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.

OMB No. 1545-0047 2021 Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 07/01/21 , and ending 06/30/22 D Employer identification number Name of organics UNITED WAY OF NORTH CENTRAL NEW Check if applicable MEXICO FKA UNITED WAY OF CENTRAL NM Address change 85-0277138 Doing business as X Name change Number and street for P.O. box if mail is not delivered to street address. 505-247-3671 2340 ALAMO AVE SE, 2ND FLOOR Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ALBUQUERQUE 18,779,994 NM 87106 G Gross receipts \$ Amended return Name and address of principal officer H(a) is this a group return for subordinates? Yes X No Application pending RODNEY PRUNTY 2340 ALAMO AVE SE, 2ND FLOOR NM 87106 If "No," attach a list. See instructions ALBUQUERQUE X 501(c)(3) 501(c) 4947(xict) or Yax-exempt status WWW.UWCNM.ORG Website: > H(c) Group exer Year of formation: 1979 X Corporation Trust M State of legal domicile: Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities. SEE SCHEDULE O if the organization discontinued its operations or disposed of more than 25% of its net assets 2 Check this box ▶ 39 3 Number of voting members of the governing body (Part VI, line 1a) 46 38 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 60 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 617 6 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 30,514,150 18,391,432 8 Contributions and grants (Part VIII, line 1h) 89,287 23,850 9 Program service revenue (Part VIII, line 2g) 44,672 103,833 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 44,501 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30,582,672 18,629,053 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,581,063 13,113,162 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,638,744 3,350,655 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,272,033 b Total fundraising expenses (Part IX, column (D), line 25) 1,977,430 1,567,914 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18,729,336 16,499,632 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -100,283 14,083,040 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 26,019,435 25,758,904 20 Total assets (Part X, line 16) 3,592,111 3,380,978 21 Total liabilities (Part X, line 26) 22,638,457 22,166,793 22 Net assets or fund balances. Subtract line 21 from line 20 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 es (other than officer) is based on all information of which preparer has any knowledge. true, correct, and complete. Declaration of prepare 03/30/2023 Sonature of officer Sign TREASURER SECRETARY/ LISA KRUGER Here Type or print name and title Print/Type preparer's name angle Kabel Paid 03/30/23 P00446108 ROBERT A ROBERT A. DEPASQUALE DEPASQUALE 85-0219147 Preparer PULAKOS CPAS, PC Firm's EIN P Firm's name 5921 JEFFERSON ST NE Use Only 505-338-1500 ALBUQUERQUE, NM 87109 X Yes No

May the IRS discuss this return with the preparer shown above? See instructions

	990 (2021) UNITED WAY OF NORTH CENTRAL NEW 85-0277138	Page 2
Pa	Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
	FER SCHEDITE 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 X 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 X No
	services? If "Yes," describe these changes on Schedule O.	les 21 No
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.	
	(Code:) (Expenses \$ 15,723,712 including grants of \$ 13,113,162) (Revenue \$	89,287)
S	SEE SCHEDULE O	
	·	
	•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	I/A	
4r:	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	I/A	
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
	•	
4d	Other program services (Describe on Schedule O.)	,
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 15,723,712)
40	Total program service expenses ► 15,723,712	

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
J	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
124	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			,,
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		v	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		_ v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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_ Pa	art 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 of	on			162	INO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J			23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24b				
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the ye					
	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?					
25a						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a p					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-	EZ?				
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu	rrent				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee,					
	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? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule					
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	If				
	"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	И		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule			31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulat	ions				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	III,				
	or IV, and Part V, line 1			34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a		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)? If "Yes," complete Schedule R, Part V, line 2 .			35b		↓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	' VI		37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b	and				
	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	
Pa	art 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			<u> </u>		ᅮᆜ
		I	1.0		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	19			
h	Enter the number of Forms W-2G included on line 13. Enter -0- if not applicable	1 1 h	i ()			

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.					
3a						X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O $_{\cdot}$			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	-				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account, securities account, or other financial account account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a bank account in a foreign country (such as a bank account in a bank a	count)	?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acce					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					l
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			_		3.5
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract					X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8					X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	400				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		\dashv		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	LIUD		\dashv		
11	Section 501(c)(12) organizations. Enter:	11a				
a	Gross income from members or shareholders	IIa		\dashv		
b	and the form of the first of the first first of the second	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	$\overline{}$		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	The state of the s			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			iou		
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	13h				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u>	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		х
-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2021) UNITED WAY OF NORTH CENTRAL NEW 85-0277138 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	39			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6	Did the organization have members or stockholders?			۱ ۵		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	y the fo	ollowing:			
а	The governing body?		_	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			ا م	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nal Re	evenue	Code.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NM					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990-T (section 61	n 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy,	and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•				
RO	DDNEY PRUNTY 2340 ALAMO AVE SE, 2ND FLOOR	_				
ΑI	LBUQUERQUE NM 8710	6	5	05-24	7-3	671

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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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 <u>See</u> the instructions for the order in which to list the persons above.

Ш	Check th	nis box	if neither	the	organization	nor any	/ related	l organization	compensated	d any	current	officer,	director,	or trustee.	
---	----------	---------	------------	-----	--------------	---------	-----------	----------------	-------------	-------	---------	----------	-----------	-------------	--

<u> </u>									
(A) Name and title	(B) Average hours per week	bo	x, unle	ess pe	ition more rson i	than one s both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) WILLIAM NEWELL									
	50.00								
CFO	0.00			X			119,004	0	20,552
(2) JEANETTE BRAHL	50.00								
CMO	0.00			х			107,337	0	17,187
(3) MEGAN DUNN DAVII							107,337	<u> </u>	17,107
(0)11110111 20111 211111	50.00								
CIO	0.00			х			117,626	0	6,608
(4) MELISSA DRACUP							,		
•	50.00								
CCRO	0.00			Х			93,099	0	28,652
(5) RODNEY PRUNTY									
	50.00								
PRESIDENT & CEO	0.00	X		X			207,133	0	24,377
(6) DALE MAXWELL									
	1.00								
BOARD CHAIR	0.00	X		Х			0	0	0
(7) LISA KRUGER									
	1.00	3,		37				_	_
SECRETARY/ TREASURER (8) JOHN CAREY	0.00	Х		Х			0	0	0
(8) JOHN CAREI	1.00								
PRIOR BOARD CHAIR	0.00	x		х			0	0	0
(9) LORI WALDON	0.00								
(0) 10111 11111111111	1.00								
BOARD CHAIR ELECT	0.00	X					0	0	0
(10) H. NOELLE CHAVEZ									
•	1.00								
COMMUN. IMPACT CHAIR	0.00	X					0	0	0
(11) PAUL MOYA									
	1.00						1		
STRATEGIC DEV. CHAIR	0.00	x					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours	bo	x, unl	Pos check ess pe	rson i	than o s both or/truste	an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of other compensation		
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	0	from to from the from	he on and	S
(12) RICHARD BERRY	1												
PUBLIC POLICY CHAIR	1.00	x						0	0				0
(13) ANDY STREBE													
RURAL COUNTIES CHAIR	1.00	x						0	0				0
(14) JAMES PEERY													
CAMPATCH CHATD	1.00	v						0	0				0
(15) SUSAN WILSON		X							0				
MARKETING CHAIR	1.00	x						0	0				0
(16) LISA EDEN	0.00	A							0				
	1.00	.,											_
MEMBER AT LARGE (17) TERESA SALAZA	0.00 R	X						0	0				0
	1.00												_
RISINGTOGETHER CHAIR (18) LEIGH CASWELL	0.00	X						0	0				0
	1.00	x						0	0				0
RISINGTOGETHER CHAIR (19) GABRIELLA BLA		Λ						0	0				
	1.00												_
DIRECTOR 1b Subtotal	0.00	X						644,199	0	 	,	97,	<u>0</u> 376
c Total from continuation shee		ectio	n A				•						
d Total (add lines 1b and 1c) Total number of individuals (inc							<u> </u>	644,199	00,000 of			97,	376
2 Total number of individuals (inc reportable compensation from t			4	1056	iistet	auc	ove)	who received more than \$10	00,000 0				
3 Did the organization list any for	mer officer, dire	ctor,	trust	ee, k	еу е	emplo	yee,	, or highest compensated				Yes	No
employee on line 1a? <i>If "Yes,"</i> 4 For any individual listed on line	complete Schedu	ıle J	for s	uch	indiv	idual	·				3		X
organization and related organi												v	
individual5 Did any person listed on line 1a	a receive or accr	ue c	ompe	 ensat	ion f	rom	any	unrelated organization or inc	dividual		4	X	
for services rendered to the org	2	es," c	omp	lete S	Sche	dule	J fo	r such person		<u></u>	5		X
1 Complete this table for your five		nsate	ed in	depe	nder	nt cor	ntrac	tors that received more than	n \$100,000 of				
compensation from the organization	ation. Report cor (A) business address	npen	satio	n for	the	cale	ndar 		the organization's tax year. (B) ion of services		<u> </u>	(C) mpensat	
EXCEL STAFFING SERVI					210	0 0	SU	NA RD NE	ion of services		Co	mpensat	ion
ALBUQUERQUE	NM	ß 1	71					TEMP STAFFING				193	423
2 Total number of independent co	ontractors (includ	lina t	out n	ot lim	nited	to th	lose	listed above) who					
received more than \$100,000 c									1				

Part VII Section A. Officers	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compe											ted Employees (continued)							
(A) Name and title	(B) Average hours per week	of	ox, unle ficer a	Pos check ess pe and a	erson i directo	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of other compensation								
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	1	from th rganizatior ited organ	n and							
(20) LINDA COOPER	1.00																		
DIRECTOR	0.00	х						0	0				0						
(21) ELAINE DARNEI	1.00 0.00	x						0	0				0						
	ENIPAH 1.00																		
DIRECTOR (23) KELCY FLANAGE	1	Х						0	0				0						
DIRECTOR	1.00	х						0	0				0						
(24) ISAIAH GARCIA	1.00	x						0	0				0						
(25) JULIAN GARZA	1.00	21											Ť						
DIRECTOR (26) SYDNEY GUNTHO	0.00 RPE	Х						0	0				0						
DIRECTOR	1.00	х						0	0				0						
(27) JESSICA HERNA	1.00												_						
DIRECTOR 1b Subtotal	0.00	X						0	0				0						
c Total from continuation shee	ts to Part VII, S												_						
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	luding but not lim	nited					ove)	who received more than \$1	00,000 of			Waa I N							
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	such	indiv	idual					3	Yes No	<u> </u>						
For any individual listed on line organization and related organi individual	1a, is the sum of zations greater the	of rep han	ortal \$150	ble c ,000	omp ? <i>If "</i>	ensat 'Yes,'	ion a " con	and other compensation from mplete Schedule J for such	m the		4								
5 Did any person listed on line 1 for services rendered to the organization.	a receive or accr	ue c	ompe	ensa	ion f	rom	any	unrelated organization or inc	dividual		5								
Section B. Independent Contracto	rs																		
Complete this table for your five compensation from the organization.	ation. Report con							year ending with or within t	the organization's tax year.			(0)							
Name and	(A) business address							Descript	(B) tion of services		Com	(C) npensation							
2 Total number of independent or received more than \$100,000 or								listed above) who											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours	bo	ox, unle	Pos check ess pe	rson i	than o s both or/truste	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other			
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	compens from the rganization ted orga	ne n and	i
(28) TONY HERNANDE	1.00												
DIRECTOR	0.00	X	_					0	0				0
(29) EMILY HOWARD DIRECTOR	1.00	x						0	0				0
(30) BARBARA JONES	†												
DIRECTOR	1.00	x						0	0				0
(31) MICHELLE KING													
DIDECTOR	1.00												0
DIRECTOR (32) KELLIE MIXON	0.00	Х						0	0				0
DIRECTOR	1.00	x						0	0				0
(33) KAREN MOSES													
	1.00												_
DIRECTOR (34) YASHODA NAIDO	0.00	Х	\vdash					0	0				0
(34) IABIIODA NAIDO	1.00												
DIRECTOR	0.00	х						0	0				0
(35) SONYA PRIESTI	1.00												
DIRECTOR	0.00	X						0	0				0
1b Subtotal		ootic											
d Total (add lines 1b and 1c)													
Total number of individuals (increportable compensation from	cluding but not lin	nited					ve)	who received more than \$1	00,000 of			Yes	No
3 Did the organization list any for	mer officer, dire	ctor.	trust	ee, k	ev e	emplo	vee.	or highest compensated		[162	NO
employee on line 1a? If "Yes,"											3		
For any individual listed on line organization and related organi individual	izations greater t	han	\$150	,000	? If '	Yes,	' con	nplete Schedule J for such			4		
5 Did any person listed on line 1:	a receive or accr	ue co	ompe	ensat	ion t	rom	any	unrelated organization or inc	dividual				
for services rendered to the organical Section B. Independent Contracto		es," c	omp	lete 3	Sche	dule	J foi	r sucn person			5		
Complete this table for your five		nsate	ed in	depe	nder	nt cor	ntrac	tors that received more than	n \$100,000 of				
compensation from the organiz	ation. Report cor							year ending with or within t	the organization's tax year.			(C)	
Name and	(A) business address							Descript	(B) tion of services		Cor	(C) npensati	on
2 Total number of independent or received more than \$100,000 or								listed above) who					

