Program Funding |
| The Navigators   | 501 c 3 PO Box 6000                      | Colorado Springs, CO 80934 | 8,089.27   | 846007896 | Program Funding |
| Think New Mexico   | 501 c 3 1227 Paseo De Peralta            | Santa Fe, NM 87501         | 12,322.92  | 311611995 | Program Funding |
| T2 Ministry of New Mexico Inc                              | 501 c 3 732 Parkside Drive NE            | Albuquerque, NM 87123      | 10,190.21  | 812412187 | Program Funding |
| Transgender Resource Center of New Mexico                  | 501 c 3 PO Box 80872                     | Albuquerque, NM 87198      | 6,400.32   | 392076744 | Program Funding |
| Trinity at the Marketplace, Inc.                           | 501 c 3 2520 Chama St NE                 | Albuquerque, NM 87110      | 47,720.45  | 731728080 | Program Funding |
| True North Financial Ministries, Inc.                      | 501 c 3 1321 Tijeras Avenue NW           | Albuquerque, NM 87102      | 11,507.84  | 800595459 | Program Funding |
| Tri-Valley Haven for Women                                 | 501 c 3 PO Box 2190                      | Livermore, CA 94551        | 6,876.31   | 942462357 | Program Funding |
| Central New Mexico Community College Foundation            | 501 c 3 723 University Blvd SE Rm 205    | Albuquerque, NM 87106      | 96,754.40  | 850338623 | Program Funding |
| University of Denver                                       | 501 c 3 2199 S University Blvd Ste 107A  | Denver, CO 80210           | 10,412.86  | 840404231 | Program Funding |
| University of Colorado Foundation                          | 501 c 3 1800 Grant St Ste 725            | Denver, CO 80203           | 5,492.50   | 846049811 | Program Funding |
| University of New Mexico Anderson School of Management     | 501 c 3 1 University of New Mexico       | Albuquerque, NM 87131      | 70,412.26  | 237126805 | Program Funding |
| University of New Mexico Foundation, Inc.                  | 501 c 3 700 Lomas Blvd NE                | Albuquerque, NM 87102      | 367,102.14 | 850275408 | Program Funding |
| UNM Lobo Club  | 501 c 3 1 University of New Mexico       | Albuquerque, NM 87131      | 67,352.39  | 856018840 | Program Funding |
| University of Texas Foundation                             | 501 c 3 9011 Mountain Ridge Dr Suite 150 | Austin, TX 78759           | 13,143.60  | 741587488 | Program Funding |
| United Way of the Bay Area                                 | 501 c 3 550 Kearny Street Ste 1000       | San Francisco, CA 94108    | 88,156.34  | 941312348 | Program Funding |
| United Way of Eddy County                                  | 501 c 3 PO Drawer EE                     | Carlsbad, NM 88221         | 6,407.03   | 856004416 | Program Funding |
| San Juan United Way  | 501 c 3 PO Box 323                       | Farmington, NM 87401       | 7,740.50   | 850165322 | Program Funding |
| United Way of Southwest New Mexico                         | 501 c 3 PO Box 1347                      | Las Cruces, NM 88004       | 6,829.19   | 856004324 | Program Funding |
| United Way of Chaves County                                | 501 c 3 PO Box 301                       | Roswell, NM 88202          | 5,941.62   | 850131322 | Program Funding |
| United Way of Santa Fe County, Inc.                        | 501 c 3 440 Cerrillos Rd Ste A           | Santa Fe, NM 87501         | 12,511.67  | 850163601 | Program Funding |
| Valley View Christian Church                               | 501 c 3 PO Box 1145                      | Edgewood, NM 87015         | 10,546.67  | 850375768 | Program Funding |
| Vineyard Church of North Albuquerque                       | 501 c 3 PO Box 6671                      | Albuquerque, NM 87193      | 13,881.60  | 273215227 | Program Funding |
| Legacy Church  | 501 c 3 7201 Central Ave NW              | Albuquerque, NM 87121      | 24,580.85  | 850280270 | Program Funding |
| Vertical Church Albuquerque                                | 501 c 3 10547 Coyote Canyon Pl NW        | Albuquerque, NM 87114      | 9,687.60   | 814920476 | Program Funding |
| Watermelon Mountain Ranch No Kill Shelter                  | 501 c 3 1512 Deborah Rd SE #203          | Rio Rancho, NM 87124       | 29,160.77  | 850480585 | Program Funding |
| WESST Corp   | 501 c 3 609 Broadway NE                  | Albuquerque, NM 87102      | 34,037.10  | 850367809 | Program Funding |
| S.A.F.E. House   | 501 c 3 PO Box 25363                     | Albuquerque, NM 87125      | 47,940.19  | 850247473 | Program Funding |
| World Vision, Inc.   | 501 c 3 PO Box 9716                      | Federal Way, WA 98063      | 15,163.83  | 951922279 | Program Funding |
| Wounded Warrior Project                                    | 501 c 3 PO Box 758571                    | Topeka, KS 66675           | 47,942.76  | 202370934 | Program Funding |
| World Wildlife Fund, Inc.                                  | 501 c 3 1250 24th St NW                  | Washington, DC 20037       | 8,217.12   | 521693387 | Program Funding |
| YMCA of Central New Mexico                                 | 501 c 3 4901 Indian School Rd NE         | Albuquerque, NM 87110      | 15,173.92  | 850105592 | Program Funding |
| Young Life Colorado  | 501 c 3 PO Box 520                       | Colorado Springs, CO 80901 | 10,000.00  | 840385934 | Program Funding |

