

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

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

D Employer identification number
85-0277138

E Telephone number
(505) 247-3671

G Gross receipts \$ 16,643,048

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

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW UWCNM ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1979

M State of legal domicile
NM

Part I Summary

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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-02-21
LISA KRUGER SECRETARY/ TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: PULAKOS CPAS PC
Preparer's signature
Date: 2020-02-21
Check if self-employed
PTIN: P00446108
Firm's EIN: 85-0219147
Firm's address: 5921 JEFFERSON ST NE, ALBUQUERQUE, NM 87109
Phone no: (505) 338-1500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 14,310,307 including grants of \$ 12,289,943) (Revenue \$ 583,573)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 14,310,307

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

<p>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</p>	2a	60		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>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</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (39); 1b Enter the number of voting members included in line 1a, above, who are independent (39); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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: RODNEY PRUNTY 2340 ALAMO AVE SE 2ND FLOOR ALBUQUERQUE, NM 87106 (505) 247-3671

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	608,734	
1c Total from continuation sheets to Part VII, Section A		
1d Total (add lines 1b and 1c)		130,119

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants, and Other Similar Amounts) and 1g-1h (Total).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 2g Total.

Main revenue table with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 covering Investment income, Rental income, Fundraising events, Gaming activities, and Inventory sales.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	12,289,943	12,289,943		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	853,521	310,012	214,565	328,944
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.	1,932,715	753,967	410,854	767,894
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	134,116	41,863	36,118	56,135
9 Other employee benefits.	177,183	55,306	47,716	74,161
10 Payroll taxes.	213,446	66,625	57,482	89,339
11 Fees for services (non-employees)				
a Management.				
b Legal.	5,991	3,973	1,862	156
c Accounting.	40,196	26,657	12,492	1,047
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	1,238	821	385	32
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	193,618	128,402	60,172	5,044
12 Advertising and promotion.	84,555	55,249	16,762	12,544
13 Office expenses.	41,961	30,185	10,598	1,178
14 Information technology.	122,593	81,300	38,099	3,194
15 Royalties.				
16 Occupancy.	181,155	106,147	67,507	7,501
17 Travel.	92,032	61,221	27,730	3,081
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.	187,032	93,516	84,164	9,352
22 Depreciation, depletion, and amortization.	61,900	18,189	36,026	7,685
23 Insurance.	22,194	11,097	9,987	1,110
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TELEPHONE	44,856	28,779	14,469	1,608
b CREDIT CARD CHARGES	30,680	15,340	13,806	1,534
c BANK SERVICE FEES	28,758	14,379	12,941	1,438
d LIFE INSURANCE MATCHING	7,430	5,560	1,683	187
e All other expenses	309,358	111,776		197,582
25 Total functional expenses. Add lines 1 through 24e.	17,056,471	14,310,307	1,175,418	1,570,746
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,287,473	1	1,161,750
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	7,743,062	3	7,441,378
	4 Accounts receivable, net	414,376	4	136,712
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	339,332	9	339,265
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,125,309		
	b Less accumulated depreciation	1,000,230	178,249	10c 125,079
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	2,824,725	12	2,709,162
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,417,667	15	1,509,322
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,204,884	16	13,422,668	
Liabilities	17 Accounts payable and accrued expenses	487,841	17	580,520
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	4,053,706	25	3,525,712
	26 Total liabilities. Add lines 17 through 25	4,541,547	26	4,106,232
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,015,859	27	2,807,368
	28 Temporarily restricted net assets	6,647,478	28	6,509,068
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,663,337	33	9,316,436	
34 Total liabilities and net assets/fund balances	14,204,884	34	13,422,668	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,535,328
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,056,471
3	Revenue less expenses Subtract line 2 from line 1	3	-521,143
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,663,337
5	Net unrealized gains (losses) on investments	5	174,242
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,316,436

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 85-0277138

Name: UNITED WAY OF CENTRAL NEW MEXICO

Form 990 (2018)

Form 990, Part III, Line 4a:

UNITED WAY OF CENTRAL NEW MEXICO (UWCNM) ADMINISTERS THE FOLLOWING PROGRAMS COMMUNITY FUND THE COMMUNITY FUND IMPROVES OUR COMMUNITY BY PROVIDING PROGRAM GRANTS TO QUALIFYING HEALTH AND HUMAN SERVICES AGENCIES IN CENTRAL NEW MEXICO THE COMMUNITY FUND ADVANCES THE COMMON GOOD AND WORKS TO CREATE A STRONGER COMMUNITY WE ADDRESS EDUCATION, HEALTH, AND FINANCIAL STABILITY/BASIC NEEDS SO THAT FAMILIES CAN GROW AND THRIVE UWCNM INVESTS IN EDUCATIONAL PROGRAMS TO CREATE CENTRAL NEW MEXICO COMMUNITIES WHERE ALL CHILDREN ARE BORN HEALTHY AND DEVELOP ON TRACK ARE FULLY PREPARED TO ENTER THE EDUCATIONAL SYSTEM AND WHERE ALL STUDENTS PROGRESS SUCCESSFULLY THROUGH ELEMENTARY SCHOOL PROGRESS SUCCESSFULLY THROUGH MIDDLE SCHOOL GRADUATE HIGH SCHOOL WITHIN 5 YEARS, READY FOR SCHOOL, LIFE OR WORK AND WHERE ALL INDIVIDUALS HAVE AN OPPORTUNITY TO UTILIZE SOME FORM OF POST-SECONDARY EDUCATION, FROM TRADE SCHOOLS TO 4-YEAR UNIVERSITIES UWCNM INVESTS IN HEALTH PROGRAMS TO CREATE CENTRAL NEW MEXICAN COMMUNITIES WHERE ALL INDIVIDUALS AND FAMILIES RECEIVE AFFORDABLE AND EQUITABLE HEALTH SERVICES LIVE IN A SAFE ENVIRONMENT EXHIBIT HEALTHY BEHAVIORS LIVE IN A HEALTH PROMOTING ENVIRONMENT UWCNM INVESTS IN FINANCIAL STABILITY/BASIC NEEDS PROGRAMS TO CREATE CENTRAL NEW MEXICAN COMMUNITIES WHERE ALL INDIVIDUALS AND FAMILIES HAVE ADEQUATE AND SUSTAINABLE RESOURCES TO SUPPORT THEIR NEEDS HAVE THE SKILLS, KNOWLEDGE, AND RELATIONSHIPS THEY NEED TO EFFECTIVELY INCREASE AND MANAGE THEIR INCOME AND WHERE VULNERABLE POPULATIONS ARE SAFE, SOCIALLY ENGAGED, AND LIVE WITH DIGNITY COMMUNITY FUND EXPENSES ARE PRESENTED UNDER THE EDUCATION, FINANCIAL STABILITY/BASIC NEEDS, HEALTH AND COMMUNITY BUILDING INITIATIVES HEADINGS IN THE STATEMENTS OF ACTIVITIES MISSION GRADUATE MISSION GRADUATE IS A CRADLE-TO-CAREER COMMUNITY INITIATIVE THAT HAS THE GOAL OF ADDING 60,000 CERTIFICATES AND DEGREES TO OUR REGION BY THE YEAR 2020 THIS MULTI-SECTOR PARTNERSHIP IS COMMITTED TO A VISION FOR A WORLD- CLASS, SEAMLESS, AND COORDINATED EDUCATION SYSTEM THAT PROVIDES EQUITABLE OPPORTUNITIES FOR ALL CITIZENS TO EXCEL AND SUCCEED FROM EARLY CHILDHOOD THROUGH HIGH SCHOOL, GRADUATE WITH A POSTSECONDARY DEGREE OR CERTIFICATE, AND ENTER A CAREER OF THEIR CHOOSING IN CENTRAL NEW MEXICO MISSION FAMILIES MISSION FAMILIES IS UWCNM'S NEW INITIATIVE WITH A VISION FOR RESILIENT CHILDREN AND FAMILIES SO THAT MORE FAMILIES HAVE OPPORTUNITIES THAT ALLOW THEM TO THRIVE MISSION FAMILIES HAS A GOAL OF REDUCING THE NUMBER OF ADVERSE CHILDHOOD