Part VII Section A. Officers	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compen											ed Employees (continued)							
(A) Name and title	(B) Average hours per week	of	ox, unle ficer a	Pos check ess pe and a	erson i directo	than cost both or/trusto	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) stimated a of othe compensa	er ation							
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	1	from the granization tred organization organ	n and							
(36) RAQUEL REEDY	1.00																		
DIRECTOR (37) LAWRENCE SANC	0.00	X						0	0				0						
DIRECTOR	1.00	х						0	0				0						
(38) SHYLA SHEPPAR																			
DIRECTOR	1.00	x						0	0				0						
(39) JOHN STICHMAN									3										
DIRECTOR	0.00	x						0	0				0						
(40) GARNETT STOKE	S																		
DIDECTOR	1.00	x						0	0				0						
DIRECTOR (41) BRENDA TAPIA	0.00	^						0	0										
	1.00												_						
DIRECTOR (42) JANICE TORREZ	0.00	X						0	0				0						
(42) DANICE TORREZ	1.00																		
DIRECTOR	0.00	x						0	0				0						
(43) JOHN VALENTIN	1.00																		
DIRECTOR	0.00	X					Ļ	0	0				0						
1b Subtotal		ectio	n A				>												
d Total (add lines 1b and 1c)							>												
Total number of individuals (increportable compensation from the compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of			V 1							
3 Did the organization list any for												Yes I	No						
employee on line 1a? If "Yes," of For any individual listed on line organization and related organization	1a, is the sum of	of rep	ortal	ble c	omp	ensa	tion a	and other compensation fror	m the		3								
individual								·			4								
5 Did any person listed on line 1a for services rendered to the organization.											5								
Section B. Independent Contractor																			
1 Complete this table for your five compensation from the organization																			
Name and	(A) business address							Descript	(B) tion of services		Con	(C) npensation							
-																			
Total number of independent or								listed above) who											
received more than \$100,000 c																			

Form 990 (2021) UNITED WAY OF NORTH CENTRAL NEW 85-0277138 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (C) (A) (D) Unrelated Total revenue husiness revenue from tax under sections 512-514 **1a** Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 124,401 1c **d** Related organizations 1d Government grants (contributions) 125,976 1e All other contributions, gifts, grants, 18,141,055 and similar amounts not included above 1f **g** Noncash contributions included in lines 1a-1f 1g \$ 18,391,432 h Total. Add lines 1a-1f ... Business Code 900099 89,287 89,287 AFFILIATED PROGRAMS & ACTIV. Program Service Revenue f All other program service revenue 89,287 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 96,509 96,509 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents **b** Less: rental expenses 6h c Rental inc. or (loss) d Net rental income or (loss). **7a** Gross amount from (i) Securities (ii) Other sales of assets 130,266 other than inventory **b** Less: cost or other Revenue 122,942 basis and sales exps. 7b 7,324 c Gain or (loss) 7с 7,324 7,324 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 124,401 of contributions reported on line 1c). See Part IV, line 18 72,500 27,999 **b** Less: direct expenses 44,501 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code

 \blacktriangleright

18,629,053

89,287

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Secti	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									
	ot include amounts reported on lines 6b, 7b, lb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	13,113,162	13,113,162							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	758,470	284,225	142,557	331,688					
6	Compensation not included above to disqualified	,	•	•						
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	2,282,883	940,492	376,454	965,937					
8	Pension plan accruals and contributions (include	,	,	,						
•	section 401(k) and 403(b) employer contributions)	115,402	42,266	21,237	51,899					
9	Other employee benefits	223,092	81,707	41,055	100,330					
10	Payroll taxes	258,897	94,821	47,644	116,432					
11	Fees for services (nonemployees):		5 = 7 = =							
а	Management									
h		5,151	3,575	95	1,481					
c	Legal Accounting	36,651	25,434	679	10,538					
4		30,002		0.15						
u 0	Lobbying Professional fundraising services. See Part IV, line 17									
f	Investment management fees	5,387	3,738	100	1,549					
,	Other. (If line 11g amount exceeds 10% of line 25, column	3,307	37733							
y		629,154	392,604	35,165	201,385					
12	(A) amount, list line 11g expenses on Schedule O.)	86,845	61,598	2,502	22,745					
13	Advertising and promotion	44,815	27,401	3,522	13,892					
14	Office expenses	146,669	101,780	2,719	42,170					
15	Information technology	110,005	101,700	21115	12/170					
16	Royalties	185,302	104,453	8,085	72,764					
17	Occupancy	50,093	28,293	2,076	19,724					
	Travel	30,033	20,255	2,070	17,124					
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials	+								
19	Conferences, conventions, and meetings									
20	Interest	316,913	158,456	15,846	142,611					
21	Payments to affiliates Depreciation, depletion, and amortization	63,750	13,711	9,010	41,029					
22		30,338	15,169	1,517	13,652					
23 24	Insurance Other expenses. Itemize expenses not covered	30,330	13,103	1,511	13,032					
24	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.)									
_	TELEPHONE	84,649	60,916	2,373	21,360					
a b	CO BRANDED EXPENSES	59,949	41,108	4,600	14,241					
	MISC. EXPENSES	53,424	32,929	6,980	13,515					
c C	CREDIT CARD CHARGES	43,542	21,771	2,177	19,594					
d	· · · · · · · · · · · · · · · · · · ·	134,798	74,103	7,198	53,497					
	All other expenses	18,729,336	15,723,712	733,591	2,272,033					
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	10,725,550	13/123/112	, , , , , , , ,	2,2,2,033					
20	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)									
DAA	TOTIOWING SUP 70-2 (ASC 700-120)				Farm 990 (2024)					

Part X Balance Sheet

Form 990 (2021)

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 3,782,518 1,824,845 1 Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net 6,640,013 8,093,093 3 Accounts receivable, net 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 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 Notes and loans receivable, net 7 Inventories for sale or use 259,354 271,114 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,330,115 b Less: accumulated depreciation 10b 1,166,992 154,715 163,123 10c Investments—publicly traded securities 11 12,685,972 12,826,525 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 2,496,863 2,580,204 15 15 Other assets. See Part IV, line 11 26,019,435 25,758,904 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 401,884 307,311 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,979,094 3,284,800 of Schedule D 3,380,978 3,592,111 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ |X| Balances and complete lines 27, 28, 32, and 33. 13,837,519 10,962,807 27 Net assets without donor restrictions 8,800,938 11,203,986 Net assets with donor restrictions 28 Net Assets or Fund Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 22,638,457 22,166,793 Total net assets or fund balances 32 26,019,435 25,758,904 Total liabilities and net assets/fund balances

Form **990** (2021)

If the organization changed either its oversight process or selection process during the tax year, explain on

Single Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Form **990** (2021)

3a

X

Schedule O.

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2021

> Open to Public Inspection

UNITED WAY OF NORTH CENTRAL NEW MEXICO FKA UNITED WAY OF CENTRAL NM

Employer identification number 85-0277138

Pa	art i	Reas	on for Public Charity	Status. (All organizations	must co	ompiete	this part.) See instruction	lS	
The	orgar	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)			
1	Ш	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii). Enter the hospi	tal's name,	
		city, and state	e:						
5	Ш	_		a college or university owned or	operated	by a gove	ernmental unit described in		
_			(b)(1)(A)(iv). (Complete Part	· ·					
6	V	•		vernmental unit described in sec			•		
7	X	-	on that normally receives a si section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from	a govern	mental un	it or from the general public		
8	П			70(b)(1)(A)(vi). (Complete Part II.)				
9	Н	-		ribed in section 170(b)(1)(A)(ix)	•	in coniur	nction with a land-grant college		
•	ш	-	~	agriculture (see instructions). En	•	-	-		
		university:							
10				more than 33 1/3% of its support					
		•	·	t functions, subject to certain exc	•				
		• • •	•	I unrelated business taxable inco	•		i i tax) from businesses		
11	П		-	clusively to test for public safety.			(a)(4).		
12				clusively for the benefit of, to per				of	
	ш	•	•	ns described in section 509(a)(
		the box on lin	es 12a through 12d that desc	cribes the type of supporting orga	nization a	nd compl	ete lines 12e, 12f, and 12g.		
	а			ated, supervised, or controlled by		-			
			• ,, ,	er to regularly appoint or elect a r		the direc	tors or trustees of the		
	L	_ ``	•	mplete Part IV, Sections A and		aupporto	d organization(a) by baying		
	b			ervised or controlled in connection ng organization vested in the sar					
			ion(s). You must complete I		no poroci	io triat ooi	nation of manage are supported		
	С			upporting organization operated in ructions). You must complete P					
	d		• ,,,	. A supporting organization opera					
				organization generally must satis					
		_ `	,	ust complete Part IV, Sections					
	е		· ·	ved a written determination from -functionally integrated supporting			Type I, Type II, Type III		
	f		nber of supported organizatio	ne	-				
	g		ollowing information about the						
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	org	ganization		(described on lines 1–10		ur governing	support (see	other support (see	
				above (see instructions))	Yes	nent?	instructions)	instructions)	
(A)					res	NO			
(A)									
(B)									
(-,									
(C)									
(D)		· · · · ·							
					1				
(E)									
Tota	ll								

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Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,386,537	15,812,220	17,916,209	30,514,150	18,391,	432	101,020,548
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	18,386,537	15,812,220	17,916,209	30,514,150	18,391,	432	101,020,548
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							1,051,545
6	Public support. Subtract line 5 from line 4							99,969,003
	tion B. Total Support							33,303,003
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
7	Amounts from line 4	18,386,537	15,812,220	17,916,209	30,514,150	18,391,	432	101,020,548
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149,044	34,262	39,976	45,738			365,529
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,750	2,765	2,310		44,	501	51,326
11	Total support. Add lines 7 through 10							101,437,403
12	Gross receipts from related activities, etc. (see instructions) \dots				L	12	877,697
13	First 5 years. If the Form 990 is for the org	ganization's first, sec	cond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)			
	organization, check this box and stop here							b
Sec	tion C. Computation of Public Su		_					
14	Public support percentage for 2021 (line 6,	column (f) divided b	y line 11, column (f))			14	98.55%
15	Public support percentage from 2020 Scheo						15	99.10%
16a	33 1/3% support test—2021. If the organize							. ==
	box and stop here. The organization qualifi	es as a publicly sup	pported organizatio	n				× X
b	33 1/3% support test—2020. If the organization							. –
	this box and stop here. The organization q							▶ ∟
17a	10%-facts-and-circumstances test—202							
	10% or more, and if the organization meets							
	Part VI how the organization meets the fac organization							▶ □
b	10%-facts-and-circumstances test—202	0. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne		
	15 is 10% or more, and if the organization							
	in Part VI how the organization meets the forganization							▶ □
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see			

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.)