\$ 11,581,063

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**u Complete if the organization answered "Yes" on Form 990, Part IV, line 23. u Attach to Form 990.**

**uGo to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**UNITED WAY OF CENTRAL NEW MEXICO**

Employer identification number  
**85-0277138**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                           | <b>4a</b> |  | <b>X</b> |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? ..... | <b>4b</b> |  | <b>X</b> |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....    | <b>4c</b> |  | <b>X</b> |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>5a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>5b</b> |  | <b>X</b> |
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |  |          |
|--|-----------|--|----------|
| <b>a</b> The organization? .....         | <b>6a</b> |  | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>6b</b> |  | <b>X</b> |
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No       |
|-----------|-----|----------|
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| (A) Name and Title                 |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                    |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 RODNEY PRUNTY<br>PRESIDENT & CEO | (i)  | 180,488  | 17,500                              | 0                                   | 17,931   | 7,997                   | 223,916                         | 0   |
|                                    | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 RANDY WOODCOCK<br>VP & CDO       | (i)  | 132,262  | 6,500                               | 0                                   | 16,980   | 6,258                   | 162,000                         | 0   |
|                                    | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3                                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 4                                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5                                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6                                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7                                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8                                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9                                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |





**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF CENTRAL NEW MEXICO**

Employer identification number

**85-0277138**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE UNITED WAY IS A VOLUNTARY HEALTH AND WELFARE ORGANIZATION WHICH SOLICITS AND RECEIVES DONATIONS FOR DISTRIBUTION TO UNITED WAY PROGRAMS AND OTHER DONOR OPTED AGENCIES. THE VISION IS SUPPORTIVE COMMUNITIES WHERE PEOPLE LIVE HEALTHY AND PRODUCTIVE LIVES. THE MISSION IS TO BRING PEOPLE AND RESOURCES TOGETHER TO MEASURABLY IMPROVE LIVES AND STRENGTHEN OUR COMMUNITIES. DISTRIBUTIONS ARE MADE BASED UPON A DONOR'S DESIGNATION OF MONIES TO SPECIFIC AGENCIES, OR BY ALLOCATION BY THE BOARD OF DIRECTORS TO UNITED WAY AND OTHER PARTICIPATING AGENCIES.