Sec	tion A. Public Support	4				,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)	(4, 2000	(0) = 0.10	(0) =0=0	(0) =0=1		(7)	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b						_		
8	Public support. (Subtract line 7c from								
Sec	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	Т	(f) Total	
9	Amounts from line 6	(0, =0.11	(0, 2010	(0, =0.10	(,	(=, ===		(7)	
10a									
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
4.4	and 12.) First 5 years. If the Form 990 is for the org	onization!- first	Looped Heigel Ferred	ar 646 tox					
14	organization, check this box and stop here							▶ □	
Sec	tion C. Computation of Public Su		tage					······· F <u></u>	
15	Public support percentage for 2021 (line 8,	• •		(f))		1	5	%	
16	Public support percentage from 2020 Scheo						6	%	
	tion D. Computation of Investme								
17	Investment income percentage for 2021 (lin	e 10c, column (f),	divided by line 13,	column (f))		1	7	%	
18	Investment income percentage from 2020 S						8	%	
19a	33 1/3% support tests—2021. If the organ								
	17 is not more than 33 1/3%, check this box							▶ ∐	
b	33 1/3% support tests—2020. If the organ	ization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than 3	33 1/3%, and			
	line 18 is not more than 33 1/3%, check this	box and stop her	re. The organization	n qualifies as a pub	olicly supported orga	anization		▶ <u>∐</u>	
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

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

		Yes	No
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	_		
	7		
	Q		
	8		
	9a		
	9b		
	9с		
	10a		
0-1	10b	Λ /Γ <u>~</u> ;;;;	000) 2004
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's	3		
Secti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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.	2a		
b	Did the activities described on 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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	le A (Form 990) 2021 UNITED WAY OF NORTH CENTRAL	NEW	85-02771	L 38 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	0, 197	0 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must co	omplete	e Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Typ	e III s	upporting organization	

Schedule A (Form 990) 2021

(see instructions).

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Part	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizati	i ons (continued)	
Secti	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	S		
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details	s in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	on is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2017			
	From 2017			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
— <u>:</u>	Carryover from 2016 not applied (see instructions)			
<u>.</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
•	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
_	Excess from 2021			

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number UNITED WAY OF NORTH CENTRAL NEW MEXICO FKA UNITED WAY OF CENTRAL NM 85-0277138 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 156 Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 322,689 4 Aggregate value at end of year _____ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under 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 (ii) Assets included in Form 990, Part X 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 Assets included in Form 990, Part X .

Part III Organizations Maintain	ing Collections of	Art, Historical Tre	asures, or C	ther Similar A	ssets (continu	ıed)	· ·	
3 Using the organization's acquisition, access	sion, and other records, o	check any of the following	ng that make sig	nificant use of its					
collection items (check all that apply):									
a Public exhibition	$oldsymbol{arphi}$								
b Scholarly research e Other									
c Preservation for future generations									
4 Provide a description of the organization's	collections and explain h	ow they further the orga	anization's exemp	ot purpose in Part					
XIII.									
5 During the year, did the organization solic		·						٦	
assets to be sold to raise funds rather tha		rt of the organization's o	collection?			Ye	es _	No	
Part IV Escrow and Custodial	•	on Form 000 Port	· IV/ line 0 or	roported an ar	aquat q	. Form			
Complete if the organization	ion answered Tes	on Form 990, Fan	. IV, IIII C 9, OI	reported an ar	ilourit oi	i Follii			
990, Part X, line 21.	adian or other intermedian	n, for contributions or of	har assats not						
1a Is the organization an agent, trustee, cust		•				□ v.	., Г	l Na	
included on Form 990, Part X?	/III and complete the follo					Y€	:s _	No	
b If "Yes," explain the arrangement in Part >	and complete the folio	wing table:			Τ	Amoun	<u> </u>		
Poginning halange				1c	+	7 1110 011			
c Beginning balance				1d					
d Additions during the year									
e Distributions during the year					+				
f Ending balance2a Did the organization include an amount or	Form 000 Port V line 2	11 for occrew or quotodi	al account liabilit	<u> 11</u>		☐ Ye	[No	
b If "Yes," explain the arrangement in Part >							_	140	
Part V Endowment Funds.	in. Check here if the expi	ianation has been provid	ded on Falt Alli						
Complete if the organization	ion answered "Ves"	on Form 990 Part	. IV line 10						
Complete ii the organiza	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three yea	ars hack	(e) Fou	r years	hack	
1a Beginning of year balance		3,076,982	3,168,		0,617		042,		
		491,684			2,089			175	
b Contributionsc Net investment earnings, gains, and	1527505	131,001	00,	-	2,005		<i>J2</i> /	, 1, 5	
	-171,356	1,020,883	22 -	975 4	4,042		153.	784	
losses d Grants or scholarships		1,020,003		3,3	1,012			701	
e Other expenditures for facilities and									
•									
programs f Administrative expenses		110,484	175,	732 2	27,869		137.	643	
g End of year balance		4,479,065	3,076,		8,879		110,		
2 Provide the estimated percentage of the o				2,20			,		
a Board designated or quasi-endowment ▶		into 1g, column (a)) non	a 40.						
b Permanent endowment ▶	%								
c Term endowment ▶ 100.00 %	,-								
The percentages on lines 2a, 2b, and 2c	should equal 100%.								
3a Are there endowment funds not in the pos	•	on that are held and adr	ministered for the	:					
organization by:							Yes	No	
(i) Unrelated organizations						3a(i)	X		
(ii) Related organizations						3a(ii)		х	
b If "Yes" on line 3a(ii), are the related orga	nizations listed as required	d on Schedule R?				3b			
4 Describe in Part XIII the intended uses of									
Part VI Land, Buildings, and E									
Complete if the organization		on Form 990. Part	IV. line 11a.	See Form 990.	Part X.	line 10).		
Description of property	(a) Cost or other b			(c) Accumulated		(d) Book			
	(investment)	(other		depreciation					
1a Land									
b Buildings									
c Leasehold improvements		39	95,073	397,52	29		-2,	456	
d Equipment			13,805	495,26			48,		
e Other			91,237	274,20				035	
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									

Schedule D (F	Form 990) 2021 UNITED WAY OF NORTH CE	NTRAL NEW	85-0277138	Page \$
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11b. See Form 990, Part	X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of val	
	(including name of security)		Cost or end-of-year m	arket value
(1) Financial	derivatives			
	eld equity interests			
	BANK OF AMERICA INVESTMENT	8,708,359	MARKET	
	V. W/ ABQ COMMUNITY FOUNDATION	2,735,189	MARKET	
	RILL LYNCH ENDOWMENT	1,250,163		
(C) CE	RTIFICATES OF DEPOSIT	101,731		
(D) L C	NG-TERM INVESTMENTS	31,083	MARKET	
(Ē)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)▶	12,826,525		
Part VIII	•			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val	uation:
			Cost or end-of-year m	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11d. See Form 990, Part	X, line 15.
	(a) Description			(b) Book value
(1)	PLANNED GIVING ASSETS			2,580,204
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	2,580,204
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11e or 11f. See Form 99	0, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2) DONOI	R OPTIONS PAYABLE			2,712,826
(3) PLAN	NED GIVING PAYABLE			405,502
(4) NON-0	CAMPAIGN DONOR OPTION PAYABLE			166,472
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990 Part X col (B) line 25.)		•	3,284,800

UWCNM HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED

STATES OF AMERICA, AS THEY RELATE TO UNCERTAIN TAX POSITIONS, AND HAS

PART X - FIN 48 FOOTNOTE

Schedule D (Form 990) 2021 UNITED WAY OF NORTH CENTRAL NEW	85-0277138	Page 5
Part XIII Supplemental Information (continued)		
EVALUATED ITS TAX POSITIONS TAKEN FOR OPEN TAX YE	EARS. MANAGEMENT	BELIEVES
THAT ALL ACTIVITIES OF UWCNM ARE WITHIN THEIR TAX	-EXEMPT PURPOSE	AND THAT
THERE ARE NO UNCERTAIN TAX POSITIONS. ANY INTERES	T AND PENALTIES	RECOGNIZED
ASSOCIATED WITH A TAX POSITION ARE CLASSIFIED AS	CURRENT IN UWCNM	េន
FINANCIAL STATEMENTS. THERE WERE NO INTEREST OR F	ENALTIES RECORDE	D AS OF
JUNE 30, 2022 AND 2021, RESPECTIVELY.		
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RE	TURN - OTHER	
AMOUNTS RAISED ON BEHALF OF OTHERS	\$ 9,	165,953
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON R	ETURN - OTHER	
AMOUNTS RAISED ON BEHALF OF OTHERS	\$ 9,	165,953
•		
·		

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization UNITED WAY OF NORTH MEXICO FKA UNITED V				NM	Employer identificat 85-02771	
Part I Fundraising Activities. Complete if	the organization	n ans	swere		•	
Form 990-EZ filers are not required to 1 Indicate whether the organization raised funds through any				eck all that apply		
П.,				ernment grants		
	Solicitation		-	_		
$\overline{}$		-		-		
	g Special fund	ıraısır	ig eve	ents		
d In-person solicitations		المنالية والم				
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in						Yes No
b If "Yes," list the 10 highest paid individuals or entities (fund compensated at least \$5,000 by the organization.	draisers) pursuant t			nts under which the fundra	iser is to be	· — —
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raisei custo cont	id fund- r have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
· ·						
Total			. •			
3 List all states in which the organization is registered or lice registration or licensing.	nsed to solicit conf	ributio	ons or	has been notified it is exe	mpt from	

85-0277138

Schedule G (Form 990) 2021 UNITED WAY OF NORTH CENTRAL NEW Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **MONTEZUMA** NONE (add col. (a) through col. (c)) (event type) (event type) (total number) 196,901 196,901 1 Gross receipts 124,401 124,401 2 Less: Contributions 3 Gross income (line 1 minus 72,500 72,500 line 2) 4 Cash prizes 6,009 6,009 5 Noncash prizes 1,067 1,067 Rent/facility costs Expenses 14,378 7 Food and beverages 14,378 800 800 8 Entertainment 5,745 5,745 9 Other direct expenses 27,999 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses%% 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes **b** If "Yes," explain:

Sche	dule G (Form 990) 2021	UNITED	WAY	OF	NORTH	CENTRAL	NEW	85-0277138			Page 3
11	Does the organization con-	duct gaming act	ivities with	n nonr	nembers?					Yes	s No
12	Is the organization a granto										
	formed to administer charit	table gaming?								Yes	s 🗌 No
13	Indicate the percentage of	gaming activity	conducted	d in:							
а	The organization's facility										<u>%</u>
b	An outside facility								13b		%_
14	Enter the name and addre	ss of the person	who pre	pares	the organiza	tion's gaming/sp	ecial events boo	ks and			
	records:										
	Nama N										
	Name										
	Address ▶										
15a	Does the organization have	e a contract with	a third p	arty fro	om whom the	e organization re	eceives gaming				
	revenue?									Yes	s 🗌 No
b	If "Yes," enter the amount	of gaming reven	ue receiv	ed by	the organiza	ition ► \$		and the			
	amount of gaming revenue	retained by the	third part	y 🕨	\$						
С	If "Yes," enter name and a	ddress of the thi	rd party:								
	Name ▶										
	Address •										
	Address ▶										
16	Gaming manager informat	ion:									
	3										
	Name ▶										
	Gaming manager compen	sation ► \$									
	5										
	Description of services pro	ovided									
	Director/officer	Employ	V00		Indepe	ndent contractor	r				
	Birector/officer		ycc		Шпасре	naciii contractor					
17	Mandatory distributions:										
а	Is the organization required	d under state lav	v to make	chari	table distribu	itions from the g	aming proceeds	to			
	retain the state gaming lice	ense?								Yes	s 🗌 No
b	Enter the amount of distrib										
_	spent in the organization's						5	l: 01 1 (''')			
Pa							•	line 2b, columns (iii)	٠,		
	See instructi		150, 15	C, 16	, and 17b	, as applicab	ile. Also provi	de any additional info	mation	١.	
	See manuch	0113.									

SCHEDULE I (Form 990)

Name of the organization

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

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service UNITED WAY OF NORTH CENTRAL NEW

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	MEXICO FKA UNITED WAY OF CENTRAL NM							85-0277138		
Part I	General Information on Grants and	Assistance								
the s	s the organization maintain records to substantiate the selection criteria used to award the grants or assistanceribe in Part IV the organization's procedures for monitor	e?			ibility for the grants or	assistance, and		X Yes	☐ No	
Part II	Grants and Other Assistance to Do Part IV, line 21, for any recipient that r							vered "Yes" on For	m 990,	
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		-	
(1) SEE	ATTACHED SCHEDULE			6,942,545				SEE ATTACHED	SCHEDUL	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
2 Ente	r total number of section 501(c)(3) and government org r total number of other organizations listed in the line 1	ganizations listed in table	n the line 1	table				▶ 275		
	<u> </u>									

85-0277138 Schedule I (Form 990) (2021) UNITED WAY OF NORTH CENTRAL NEW Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (e) Method of valuation (book, (f) Description of noncash assistance (b) Number of (c) Amount of (d) Amount of recipients cash grant noncash assistance FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV 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 PROGRAMS ARE EXAMINED FOR NEED, EFFICIENCY, EFFECTIVENESS, AND PROCESS. 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 REMITS COLLECTED CONTRIBUTIONS ON A MONTHLY BASIS TO THE DESIGNATED

ORGANIZATIONS.

United Way of North Central New Mexico EIN: 85-0277138

Attachment to Form 990, Schedule I

Organization Name	Type Street Address	City, State, Zip	Amount EIN Purpos	se
Albuquerque Christian Children's Home	501 c 3 5700 Winter Haven NW	Albuquerque, NM 87120	\$ 25,154.63 237122398 Progra	am Funding
Care Net Pregnancy Center of Albuquerque	501 c 3 PO Box 21962	Albuquerque, NM 87154	\$ 31,429.88 850312055 Progra	am Funding
American Lung Association of the Southwest New Mexico	501 c 3 5911 Jefferson NE	Albuquerque, NM 87109	\$ 7,224.68 860111676 Progra	am Funding
Archdiocese of Santa Fe Annual Catholic Appeal Foundation	501 c 3 4000 St Joseph's Pl NW	Albuquerque, NM 87120	\$ 17,932.38 850422498 Progra	ım Funding
Adaptive Sports Program New Mexico	501 c 3 2301 South Court	Santa Fe, NM 87505	\$ 5,621.68 850403958 Progra	am Funding
Albuquerque Youth Symphony Program, Inc	501 c 3 PO Box 30961	Albuquerque, NM 87190	\$ 9,294.41 850421180 Progra	am Funding
Albuquerque Academy	501 c 3 6400 Wyoming Blvd NE	Albuquerque, NM 87109	\$ 32,124.15 850129165 Progra	am Funding
Albuquerque Public Schools Foundation	501 c 3 PO Box 25704	Albuquerque, NM 87125	\$ 87,377.45 850434438 Progra	am Funding
Alzheimer's Association New Mexico Chapter	501 c 3 PO Box 21400	Albuquerque, NM 87154	\$ 14,096.92 133039601 Progra	am Funding
Alameda County Community Food Bank, Inc.	501 c 3 PO Box 2599	Oakland, CA 94614	\$ 6,458.76 942960297 Progra	am Funding
DreamSpring	501 c 3 2000 Zearing Ave NW	Albuquerque, NM 87104	\$ 36,263.08 850417347 Progra	am Funding
Adelante Development Center, Inc.	501 c 3 3900 Osuna Rd NE	Albuquerque, NM 87109	\$ 6,731.11 850262072 Progra	am Funding
American Jewish Joint Distribution Committee	501 c 3 220 East 42nd Street	New York, NY 10017	\$ 5,020.00 131656634 Progra	am Funding
Albuquerque Community Foundation	501 c 3 PO Box 25266	Albuquerque, NM 87125	\$ 587,979.55 850295444 Progra	am Funding
Alliance Defending Freedom	501 c 3 15100 N 90th St	Scottsdale, AZ 85260	\$ 11,949.20 541660459 Progra	am Funding
All Faiths Children's Advocacy Center	501 c 3 1709 Moon St NE	Albuquerque, NM 87112	\$ 30,501.03 850165284 Progra	am Funding
Alta Mira Specialized Family Services, Inc.	501 c 3 1605 Carlisle NE	Albuquerque, NM 87110	\$ 6,419.78 850339642 Progra	am Funding
Albuquerque Museum Foundation	501 c 3 PO Box 7006	Albuquerque, NM 87194	\$ 42,598.05 850201054 Progra	am Funding
Rape Crisis Center of Central New Mexico	501 c 3 9741 Candelaria Rd NE	Albuquerque, NM 87112	\$ 6,958.92 850482979 Progra	am Funding
Albuquerque Rescue Mission dba Steelbridge	501 c 3 PO Box 331	Albuquerque, NM 87103	\$ 44,790.55 850208645 Progra	
Albuquerque Rotary Charitable Foundation	501 c 3 PO Box 3807	Albuquerque, NM 87190	\$ 8,450.00 850371097 Progra	am Funding
ALS Association of New Mexico Chapter	501 c 3 2309 Renard PI SE Ste	Albuquerque, NM 87106	\$ 7,498.85 850473026 Progra	
American Cancer Society New Mexico	501 c 3 8500 Menual Blvd NE Suite	Albuquerque, NM 87112	\$ 15,927.19 131788491 Progra	_
American General Media Foundation KHFM	501 c 3 8009 Marble Ave NE	Albuquerque, NM 87110	\$ 7,958.89 261295261 Progra	-
American Heart Association Southwest Affiliate New Mexico	501 c 3 2201 San Pedro NE Bldg 2 Ste	Albuquerque, NM 87110	\$ 17,358.23 135613797 Progra	
American Red Cross National Headquarters	501 c 3 PO Box 37295	Washington, DC 20013	\$ 12,765.19 530196605 Progra	_
American Red Cross in New Mexico #31061	501 c 3 7445 Pan American West Fwy NE	Albuquerque, NM 87109	\$ 15,308.87 530196605 Progra	_
American Endowment Foundation	501 c 3 5700 Darrow Road Ste	Hudson, OH 44236	\$ 6,000.00 341747398 Progra	_
Anti-Defamation League Mountain States Region	501 c 3 1120 Lincoln Street Suite	Denver, CO 80203	\$ 11,825.00 131818723 Progra	_
Animal Humane New Mexico	501 c 3 615 Virginia SE	Albuquerque, NM 87108	\$ 150,446.28 850207652 Progra	_
ARCA Foundation	501 c 3 11300 Lomas Blvd NE	Albuquerque, NM 87112	\$ 12,771.38 850437970 Progra	_
ARCA	501 c 3 11300 Lomas Blvd NE	Albuguergue, NM 87112	\$ 29,695.25 856005755 Progra	_
Against Malaria Foundation	501 c 3 310 W 20th St Ste	Kansas City, MO 64108	\$ 8,529.61 203069841 Progra	U
American Society for the Prevention of Cruelty to Animals (ASPCA)	501 c 3 520 8th Ave 7th Floor	New York, NY 10018	\$ 8,640.19 131623829 Progra	_
Asbury Theological Seminary	501 c 3 204 N Lexington Avenue	Wilmore, KY 40390	\$ 11,000.00 610445823 Progra	_
Brothers of the Good Shepherd	501 c 3 PO Box 389	Albuquerque, NM 87103	\$ 6,793.18 850340581 Progra	_
Barrett Foundation, Inc.	501 c 3 10300 Constitution Ave NE	Albuquerque, NM 87112	\$ 23,466.57 850336208 Progra	_
Believers Center of Albuquerque	501 c 3 320 Waterfall Dr SE	Albuquerque, NM 87123	\$ 10,555.23 850284928 Progra	_
Baptist Student Union Christian Challenge at New Mexico State University	501 c 3 1313 E University	Las Cruces, NM 88001	\$ 5,385.68 850128001 Progra	_
Big Brothers Big Sisters of Central New Mexico	501 c 3 2500 Louisiana Blvd NE Ste	Albuquerque, NM 87110	\$ 18,617.30 850271207 Progra	_
Congregation B'nai Israel	501 c 3 4401 Indian School Rd NE	Albuquerque, NM 87110	\$ 14,730.00 850159160 Progra	_
Boys and Girls Club of Central New Mexico	501 c 3 3333 Truman St NE	Albuquerque, NM 87110	\$ 27,887.04 850106943 Progra	-
Bosque School	501 c 3 4000 Bosque School Rd NW	Albuquerque, NM 87120	\$ 18,221.19 850420092 Progra	U
Great Southwest Council, Boy Scouts of America	501 c 3 5841 Office Blvd NE	Albuquerque, NM 87109	\$ 21,886.47 850102305 Progra	_
Casa Angelica	501 c 3 5629 Isleta Blvd SW	Albuquerque, NM 87105	\$ 6,078.03 850382266 Progra	_
	501 c 3 PO Box 40472		\$ 11,872.20 850356946 Progra	_
Casa Esperanza, Inc. Catholic Relief Services	501 c 3 PO Box 40472 501 c 3 PO Box 17090	Albuquerque, NM 87196 Baltimore, MD 21203	\$ 11,872.20 850356946 Progra \$ 6,979.12 135563422 Progra	-
		,	. ,	U
Canon Christian Academy	501 c 3 19381 Highway 314	Belen, NM 87002	\$ 6,900.00 472383911 Progra	iiii runaing