**FORM 990 - ORGANIZATION'S MISSION**

THE UNITED WAY IS A VOLUNTARY HEALTH AND WELFARE ORGANIZATION WHICH SOLICITS AND RECEIVES DONATIONS FOR DISTRIBUTION TO UNITED WAY PROGRAMS AND OTHER DONOR OPTED AGENCIES. THE VISION IS SUPPORTIVE COMMUNITIES WHERE PEOPLE LIVE HEALTHY AND PRODUCTIVE LIVES. THE MISSION IS TO BRING PEOPLE AND RESOURCES TOGETHER TO MEASURABLY IMPROVE LIVES AND STRENGTHEN OUR COMMUNITIES. DISTRIBUTIONS ARE MADE BASED UPON A DONOR'S DESIGNATION OF MONIES TO SPECIFIC AGENCIES, OR BY ALLOCATION BY THE BOARD OF DIRECTORS TO UNITED WAY AND OTHER PARTICIPATING AGENCIES.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

UNITED WAY OF CENTRAL NEW MEXICO (UWCNM) ADMINISTERS THE FOLLOWING PROGRAMS:

**MISSION: GRADUATE**

Name of the organization

Employer identification number

UNITED WAY OF CENTRAL NEW MEXICO

85-0277138

MISSION: GRADUATE IS A PART OF UWCNM'S CRADLE TO CAREER IMPACT AGENDA THAT HAS THE GOAL OF ADDING 60,000 CERTIFICATES AND DEGREES TO OUR REGION ABOVE AND BEYOND WHAT EXISTED IN OUR BASELINE YEAR OF 2010. THIS MULTI-SECTOR PARTNERSHIP IS COMMITTED TO A VISION FOR A SEAMLESS, AND COORDINATED EDUCATION SYSTEM THAT PROVIDES EQUITABLE OPPORTUNITIES FOR ALL TO EXCEL AND SUCCEED IN SCHOOL; GRADUATE WITH A CERTIFICATE OR POSTSECONDARY DEGREE; AND ENTER A CAREER OF THEIR CHOOSING IN CENTRAL NEW MEXICO.

#### COMMUNITY INVESTMENT FUND

THE COMMUNITY INVESTMENT FUND IMPROVES OUR COMMUNITY BY PROVIDING PROGRAM GRANTS TO QUALIFYING HEALTH AND HUMAN SERVICES AGENCIES IN CENTRAL NEW MEXICO. THE COMMUNITY FUND ADVANCES THE COMMON GOOD AND WORKS TO CREATE A STRONGER COMMUNITY. WE PROVIDE GRANTS IN THREE AREAS: 1) IMPACT GRANTS THAT FOCUS ON EDUCATIONAL ATTAINMENT AND FAMILY STABILITY. 2) BASIC NEEDS GRANTS SUPPORT EMERGENT NEEDS, SUCH AS FOOD AND EMERGENCY SHELTER. 3) CAPACITY BUILDING GRANTS IMPROVE A NONPROFIT'S ABILITY TO FULFILL ITS MISSION.

UWCNM INVESTS IN EDUCATIONAL PROGRAMS TO SUPPORT CENTRAL NEW MEXICAN COMMUNITIES WHERE ALL CHILDREN ARE BORN HEALTHY AND DEVELOP ON TRACK AND ARE FULLY PREPARED TO ENTER THE EDUCATIONAL SYSTEM; WHERE ALL STUDENTS PROGRESS SUCCESSFULLY THROUGH ELEMENTARY SCHOOL, MIDDLE SCHOOL, AND GRADUATE HIGH SCHOOL WITHIN 5 YEARS, READY FOR SCHOOL, LIFE OR WORK; AND WHERE ALL INDIVIDUALS HAVE AN OPPORTUNITY TO ATTAIN POST-SECONDARY EDUCATION, FROM TRADE SCHOOLS TO 4-YEAR UNIVERSITIES.