Calvary Albuquerque Inc	501 c 3 4001 Osuna Rd NE	Albuquerque, NM 87109		850305870 Program Funding
Campus Crusade for Christ, Inc.	501 c 3 100 Lake Hart Dr	Orlando, FL 32832	•	956006173 Program Funding
Calvary Chapel Rio Grande Valley	501 c 3 19381 N Highway 314	Belen, NM 87002		850424927 Program Funding
Calvary's New Harvest	501 c 3 701 Main Street Ste	Los Lunas, NM 87031		421721949 Program Funding
Carrie Tingley Hospital Foundation	501 c 3 PO Box 25424	Albuquerque, NM 87125		856012236 Program Funding
Casa Q, Inc.	501 c 3 PO Box 36168	Albuquerque, NM 87176		461245391 Program Funding
Catholic Charities-Archdiocese of Santa Fe	501 c 3 2010 Bridge Blvd SW	Albuquerque, NM 87105		850110070 Program Funding
Catholic Foundation	501 c 3 4333 Pan American Fwy NE Ste	Albuquerque, NM 87107		850395583 Program Funding
Cathedral Basilica of St. Francis of Assisi	501 c 3 PO Box 2127	Santa Fe, NM 87504		801045467 Program Funding
Friends of CEENMO aka Centro de Ensenanza Moderna	501 c 3 5047 Calle Espana NW	Albuquerque, NM 87120		471342683 Program Funding
Central United Methodist Church	501 c 3 201 University Blvd NE	Albuquerque, NM 87106		850102940 Program Funding
Church in Albuquerque	501 c 3 1405 Dakota St NE	Albuquerque, NM 87110		850252522 Program Funding
Children's Grief Center of New Mexico	501 c 3 4125 Carlisle Boulevard NE	Albuquerque, NM 87107		850474099 Program Funding
Children's Cancer Fund of New Mexico	501 c 3 112 14th St SW	Albuquerque, NM 87102		237116828 Program Funding
Santa Fe Chamber Music Festival Ltd.	501 c 3 PO Box 2227	Santa Fe, NM 87504		850224461 Program Funding
Risen Savior Catholic Community	501 c 3 7701 Wyoming Blvd NE	Albuquerque, NM 87109		850379146 Program Funding
City Church of Albuquerque	501 c 3 2801 Louisiana Blvd NE	Albuquerque, NM 87110		850415507 Program Funding
Congregation Albert	501 c 3 3800 Louisiana Blvd NE	Albuquerque, NM 87110		850124933 Program Funding
Compassion International Incorporated	501 c 3 12290 Voyager Parkway	Colorado Springs, CO 80921		362423707 Program Funding
Community of Poor Clares of New Mexico, Inc.	501 c 3 809 E 19th Street	Roswell, NM 88201		200945329 Program Funding
Covenant Presbyterian Church	501 c 3 9315 Candelaria Rd NE	Albuquerque, NM 87112		850171773 Program Funding
Cornell University	501 c 3 377 Pine Tree Road	Ithaca, NY 14850		150532082 Program Funding
City Presbyterian Church ABQ	501 c 3 PO Box 35742	Albuquerque, NM 87176		510483112 Program Funding
Crossroads for Women	501 c 3 239 Elm St NE	Albuquerque, NM 87102		850448641 Program Funding
CLNkids Inc	501 c 3 PO Box 12786	Albuquerque, NM 87195		850366029 Program Funding
Doctors Without Borders USA, Inc.	501 c 3 40 Rector Street 16th Floor	New York, NY 10006		133433452 Program Funding
Disabled American Veterans Charitable Service Trust National Headquarters	501 c 3 3725 Alexandria Pike	Cold Spring, KY 41076		521521276 Program Funding
Desert Springs Church	501 c 3 705 Osuna Rd NE	Albuquerque, NM 87113		850379220 Program Funding
Dickinson College	501 c 3 PO Box 1773	Carlisle, PA 17013		231365954 Program Funding
Explora Science Center & Children's Museum of Albuquerque	501 c 3 1701 Mountain Rd NW	Albuquerque, NM 87104		850442062 Program Funding
Eastern Hills Baptist Church	501 c 3 3100 Morris St NE	Albuquerque, NM 87111		850195268 Program Funding
Earthjustice	501 c 3 50 California St Ste	San Francisco, CA 94111		941730465 Program Funding
Earlham College	501 c 3 801 National Rd W	Richmond, IN 47374		350868073 Program Funding
East Central Ministries, Inc.	501 c 3 123 Vermont St NE	Albuquerque, NM 87108		371426703 Program Funding
El Buen Samaritano United Methodist Church	501 c 3 700 Granite Avenue NW	Albuquerque, NM 87102		856078012 Program Funding
El Ranchito de Los Ninos Foundation	501 c 3 PO Box 2400	Los Lunas, NM 87031		263208502 Program Funding
Equal Access to Justice, Inc.	501 c 3 PO Box 25941	Albuquerque, NM 87125		850437183 Program Funding
Faith Lutheran Church	501 c 3 10000 Spain Rd NE	Albuquerque, NM 87111		850124951 Program Funding
First Presbyterian Church	501 c 3 215 Locust NE	Albuquerque, NM 87102		850115803 Program Funding
First United Methodist Church	501 c 3 PO Box 1638	Albuquerque, NM 87103	,	850125540 Program Funding
First Unitarian Church of Albuquerque	501 c 3 3701 Carlisle Blvd NE	Albuquerque, NM 87110		850134789 Program Funding
Focus On The Family	501 c 3 8605 Explorer Drive	Colorado Springs, CO 80920		953188150 Program Funding
Fellowship Missionary Baptist Church	501 c 3 PO Box 26327	Albuquerque, NM 87125		850324303 Program Funding
Family Research Council, Inc.	501 c 3 801 G Street NW	Washington, DC 20001		521792772 Program Funding
Formation Counseling Services, Inc.	501 c 3 8600 Academy Rd NE	Albuquerque, NM 87111		141912128 Program Funding
Fat Katz, Inc.	501 c 3 PO Box 95645	Albuquerque, NM 87199		455467139 Program Funding
First Christian Church of Albuquerque	501 c 3 10101 Montgomery Blvd NE	Albuquerque, NM 87111		850166035 Program Funding
Citizen Church	501 c 3 10500 Copper Ave NE Suite	Albuquerque, NM 87123		850162541 Program Funding
Frontiers Colden Apple Foundation of New Marries	501 c 3 PO Box 60730	Phoenix, AZ 85082		953731505 Program Funding
Golden Apple Foundation of New Mexico	501 c 3 PO Box 40469	Albuquerque, NM 87196		850420305 Program Funding
Girl Scouts of New Mexico Trails, Inc.	501 c 3 4000 Jefferson Plaza NE	Albuquerque, NM 87109		856011246 Program Funding
Greater Albuquerque Habitat for Humanity	501 c 3 4900 Menual Blvd NE	Albuquerque, NM 87110		850359138 Program Funding
Grace Church	501 c 3 6901 San Antonio Dr NE	Albuquerque, NM 87109	\$ 5,000.00	856011708 Program Funding

St. George Greek Orthodox Church	501 c 3 308 High St SE	Albuquerque, NM 87102	\$ 6,838.27	850202315 Program Funding
Give Direct Inc aka GiveDirectly	501 c 3 PO Box 3221	New York, NY 10008	\$ 5,614.98	271661997 Program Funding
Albuquerque Healthcare for the Homeless	501 c 3 PO Box 25445	Albuquerque, NM 87125	\$	850368993 Program Funding
Heifer Project International, Inc.	501 c 3 1 World Ave	Little Rock, AR 72202	\$ 7,712.77	351019477 Program Funding
Hope Evangelical Free Church	501 c 3 4710 Juan Tabo Blvd NE	Albuquerque, NM 87111	\$ 21,222.89	237037643 Program Funding
Habitat for Humanity International, Inc.	501 c 3 322 W Lamar St	Americus, GA 31709	\$ 5,190.50	911914868 Program Funding
Haverland Carter Neighborhood Foundation	501 c 3 10701 Montgomery Blvd NE Ste	Albuquerque, NM 87111	\$ 11,000.00	842728227 Program Funding
The Heart Gallery of New Mexico Foundation	501 c 3 13170-B Central Ave SE #	Albuquerque, NM 87123	\$ 19,376.23	204468893 Program Funding
National Hispanic Cultural Center Foundation	501 c 3 1701 4th St SW Ste	Albuquerque, NM 87102	\$ 24,511.73	850335056 Program Funding
Hope Christian School	501 c 3 8005 Louisiana Blvd NE	Albuquerque, NM 87109	\$ 16,260.21	850244670 Program Funding
Hoffmantown Baptist Church	501 c 3 8888 Harper NE	Albuquerque, NM 87111	\$ 45,902.72	850162757 Program Funding
Sagebrush Community Church	501 c 3 6440 Coors NW	Albuquerque, NM 87120		850484234 Program Funding
Hope in the Desert Episcopal Church	501 c 3 8700 Alameda Blvd NE	Albuquerque, NM 87122	\$ 18,260.00	850475053 Program Funding
Johns Hopkins University School of Medicine	501 c 3 3910 Keswick Rd #	Baltimore, MD 21211	\$ 10,000.00	520595110 Program Funding
Hosanna	501 c 3 2421 Aztec Road NE	Albuquerque, NM 87107	\$ 14,575.70	850223225 Program Funding
Horizon Student Opportunities & Results for New Mexico aka Horizon Albuquerque	501 c 3 PO Box 6066	Albuquerque, NM 87197	\$ 6,968.23	812915448 Program Funding
Immanuel Evangelical Lutheran Church and School	501 c 3 300 Gold Ave SE	Albuquerque, NM 87102	\$ 5,383.20	850109590 Program Funding
Family Promise of Albuquerque	501 c 3 808 Edith Blvd NE	Albuquerque, NM 87102	\$ 22,270.98	850472315 Program Funding
International Students, Inc.	501 c 3 PO Box C	Colorado Springs, CO 80901	\$ 6,117.93	530214853 Program Funding
Juvenile Diabetes Research Foundation New Mexico Chapter	501 c 3 6100 Indian School NE Suite	Albuquerque, NM 87110	\$ 6,011.54	231907729 Program Funding
St. John XXIII Catholic Community	501 c 3 4831 Tramway Ridge Dr NE	Albuquerque, NM 87111	\$ 24,229.70	850325258 Program Funding
Jewish Community Foundation of New Mexico	501 c 3 5520 Wyoming Blvd NE	Albuquerque, NM 87109	\$ 45,486.00	464161463 Program Funding
Jewish Community Center of Greater Albuquerque, Inc.	501 c 3 5520 Wyoming Blvd NE	Albuquerque, NM 87109	\$,	850457178 Program Funding
Jewish Federation of New Mexico	501 c 3 5520 Wyoming Bld NE	Albuquerque, NM 87109	\$ 31,624.70	850158242 Program Funding
Joy Junction	501 c 3 PO Box 27693	Albuquerque, NM 87125	\$ 79,397.74	850360268 Program Funding
Junior Achievement of New Mexico, Inc.	501 c 3 4700 Lincoln Rd NE	Albuquerque, NM 87109	\$ 8,838.19	850416889 Program Funding
KANW FM Radio	501 c 3 2020 Coal Ave SE	Albuquerque, NM 87106	\$ 5,682.36	856000101 Program Funding
Kingdom Advisors, Inc.	501 c 3 3301 Windy Ridge Parkway SE	Atlanta, GA 30342	\$ 8,000.00	208690051 Program Funding
KLOVE Christian Radio Educational Media Foundation	501 c 3 PO Box 2098	Omaha, NE 68103	\$ 6,673.89	942816342 Program Funding
New Mexico PBS/KNME TV	501 c 3 1130 University Blvd NE Mailstop: MCS	S 12-7 Albuquerque, NM 87102	\$ 34,284.93	850275408 Program Funding
Lap Dog Rescue of New Mexico	501 c 3 PO Box 1316	Tijeras, NM 87059	\$ 12,668.49	850477845 Program Funding
Las Placitas Presbyterian Church	501 c 3 PO Box 768	Placitas, NM 87043	\$ 6,050.20	850289668 Program Funding
Church of Jesus Christ of LDS	501 c 3 50 E North Temple St Rm	Salt Lake City, UT 84150	\$ 64,780.32	237300405 Program Funding
LifeQuest USA	501 c 3 4020 Edith Blvd NE	Albuquerque, NM 87107	\$	264584308 Program Funding
Little Sisters of the Poor of New Mexico	501 c 3 1900 Mark Avenue	Gallup, NM 87301	\$ 5,609.92	850319341 Program Funding
Loyola University of Chicago	501 c 3 820 N Michigan Ave Ste	Chicago, IL 60611	\$	361408475 Program Funding
Make-A-Wish Foundation of New Mexico	501 c 3 7400 Tiburon St NE	Albuquerque, NM 87109	\$	850347088 Program Funding
Mercy Ships	501 c 3 PO Box 2020	Lindale, TX 75771	\$	262414132 Program Funding
Menaul School	501 c 3 301 Menaul Blvd NE	Albuquerque, NM 87107	\$	850218216 Program Funding
Manzano Day School	501 c 3 1801 Central Ave NW	Albuquerque, NM 87104	\$	850127993 Program Funding
Mandy's Special Farm	501 c 3 PO Box 9346	Albuquerque, NM 87119	\$	850436516 Program Funding
Albuquerque Meals on Wheels	501 c 3 PO Box 92614	Albuquerque, NM 87199	\$	850307043 Program Funding
Heading Home	501 c 3 PO Box 27636	Albuquerque, NM 87125	\$	201917517 Program Funding
Pathways Academy	501 c 3 201 University Blvd NE	Albuquerque, NM 87106	\$	680553717 Program Funding
Montgomery Boulevard Church of Christ, Inc.	501 c 3 7201 Montgomery Blvd NE	Albuquerque, NM 87109	\$,	850240167 Program Funding
Mountainside Church of Christ	501 c 3 12300 Indian School Rd NE	Albuquerque, NM 87112	\$	850319148 Program Funding
Mount Olive Missionary Baptist Church of Albuquerque	501 c 3 2401 University Blvd SE	Albuquerque, NM 87106	\$,	850280799 Program Funding
Mountain Christian Church	501 c 3 PO Box 615	Cedar Crest, NM 87008	\$	850282571 Program Funding
The Rock at NoonDay	501 c 3 PO Box 25451	Albuquerque, NM 87125	\$	850349649 Program Funding
Norbertine Community of New Mexico	501 c 3 5825 Coors Blvd SW	Albuquerque, NM 87121	\$	850439246 Program Funding
New Day, Inc.	501 c 3 2305 Renard PI SE Suite	Albuquerque, NM 87106	\$	850245782 Program Funding
National Society of Black Engineers	501 c 3 PO Box 11544	Albuquerque, NM 87192	\$,	850447739 Program Funding
New Mexico Christian Children's Home	501 c 3 1356 NM 236	Portales, NM 88130	\$ 6,190.60	856018576 Program Funding

National Atomic Museum Foundation DBA National Museum of Nuclear Science & History	501 c 3 601 Eubank Blvd SE	Albuquerque, NM 87123	\$ 5,548.18	850404628 Program Funding
National Parks Foundation	501 c 3 1110 Vermont Ave NW Ste	Washington, DC 20005	\$ 5,431.93	521086761 Program Funding
National Dance Institute of New Mexico aka NDI New Mexico	501 c 3 1140 Alto St	Santa Fe, NM 87501		850431846 Program Funding
National Jewish Health	501 c 3 1400 Jackson Street	Denver, CO 80206	\$ 5,093.25	742044647 Program Funding
National Multiple Sclerosis Society New York Chapter	501 c 3 1050 N Post Oak Rd Ste	Houston, TX 77055	\$ 8,527.03	135661935 Program Funding
Nature Conservancy	501 c 3 4245 N Fairfax Dr Ste	Arlington, VA 22203		530242652 Program Funding
New City Church aka New City Christian Church(NEWCCC)	501 c 3 6300 San Mateo Blvd NE Ste	Albuquerque, NM 87109	\$ 5,325.62	271702411 Program Funding
Nature Conservancy of New Mexico	501 c 3 212 East Marcy St Ste	Santa Fe, NM 87501	\$ 11,604.02	530242652 Program Funding
Netherwood Park Church of Christ	501 c 3 5101 Indian School NE	Albuquerque, NM 87110	\$ 13,090.63	850285289 Program Funding
New City Christian Church	501 c 3 6300 San Mateo Blvd NE Ste	Albuquerque, NM 87109	\$ 13,599.00	271702411 Program Funding
New Covenant Church of Albuquerque	501 c 3 7201 Paseo del Norte NE	Albuquerque, NM 87113	\$ 9,580.40	850416124 Program Funding
New Life City	501 c 3 5454 Venice Ave NE Ste	Albuquerque, NM 87113		850472363 Program Funding
Groundworks New Mexico	501 c 3 PO Box 70126	Albuquerque, NM 87197	\$ 6,073.41	850437031 Program Funding
New Mexico Appleseed	501 c 3 222 E Marcy St Suite	Santa Fe, NM 87501	\$ 23,638.59	204985257 Program Funding
New Mexico Boys and Girls Ranch Foundation, Inc.	501 c 3 6209 Hendrix Rd NE	Albuquerque, NM 87110	\$ 11,591.48	850328251 Program Funding
National Christian Foundation, Inc. NM Affiliate	501 c 3 PO Box 27015	Scottsdale, AZ 85255	\$ 11,598.35	850466529 Program Funding
American Civil Liberties Union of New Mexico Foundation (ACLU-NM Foundation)	501 c 3 PO Box 566	Albuquerque, NM 87103	\$ 24,669.22	850275276 Program Funding
NMDOG Inc	501 c 3 9445 Coors Blvd NW #	Albuquerque, NM 87114	\$ 6,708.76	452781292 Program Funding
New Mexico Foundation for Dental Health Research and Education	501 c 3 PO Box 16854	Albuquerque, NM 87111	\$ 7,250.00	743146433 Program Funding
New Mexico Heart Institute Foundation	501 c 3 601 Lomas Blvd NE	Albuquerque, NM 87102	\$ 20,500.00	201443608 Program Funding
New Mexico Holocaust & Intolerance Museum	501 c 3 PO Box 1762	Albuquerque, NM 87103	\$ 5,316.67	850456900 Program Funding
New Mexico Museum of Natural History Foundation	501 c 3 PO Box 25446	Albuquerque, NM 87125	\$ 17,049.05	850257595 Program Funding
New Mexico Philharmonic	501 c 3 3035 Menaul Blvd NE #	Albuquerque, NM 87107	\$ 63,678.87	271148446 Program Funding
New Mexico State University Foundation	501 c 3 PO Box 3590	Las Cruces, NM 88003	\$ 8,842.58	850170157 Program Funding
New Mexico Veterans Integration Centers	501 c 3 1301-1 Ortiz Drive SE	Albuquerque, NM 87108	\$ 11,430.12	550901604 Program Funding
City on a Hill	501 c 3 3715 Silver Ave SE	Albuquerque, NM 87108	\$ 17,933.84	472407114 Program Funding
Our Lady of the Most Holy Rosary Church	501 c 3 5415 Fortuna Rd NW	Albuquerque, NM 87105	\$ 10,878.47	850168153 Program Funding
Outpost Productions, Inc.	501 c 3 PO Box 4543	Albuquerque, NM 87196	\$ 27,714.40	850363945 Program Funding
Opera Southwest	501 c 3 PO Box 27671	Albuquerque, NM 87125	\$ 22,648.00	237314812 Program Funding
Open Heart Kitchen of Livermore, Inc.	501 c 3 1141 Catalina Drive Ste	Livermore, CA 94550	\$ 6,258.92	943396038 Program Funding
Our Lady of Annunciation Church	501 c 3 2532 Vermont NE	Albuquerque, NM 87110	\$ 29,322.95	850154013 Program Funding
Our Lady of Fatima Church	501 c 3 4020 Lomas Blvd NE	Albuquerque, NM 87110	\$ 8,026.21	850134033 Program Funding
One Albuquerque Fund	501 c 3 PO Box 25125	Albuquerque, NM 87125	\$ 14,774.24	842644992 Program Funding
Presbyterian Ear Institute	501 c 3 415 Cedar St SE	Albuquerque, NM 87106	\$ 28,181.18	850373591 Program Funding
Paws and Stripes	501 c 3 617 Truman St NE	Albuquerque, NM 87110	\$ 16,310.42	272908352 Program Funding
Phoenix Children's Hospital Foundation	501 c 3 2929 E Camelback Rd Suite	Phoenix, AZ 85016	\$ 10,000.00	742421549 Program Funding
PB&J Family Services, Inc.	501 c 3 1101 Lopez Rd SW	Albuquerque, NM 87105	\$ 10,015.84	850231566 Program Funding
Podolny Group International Inc	501 c 3 2108 White Cloud St NE	Albuquerque, NM 87112	\$ 6,241.96	842613634 Program Funding
Planned Parenthood Federation of America	501 c 3 PO Box 97166	Washington, DC 20090	\$ 8,692.94	131644147 Program Funding
Planned Parenthood of New Mexico	501 c 3 719 San Mateo NE	Albuquerque, NM 87108	\$ 57,056.20	850197745 Program Funding
People Prosper International Inc	501 c 3 2650 FM 407 E Ste	Bartonville, TX 76226	\$ 10,053.36	812598323 Program Funding
Prince of Peace Lutheran Church & School	501 c 3 12121 State Highway 14 N	Cedar Crest, NM 87008	\$ 9,351.47	850317705 Program Funding
Project Defending Life	501 c 3 729 San Mateo Blvd NE	Albuquerque, NM 87108	\$ 7,593.34	412199203 Program Funding
Presbyterian Healthcare Foundation	501 c 3 PO Box 26666	Albuquerque, NM 87125	\$ 460,261.47	856016041 Program Funding
Prince of Peace Catholic Community	501 c 3 12500 Carmel Ave NE	Albuquerque, NM 87122	\$ 36,758.33	850386229 Program Funding
Haven House, Inc.	501 c 3 PO Box 15611	Rio Rancho, NM 87174	\$ 8,828.00	850422830 Program Funding
Domestic Violence Resource Center, Resources, Inc.	501 c 3 625 Silver Ave SW Ste	Albuquerque, NM 87102	\$ 6,271.63	850439226 Program Funding
Red Village Church	501 c 3 5202 Regent Street	Madison, WI 53705	\$ 7,000.00	Program Funding
Rio Grande Center For Spiritual Living	501 c 3 4374 Alexander Blvd NE	Albuquerque, NM 87107		271119850 Program Funding
Rio Grande Food Project	501 c 3 PO Box 66498	Albuquerque, NM 87193	\$ 19,171.79	201667103 Program Funding
Redemption Hill Church	501 c 3 9674 Eagle Ranch Rd NW Suite	Albuquerque, NM 87114	\$ 55,459.96	471503037 Program Funding
Rice University	501 c 3 PO Box 1892	Houston, TX 77251		741109620 Program Funding
Roadrunner Food Bank	501 c 3 5840 Office Blvd NE	Albuquerque, NM 87109	\$ 302,611.16	850278525 Program Funding