UWCNM INVESTS IN FAMILY STABILITY PROGRAMS TO SUPPORT CENTRAL NEW MEXICAN COMMUNITIES WHERE ALL INDIVIDUALS AND FAMILIES HAVE ADEQUATE AND

Name of the organization

Employer identification number

UNITED WAY OF CENTRAL NEW MEXICO

85-0277138

SUSTAINABLE RESOURCES TO SUPPORT THEIR NEEDS; AND HAVE THE SKILLS,  
KNOWLEDGE, AND RELATIONSHIPS THEY NEED TO BUILD RESILIENCY.

UWCNM INVESTS IN BASIC NEEDS PROGRAMS TO SUPPORT CENTRAL NEW MEXICAN  
COMMUNITIES WHERE VULNERABLE POPULATIONS ARE SAFE, SOCIALLY ENGAGED, AND  
LIVE WITH DIGNITY.

UWCNM INVESTS IN CAPACITY BUILDING GRANTS WHICH ARE SMALLER GRANTS AWARDED  
TO ORGANIZATIONS TO SUPPORT THEIR ABILITY TO FULFILL THEIR MISSIONS MORE  
EFFECTIVELY.

COMMUNITY INVESTMENT FUND EXPENSES ARE PRESENTED UNDER THE IMPACT GRANTS,  
BASIC NEEDS GRANTS, AND CAPACITY BUILDING GRANTS HEADINGS IN THE STATEMENTS  
OF ACTIVITIES.

MISSION: FAMILIES

MISSION: FAMILIES IS A PART OF UWCNM'S CRADLE TO CAREER IMPACT AGENDA AND  
WAS ESTABLISHED IN 2018 IN RESPONSE TO MISSION: GRADUATE'S WORK, THE  
EDUCATIONAL COMPONENT OF UWCNM'S IMPACT AGENDA. MISSION: FAMILIES FOCUSES  
ON FAMILY STABILITY, AND THE VISION IS RESILIENT CHILDREN AND FAMILIES FREE  
FROM ADVERSE CHILDHOOD EXPERIENCES IN CENTRAL NEW MEXICO. THE GOAL IS TO  
IMPACT 20,000 FAMILIES BY THE YEAR 2030 IN CENTRAL NEW MEXICO.

TAX HELP NEW MEXICO

TAX HELP NEW MEXICO PROVIDES FREE TAX PREPARATION TO NEW MEXICO HOUSEHOLDS  
WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN \$56,000. VOLUNTEERS SERVED  
11,273 CLIENTS LAST FILING SEASON, WHICH ALSO CORRESPONDED WITH THE STATE'S

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85-0277138

SHUTDOWN DUE TO THE COVID-19 PANDEMIC. TAX HELP NM SAVED NEW MEXICO FILERS MORE THAN \$3.6 MILLION IN TAX PREPARATION FEES AND WAS RESPONSIBLE FOR RETURNING OVER \$16 MILLION IN TAX REFUNDS D TO LOCAL ECONOMIES. TAX HELP NEW MEXICO EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES.

2-1-1

2-1-1 IS THE NATIONAL ABBREVIATED DIALING CODE FOR FREE ACCESS TO HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL. UNITED WAY OF CENTRAL NEW MEXICO'S 2-1-1 IS A COMPREHENSIVE SOURCE FOR INFORMATION ABOUT HEALTH AND HUMAN SERVICES, GOVERNMENT AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS. UWCNM'S 2-1-1 SERVICE, WHICH INCLUDES OUR PHONE SERVICE AND WEBPAGE EXPERIENCED MORE THAN 26,000 CONTACTS IN 2020; THIS YEAR, CALL VOLUME DRAMATICALLY INCREASED IN THE CONTEXT OF COVID BECAUSE SO MANY COMMUNITY MEMBERS ARE SUFFERING FOOD INSECURITY, LOSS OF INCOME AND HOUSING INSTABILITY AND NEED EXTRA SUPPORT. 2-1-1 (OR 245-1735) IS STAFFED BY LIVE AGENTS BETWEEN 8:30 A.M. AND 4:30 P.M. MT MONDAY THROUGH FRIDAY; AN AUTOMATED SYSTEM FIELDS CALLS AFTER HOURS AND ON WEEKENDS AND HOLIDAYS. CALLERS WHOSE NEEDS ARE NOT MET BY THE AUTOMATED SYSTEM CAN LEAVE VOICEMAIL MESSAGES WHICH ARE RESPONDED TO THE NEXT BUSINESS DAY. 2-1-1 EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES.

FAMILY ADVOCACY CENTER

UWCNM HELPED ESTABLISH THE FAMILY ADVOCACY CENTER (FAC) IN 2007 TO CHANGE THE SYSTEM OF CARE FOR VICTIMS OF DOMESTIC AND INTERPERSONAL VIOLENCE. THE FAC IS A "ONE-STOP" SHOP FOR VICTIMS THAT OFFERS A SAFE, SECURE AND CARING

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ENVIRONMENT FOCUSED ON THE NEEDS OF VICTIMS OF INTERPERSONAL CRIME. THE FAC HOUSES MANY DIFFERENT AGENCIES WORKING TOGETHER UNDER ONE ROOF. THE UNIQUE DESIGN OF THE FACILITY DRAMATICALLY REDUCES THE STRESS AND TRAUMA OFTEN PLACED ON VICTIMS AND THEIR FAMILIES THROUGH GIVING THEM ACCESS TO A WIDE RANGE OF SUPPORT SERVICES AT ONE LOCATION. SERVICES INCLUDE MEDICAL CARE, ADVOCACY, LEGAL AND FINANCIAL ASSISTANCE, AS WELL AS LAW ENFORCEMENT AND PROSECUTION. MANY OF THE AGENCIES THAT HOUSED AT OR WORK WITH THE FAC APPLY FOR AND RECEIVE COMMUNITY FUND INVESTMENT GRANTS. IN ORDER TO KEEP CLIENTS AND STAFF MEMBERS SAFE DURING THE COVID-19 PANDEMIC AND IN ACCORDANCE WITH NEW MEXICO STATE GUIDELINES, SERVICES ARE CURRENTLY OFFERED ON AN APPOINTMENT BASIS. FAC EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES.

THE CENTER FOR NON-PROFIT EXCELLENCE (CNPE) STRENGTHENS THE CAPABILITIES AND CAPACITIES OF NEW MEXICO NONPROFITS SO THEY CAN EFFECTIVELY ACHIEVE THEIR MISSIONS. CNPE DOES THIS BY PROVIDING ORGANIZATIONAL AND PROFESSIONAL DEVELOPMENT RESOURCES TO NONPROFIT PROFESSIONALS AND VOLUNTEERS THROUGH THE CNPE EDUCATION PROGRAM. AS OF JUNE 30, 2020, CNPE IS NO LONGER A UWCNM PROGRAM.

#### COVID-19 RELIEF

IN RESPONSE TO THE RELIEF NEEDED AS A RESULT OF THE COVID-19 PANDEMIC, UNITED WAY OF CENTRAL NEW MEXICO CREATED THREE RELIEF FUNDS, THE EMERGENCY ACTION FUND (IN PARTNERSHIP WITH THE ALBUQUERQUE COMMUNITY FOUNDATION), THE FEEDING FAMILIES FUND, AND THE NATIVE AMERICAN RELIEF FUND. THE EMERGENCY ACTION FUND PROVIDED GRANTS TO LOCAL NON-PROFITS WHO EXPERIENCED GREATER NEED DUE TO THE PANDEMIC. THE FEEDING FAMILIES FUND PROVIDED FUNDING