Ronald McDonald House of New Mexico	501 c 3 1011 Yale Blvd NE	Albuquerque, NM 87106	\$	0283204 Program Funding
Rio Rancho Public Schools District Office	501 c 3 500 Laser Rd NE	Rio Rancho, NM 87124	\$	0414272 Program Funding
Special Olympics New Mexico	501 c 3 6600 Palomas NE Ste	Albuquerque, NM 87109	\$ 22,227.54 85	0268084 Program Funding
St. Thomas Aquinas Parish	501 c 3 1502 Sara Rd SE	Rio Rancho, NM 87124	\$	0313902 Program Funding
St. Chad's Episcopal Church	501 c 3 7171 Tennyson Dr NE	Albuquerque, NM 87122	\$ 20,467.74 85	0362437 Program Funding
Sandia Preparatory School	501 c 3 532 Osuna Rd NE	Albuquerque, NM 87113	\$	0196115 Program Funding
The Storehouse New Mexico	501 c 3 PO Box 94810	Albuquerque, NM 87199	\$	2511614 Program Funding
Samaritan's Purse	501 c 3 PO Box 3000	Boone, NC 28607	\$ 16,703.94 58	1437002 Program Funding
St. Jude's Children's Research Hospital	501 c 3 501 St Jude Place	Memphis, TN 38105	\$ 43,513.75 35	1044585 Program Funding
St. Luke Lutheran Church	501 c 3 9100 Menual Blvd NE	Albuquerque, NM 87112	\$ 8,482.12 85	6003664 Program Funding
St. John's United Methodist Church	501 c 3 2626 Arizona St NE	Albuquerque, NM 87110	\$ 29,446.11 85	0105796 Program Funding
Holy Child Parish	501 c 3 PO Box 130	Tijeras, NM 87059	\$ 9,580.19 85	0303496 Program Funding
Southern Poverty Law Center	501 c 3 400 Washington Ave	Montgomery, AL 36104	\$ 9,776.55 63	0598743 Program Funding
St. Vincent de Paul Society Albuquerque	501 c 3 4120 Menaul Blvd NE	Albuquerque, NM 87110	\$ 8,517.28 85	0213561 Program Funding
Salvation Army	501 c 3 PO Box 27690	Albuquerque, NM 87125	\$ 28,028.72 86	0096791 Program Funding
Santa Fe Opera	501 c 3 PO Box 2408	Santa Fe, NM 87504	\$ 18,896.23 85	0131810 Program Funding
Sandia Presbyterian Church	501 c 3 10704 Paseo del Norte NE	Albuquerque, NM 87122	\$ 53,047.62 85	0380522 Program Funding
Saranam, LLC	501 c 3 201 University NE	Albuquerque, NM 87106	\$ 55,423.84 20	2036621 Program Funding
Santa Fe Pro Musica Inc	501 c 3 PO Box 2091	Santa Fe, NM 87504	\$ 6,000.00 85	0283203 Program Funding
Shepherd's Gate	501 c 3 1660 Portola Ave	Livermore, CA 94551	\$ 6,102.59 94	2902803 Program Funding
Sierra Club Foundation	501 c 3 2101 Webster St Suite	Oakland, CA 94612	\$ 8,581.67 94	6069890 Program Funding
New Beginnings Church of God	501 c 3 3601 Montgomery Blvd NE	Albuquerque, NM 87109	\$ 17,803.84 01	0815203 Program Funding
St. Pius X High School Foundation	501 c 3 5301 St Josephs Dr NW	Albuquerque, NM 87120	\$ 5,591.57 85	0427816 Program Funding
Shine School Partnership	501 c 3 7100 San Antonio Dr NE	Albuquerque, NM 87109	\$ 15,893.44 81	2266285 Program Funding
Stephen Siller Tunnel to Towers Foundation aka Tunnel to Towers Foundation	501 c 3 2361 Hylan Blvd	Staten Island, NY 10306	\$ 6,531.45 02	0554654 Program Funding
SSTPS, Inc. DBA La Luz Early Childhood Center	501 c 3 1301 Britt St SE	Albuquerque, NM 87123	\$ 7,138.17 85	0475097 Program Funding
Student Clothing Bank	501 c 3 PO Box 94735	Albuquerque, NM 87199	\$ 10,809.77 46	5765753 Program Funding
St. Elias Greek Orthodox Church	501 c 3 46 Calle Electra	Santa Fe, NM 87508	\$ 8,000.00 85	0385409 Program Funding
St. Felix Pantry, Inc.	501 c 3 4020 Barbara Loop SE	Rio Rancho, NM 87124	\$ 6,303.10 85	0407376 Program Funding
St. John's Episcopal Cathedral	501 c 3 PO Box 1246	Albuquerque, NM 87103	\$ 36,785.70 85	0119046 Program Funding
St. Jude Thaddeus Church	501 c 3 5712 Paradise Blvd NW	Albuquerque, NM 87114	\$ 25,133.48 85	0382507 Program Funding
St. John Vianney Church	501 c 3 1001 Meteor Ave NE	Rio Rancho, NM 87144	\$ 20,403.82 85	0435440 Program Funding
St. Martin's Hospitality Center dba St. Martin's HopeWorks	501 c 3 1120 2nd St NW	Albuquerque, NM 87102	\$ 19,198.57 85	0338552 Program Funding
St. Michael & All Angels Episcopal Church	501 c 3 601 Montano Rd NW	Albuquerque, NM 87107	\$ 9,273.72 85	0202316 Program Funding
St. Timothys Lutheran Church of the Lutheran Church in America	501 c 3 211 Jefferson St NE	Albuquerque, NM 87108	\$ 5,400.00 85	0195689 Program Funding
Sunflower Sanctuary Animal Rescue	501 c 3 25 Clauss Place	Tijeras, NM 87059	\$ 5,395.02 80	0474308 Program Funding
Teen Challenge of New Mexico	501 c 3 PO Box 20610	Albuquerque, NM 87154	\$ 6,063.35 85	0333739 Program Funding
The Navigators	501 c 3 PO Box 50500	Colorado Springs, CO 80949	\$ 8,052.35 84	6007896 Program Funding
Think New Mexico	501 c 3 1227 Paseo De Peralta	Santa Fe, NM 87501	\$ 13,568.33 31	1611995 Program Funding
Tamaya Horse Rehab	501 c 3 PO Box 144	San Ysidro, NM 87053	\$ 6,000.00 46	1405668 Program Funding
T2 Ministry of New Mexico Inc	501 c 3 732 Parkside Drive NE	Albuquerque, NM 87123	\$ 11,842.86 81	2412187 Program Funding
Transgender Resource Center of New Mexico	501 c 3 PO Box 80872	Albuquerque, NM 87198	\$ 8,250.68 39	2076744 Program Funding
Trinity at the Marketplace, Inc.	501 c 3 2520 Chama St NE	Albuquerque, NM 87110	\$ 47,818.28 73	1728080 Program Funding
Tri-Valley Haven for Women	501 c 3 PO Box 2190	Livermore, CA 94551	\$	2462357 Program Funding
Central New Mexico Community College Foundation	501 c 3 723 University Blvd SE Rm	Albuquerque, NM 87106	\$ 52,509.00 85	0338623 Program Funding
The Well Church	501 c 3 1235 Pine Street	Boulder, CO 80302	\$ 5,000.00 27	3308269 Program Funding
University of Arizona Foundation	501 c 3 PO Box 210055	Tucson, AZ 85721	\$ •	6050388 Program Funding
University of Chicago	501 c 3 1225 E 60th St	Chicago, IL 60637	\$	2177139 Program Funding
University of Colorado Foundation	501 c 3 1800 Grant St Ste	Denver, CO 80203	\$	6049811 Program Funding
University of New Mexico Anderson School of Management	501 c 3 1 University of New Mexico	Albuquerque, NM 87131	\$	7126805 Program Funding
University of New Mexico Foundation, Inc.	501 c 3 700 Lomas Blvd NE	Albuquerque, NM 87102	\$ •	0275408 Program Funding
UNM Lobo Club	501 c 3 1 University of New Mexico	Albuquerque, NM 87131	\$	6018840 Program Funding
University of Texas Foundation	501 c 3 9011 Mountain Ridge Dr Suite	Austin, TX 78759	\$ 8,131.00 74	1587488 Program Funding

United States Holocaust Memorial Council
United Way of the Bay Area
United Way of Eddy County
San Juan United Way
Valley View Christian Church
Vineyard Church of North Albuquerque
Legacy Church
Vertical Church Albuquerque
Watermelon Mountain Ranch No Kill Shelter
WESST Corp
S.A.F.E. House
World Vision, Inc.
Wounded Warrior Project
World Wildlife Fund, Inc.
Young at Heart Ministries

501 c 3	100 Raoul Wallenberg Place SW	Washington, DC 20024	\$	10,050.00	521309391	Program Funding
501 c 3	550 Kearny Street Ste	San Francisco, CA 94108	\$	104,243.47	941312348	Program Funding
501 c 3	PO Drawer EE	Carlsbad, NM 88221	\$	6,593.20	856004416	Program Funding
501 c 3	PO Box 323	Farmington, NM 87401	\$	8,612.00	850165322	Program Funding
501 c 3	PO Box 1145	Edgewood, NM 87015	\$	9,804.37	850375768	Program Funding
501 c 3	PO Box 6671	Albuquerque, NM 87193	\$	15,760.00	273215227	Program Funding
501 c 3	7201 Central Ave NW	Albuquerque, NM 87121	\$	19,373.96	850280270	Program Funding
501 c 3	4801 Montano Rd NW Ste	Albuquerque, NM 87120	\$	10,950.00	814920476	Program Funding
501 c 3	1512 Deborah Rd SE #203	Rio Rancho, NM 87124	\$	23,283.02	850480585	Program Funding
501 c 3	609 Broadway NE	Albuquerque, NM 87102	\$	17,902.74	850367809	Program Funding
501 c 3	PO Box 25363	Albuquerque, NM 87125	\$	19,152.72	850247473	Program Funding
501 c 3	PO Box 9716	Federal Way, WA 98063	\$	5,999.70	951922279	Program Funding
501 c 3	PO Box 758571	Topeka, KS 66675	\$	26,262.96	202370934	Program Funding
501 c 3	1250 24th St NW	Washington, DC 20037	\$	6,042.86	521693387	Program Funding
501 c 3	PO Box 92692	Albuquerque, NM 87199	\$	5,000.00	850432706	Program Funding
			6,	,942,545.39	•	

OMB No. 1545-0047

SCHEDULE J (Form 990)

Compensation Information

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

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

UNITED WAY OF NORTH CENTRAL NEW MEXICO FKA UNITED WAY OF CENTRAL NM

Employer identification number 85-0277138

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following	ing to or for a person listed on Form		
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant in	nformation regarding these items.		
	First-class or charter travel Housi	ng allowance or residence for personal use		
	Travel for companions Payme	ents for business use of personal residence		
	Tax indemnification and gross-up payments Health	n or social club dues or initiation fees		
	Discretionary spending account Person	nal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a wri	tten policy regarding payment		
	or reimbursement or provision of all of the expenses described above? If "N			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing e	expenses incurred by all		
	directors, trustees, and officers, including the CEO/Executive Director, rega			
	1a?			
3	Indicate which, if any, of the following the organization used to establish the	e compensation of the		
	organization's CEO/Executive Director. Check all that apply. Do not check a	·		
	related organization to establish compensation of the CEO/Executive Direct	· ·		
		n employment contract		
		ensation survey or study		
		val by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line	e 1a, with respect to the filing		
	organization or a related organization:			
а	Parity of the second of the se	4a		х
b				х
С	Participate in or receive payment from an equity-based compensation arrar	ngement? 4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amount			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must c	omplete lines 5–9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organiz			
	compensation contingent on the revenues of:			
а	The organization?	<u>5a</u>		X
b	Any related organization?			X
	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 organiz	ation pay or accrue any		
	compensation contingent on the net earnings of:			
а	The organization?	<u>6a</u>		X
b	Any related organization?	<u>6b</u>		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	, , , , ,	•		
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursua			
	to the initial contract exception described in Regulations section 53.4958-4	(a)(3)? If "Yes," describe		
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption	n procedure described in		
	Regulations section 53.4958-6(c)?		1	1

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.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
RODNEY PRUNTY (i)	189,633	17,500	C	16,904	7,473	231,510	0	
1 PRESIDENT & CEO (ii)	0	0	C	0	0	0	0	
(i)								
2 (ii)								
(i) (ii)								
(i)								
_4 (ii)								
(i)				[]				
5 (ii)								
(i)								
6 (ii)								
(i)								
7 (ii)								
(i) 8								
(i) 9								
(i) (ii)								
(i) 11								
(i)							_	
12 (ii)	• • • • • • • • • • • • • • • • • • • •							
(i) 13	•							
(i) 14	• • • • • • • • • • • • • • • • • • • •							
(i)								
15 (ii)	•							
(i) 16								

Schedule J (Form 990) 2021

	(Form 990) 202	1 UNITED	WAY OF NORT	H CENTRAL N	IEW 85-	-0277138			Page 3
Part III Provide to for any a	Supplem the information additional info	nental Information, or mation, or mation.	i on r descriptions requ	ired for Part I, line	es 1a, 1b, 3, 4a, 4	b, 4c, 5a, 5b, 6a, 6	6b, 7, and 8, and f	or Part II. Also com	nplete this part
*									

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization UNITED WAY \mathbf{OF}

NORTH CENTRAL NEW MEXICO FKA UNITED WAY OF CENTRAL NM Employer identification number 85-0277138

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 TO CREATE EQUITABLE COMMUNITIES THAT PROVIDE EVERY INDIVIDUAL AND FAMILY IN NORTH CENTRAL NEW MEXICO WITH THE SUPPORT THEY NEED TO DETERMINE THEIR OWN WELLBEING AND SUCCESS. THE MISSION IS TO CONNECT PEOPLE TO OPPORTUNITIES AND SERVICES TO EQUITABLY IMPROVE LIVES AND STRENGTHEN 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:

RISING TOGETHER

RISING TOGETHER (FORMERLY KNOWN AS MISSION GRADUATE & MISSION FAMILIES) DESCRIBES THE WORK OF THE COMMUNITY IMPACT DEPARTMENT. THE AREAS OF FOCUS ARE: COMMUNITY RESILIENCE, HEALTHY BEGINNINGS AND SCHOOL READINESS, K-12 LEARNING, POST HIGH SCHOOL READINESS, AND ADULTS IN EDUCATION.

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

Employer identification number

85-0277138

UNITED WAY OF NORTH CENTRAL NEW

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
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,

PAGE 1 OF 6

Schedule O (Form 990) 2021 Page 2

Name of the organization

UNITED WAY OF NORTH CENTRAL NEW

85-0277138

Employer identification number

BASIC NEEDS GRANTS, AND CAPACITY BUILDING GRANTS HEADINGS IN THE STATEMENTS OF ACTIVITIES.

TAX HELP NEW MEXICO

TAX HELP NEW MEXICO PROVIDES FREE TAX PREPARATION TO NEW MEXICO HOUSEHOLDS
WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN \$60,000. 190 VOLUNTEERS
COMPLETED OVER 8,000 RETURNS THIS YEAR. TAX HELP NEW MEXICO SAVED NEW
MEXICO FILERS MORE THAN \$3.6 MILLION IN TAX PREPARATION FEES AND WAS
RESPONSIBLE FOR RETURNING OVER \$16 MILLION IN TAX REFUNDS 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,
RECEIVES MORE THAN 10,000 CONTACTS ANNUALLY. 2-1-1 (OR 505-245-1735) 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

Employer identification number

85-0277138

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
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. FAC EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES
HEADING IN THE STATEMENTS OF ACTIVITIES.

COVID-19 RECOVERY FUND

TO ENSURE THAT NONPROFITS THAT WERE ADVERSELY AFFECTED BY THE COVID-19

PANDEMIC REMAINED ABLE TO CONDUCT THEIR WORK, AND THOSE MOST VULNERABLE

CONTINUED TO RECEIVE RELIEF, UWCNM EXTENDED ADDITIONAL FUNDING AND SUPPORT.

THROUGH OUR OWN COVID-19 RECOVERY EFFORTS, FOURTEEN HEALTH AND HUMAN

SERVICE ORGANIZATIONS BENEFITED FROM \$217,289 THE FUND RAISED. A TOTAL OF

\$1,469,527 WAS RAISED TO DATE FOR COVID-19 RELIEF AND RECOVERY.

2-1-1/CONNECT

UNITED WAY OF CENTRAL NEW MEXICO'S 211 AND THE CONNECT NETWORK OF THE CITY OF SANTA FE AND SANTA FE COUNTY PARTNER TO STRENGTHEN THE CONNECTIONS BETWEEN THE SANTA FE COMMUNITY AND LOCAL RESOURCES. CONNECT IS A NETWORK OF NAVIGATORS AT CLINICS, COMMUNITY ORGANIZATIONS, AND CITY AND COUNTY PROGRAMS WHO LINK LOCAL CITIZENS WITH NONPROFITS TO ADDRESS SOCIAL NEEDS.

IN SANTA FE, 211 HAS PARTNERED WITH THE CONNECT PROGRAM TO SUPPORT CALLERS

Schedule O (Form 990) 2021 Page 2

Name of the organization

UNITED WAY OF NORTH CENTRAL NEW

Employer identification number

85-0277138

THROUGHOUT THE COUNTY TO NEEDED RESOURCES. THE HELPLINE IS AVAILABLE IN ENGLISH AND SPANISH FROM 8:30 A.M. TO 4:30 P.M., MONDAY THROUGH FRIDAY.

DEI UNITED

DEI UNITED IS A COLLABORATION BETWEEN UNITED WAY OF CENTRAL NEW MEXICO

(UWCNM) AND ALBUQUERQUE COMMUNITY FOUNDATION (ACF). A STAFF-DRIVEN

COMMITTEE FROM BOTH ORGANIZATIONS DRIVES INTERNAL AND EXTERNAL ACTIVITIES

THAT ADVANCE DIVERSITY, EQUITY, AND INCLUSION IN CENTRAL NEW MEXICO. WE

ADDRESS THREE AREAS UNDER THE DEI UNITED BANNER: COMMUNITY ENGAGEMENT;

FUNDING FOR BIPOC-LED (BLACK, INDIGENOUS, PEOPLE OF COLOR-LED) AND LIVED
EXPERIENCE-LED, NONPROFIT ORGANIZATIONS ADDRESSING SYSTEMIC INEQUITIES; AND

LEADERSHIP AND EQUITY DEVELOPMENT. DEI UNITED EXPENSES ARE PRESENTED UNDER

THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS
THE ORGANIZATION HAS AMENDED ITS ARTICLES OF INCORPORATION TO REFLECT A
NAME CHANGE. THE NAME HAS BEEN CHANGED TO UNITED WAY OF NORTH CENTRAL NEW
MEXICO.

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

PAGE 4 OF 6

Schedule O (Form 990) 2021 Page 2

Name of the organization

UNITED WAY OF NORTH CENTRAL NEW

APPROVED BUDGETED AMOUNTS.

Employer identification number

85-0277138

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

COMMITTEE. COMPENSATION INCREASES ARE BASED ON MEETING ESTABLISHED ANNUAL

PERFORMANCE GOALS, AND THE INCREASE AMOUNT IS DETERMINED THROUGH BOARD

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

Schedule O (Form 990) 2021 Page 2 Employer identification number Name of the organization UNITED WAY OF NORTH CENTRAL NEW 85-0277138 FINANCIAL OFFICER. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION -9,165,953 AMOUNTS RAISED ON BEHALF OF OTHERS AMOUNTS RAISED ON BEHALF OF OTHERS 9,165,953 PAGE 6 OF 6

Form **8868**

(Rev. January 2022)

Department of the Treasury

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

▶ File a separate application for each return.
 ▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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*.

filing of th	is form, visit www.irs.gov/e-file-providers/e-file-for-cha	rities-and-no	on-profits.								
Automa	atic 6-Month Extension of Time. Only sub-	mit origina	al (no copies needed).								
All corpor	ations required to file an income tax return other than I	Form 990-T	(including 1120-C filers), pa	artnerships, REMIC	s, and trusts	_					
must use	Form 7004 to request an extension of time to file incor	me tax retur	ns.								
Type or	Name of exempt organization or other filer, see i	instructions.		Taxpayer identific	er identification number (TIN)						
print											
	UNITED WAY OF CENTRAL N	85-027713	85-0277138								
		Number, street, and room or suite no. If a P.O. box, see instructions.									
File by the due date for		2340 ALAMO AVE SE, 2ND FLOOR									
filing your	City, town or post office, state, and ZIP code. Fo	or a toreign a	address, see instructions.								
return. See	ALBUQUERQUE NM	87106	5								
instructions.											
Enter the	Return Code for the return that this application is for (f	file a separa	te application for each retur	n)		01					
Applica	ation	Return	Application			Return					
ls For		Code	Is For			Code					
Form 9	90 or Form 990-EZ	01	Form 1041-A			08					
Form 4	720 (individual)	03	Form 4720 (other than inc	dividual)		09					
Form 9	90-PF	04	Form 5227			10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
	90-T (trust other than above)	06	Form 8870			12					
Form 9	90-T (corporation) RODNEY PRUNTY	07									
Telep If the If this for the what list with	hone No. > 505-247-3671 organization does not have an office or place of busines is for a Group Return, enter the organization's four dignole group, check this box If it is for part of the names and TINs of all members the extension is for quest an automatic 6-month extension of time un@5/organization named above. The extension is for the organization that the care of place of business and the care of business and t	git Group Ex of the group, or.	nited States, check this box emption Number (GEN) check this box	. If this is and attach	NM 8	▶ □					
•	calendar year or $\overline{\mathbf{X}}$ tax year beginning $07/01/21$, and ending 0										
	e tax year entered in line 1 is for less than 12 months, Change in accounting period			nal return							
	is application is for Forms 990-PF, 990-T, 4720, or 600 refundable credits. See instructions.	69, enter the	e tentative tax, less any	3a	\$	0					
b If th	is application is for Forms 990-PF, 990-T, 4720, or 606	69, enter an	y refundable credits and								
esti	mated tax payments made. Include any prior year over	rpayment all	lowed as a credit.	3b	\$	0					
	ance due. Subtract line 3b from line 3a. Include your page EFTPS (Electronic Federal Tax Payment System). S	-		3c	\$	0					
Caution:	If you are going to make an electronic funds withdrawa			e Form 8453-TE an	d Form 8879-	TE for payment					
instructio	ne .										

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

Form **8868** (Rev. 1-2022)