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RELIEF TO BOTH LOCAL NON-PROFITS AND SMALL BUSINESSES THROUGH FUNDING FOOD-SECURITY PROGRAMS BY USING LOCAL RESTAURANTS TO PROVIDE MEALS. THE NATIVE AMERICAN RELIEF FUND (IN PARTNERSHIP WITH NEW MEXICO COMMUNITY FOUNDATION AND SANDIA NATIONAL LABS) RAISED FUNDS TO SUPPORT TRIBAL AND STATE GOVERNMENTS' EFFORTS TO DELIVER EMERGENCY SUPPLIES TO COMMUNITIES IMPACTED BY COVID-19. IN TOTAL, OVER \$1.2 MILLION WERE RAISED TO PROVIDE SUPPORT THROUGH THE THREE FUNDS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BEFORE THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE, IT IS REVIEWED BY THE CFO AND OTHER SENIOR MANAGEMENT OF THE ORGANIZATION. AFTER THEIR REVIEW, IT IS SENT TO THE FINANCE COMMITTEE FOR REVIEW. THEN, IT IS PROVIDED TO BOARD MEMBERS FOR REVIEW AND A SHORT PRESENTATION IS GIVEN AT THE NEXT MEETING OF THE EXECUTIVE COMMITTEE OR BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION REQUIRES THAT EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A GOVERNING BOARD SIGN A STATEMENT THAT CONFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMPENSATION FOR THE PRESIDENT OF THE UNITED WAY OF CENTRAL NEW MEXICO IS DETERMINED BY USING REGIONAL SALARY SURVEY DATA AND UNITED WAY WORLDWIDE SALARY SURVEYS AND STAFFING PATTERN DATA, WHICH IS SPECIFIC TO LOCAL UNITED WAY SIZE (\$ RAISED) AND GEOGRAPHICAL REGION. INCREASES IN COMPENSATION ARE CONSIDERED ANNUALLY BY A COMPENSATION

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COMMITTEE. COMPENSATION INCREASES ARE BASED ON MEETING ESTABLISHED ANNUAL PERFORMANCE GOALS, AND THE INCREASE AMOUNT IS DETERMINED THROUGH BOARD APPROVED BUDGETED AMOUNTS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS DETERMINED BY USING REGIONAL SALARY SURVEY DATA AND UNITED WAY WORLDWIDE SALARY SURVEYS AND STAFFING PATTERN DATA, WHICH IS SPECIFIC TO LOCAL UNITED WAY SIZE (\$ RAISED) AND GEOGRAPHICAL REGION. INCREASES IN COMPENSATION ARE CONSIDERED ANNUALLY BY A COMPENSATION COMMITTEE. COMPENSATION INCREASES ARE BASED ON MEETING ESTABLISHED ANNUAL PERFORMANCE GOALS, AND THE INCREASE AMOUNT IS DETERMINED THROUGH BOARD APPROVED BUDGETED AMOUNTS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST TO THE CHIEF FINANCIAL OFFICER.

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS  
THE ORGANIZATION HAS NOT CHANGED ITS AUDIT COMMITTEE OVERSIGHT OR SELECTION

Form **8868****Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

- **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                      |   |   |
|----------------------|---|---|
| <b>Type or print</b> | Name of exempt organization or other filer, see instructions.<br><b>UNITED WAY OF CENTRAL NEW MEXICO</b>                | Taxpayer identification number (TIN)<br><b>85-0277138</b> |
|                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2340 ALAMO AVE SE, 2ND FLOOR</b>           |   |
|                      | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>ALBUQUERQUE NM 87106</b> |   |

File by the due date for filing your return. See instructions.

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**RODNEY PRUNTY**  
**2340 ALAMO AVE SE, 2ND FLOOR**

- The books are in the care of ► **ALBUQUERQUE** ..... **NM 87106**

Telephone No. ► **505-247-3671** ..... Fax No. ► .....

- If the organization does not have an office or place of business in the United States, check this box ..... ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box ... ► . If it is for part of the group, check this box ..... ►  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time un**05/15/22**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or  
 ►  tax year beginning **07/01/20**, and ending **06/30/21**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |          |
|---|-----------|----|----------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | <b>0</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>0</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | <b>0</b> |

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

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

Form **8868** (Rev. 1-2020)