EXPERIENCES BY 50% BY THE 2030 IN CENTRAL NEW MEXICO CENTER FOR NONPROFIT EXCELLENCE THE CENTER FOR NONPROFIT EXCELLENCE (CNPE) STRENGTHENS THE CAPABILITIES AND CAPACITY OF NEW MEXICO NONPROFITS SO THEY CAN MORE EFFECTIVELY ACHIEVE THEIR MISSIONS CNPE DOES THIS BY PROVIDING ORGANIZATIONAL AND PROFESSIONAL DEVELOPMENT RESOURCES TO NONPROFIT PROFESSIONALS AND VOLUNTEERS THROUGH THE CNPE EDUCATION PROGRAM AND WEBSITE (WWW.CNPE.ORG) IN FY 18/19, CNPE PROVIDED 25 NONPROFIT PROFESSIONAL DEVELOPMENT TRAININGS AND 12 INFORMATION SESSIONS TO 621 INDIVIDUALS, REACHING 286 ORGANIZATIONS IN 24 COMMUNITIES AROUND NEW MEXICO WE ALSO CONTINUED TO PROVIDE MATCHMAKING AND COMMUNICATION SERVICES TO NONPROFITS THROUGHOUT THE STATE, CNPE CURRENTLY HAS 2,405 FACEBOOK FOLLOWERS, 2,122 FOLLOWERS ON TWITTER, AND 5,731 RECIPIENTS OF OUR CNPE NEWSLETTER TAX HELP NEW MEXICO TAX HELP NEW MEXICO PROVIDES FREE ASSISTANCE IN PREPARING AND FILING INCOME TAX RETURNS FOR NEW MEXICO RESIDENTS WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN 54,000 OR WHO ARE OVER THE AGE OF 65 REGARDLESS OF INCOME VOLUNTEERS PREPARED 32,716 RETURNS LAST FILING SEASON, SAVING NEW MEXICO FILERS MORE THAN 5.1 MILLION IN TAX PREPARATION FEES, 17,501 PEOPLE OBTAINED OVER 22.5 MILLION IN TAX REFUNDS THROUGH THE PROGRAM 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 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 EXPERIENCED MORE THAN 23,792 CONTACTS IN FY 18-19 (THIS INCLUDES THOSE THROUGH THE ONLINE DATABASE) UNITED WAY 2-1-1 (OR 245-1735) IS ACCESSIBLE 7 DAYS A WEEK, 8AM TO MIDNIGHT, 365 DAYS A YEAR UWCNM IS THE BEST SOURCE OF INFORMATION ON WHERE YOU CAN GET THE SERVICES YOU, OR SOMEONE YOU KNOW, MIGHT NEED 2-1-1 EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES AFFINITY GROUP INITIATIVES UWCNM ALSO ADMINISTERS OTHER INITIATIVES THROUGH HISPANO PHILANTHROPIC SOCIETY, YOUNG LEADERS SOCIETY, WOMEN IN PHILANTHROPY, AND GUYS GIVE AFFINITY GROUP MEMBERS HAVE IDENTIFIED WOMEN'S SELF-SUFFICIENCY, MIDDLE-SCHOOL YOUTH, AND YOUTH TRANSITIONING TO ADULTHOOD AS AREAS FOR GIVING AFFINITY GROUP GRANT INITIATIVES ARE GIFTS TO THE COMMUNITY FUND AFFINITY GROUP INITIATIVES EXPENSES ARE PRESENTED UNDER THE CO-BRANDING AND EVENT SPONSORSHIPS HEADING IN THE STATEMENTS OF ACTIVITIES DONOR OPTION PROGRAM DONORS HAVE THE OPTION TO DESIGNATE CONTRIBUTIONS TO ANY ORGANIZATION THAT IS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) UWCNM REMITS COLLECTED CONTRIBUTIONS ON A MONTHLY BASIS TO THE DESIGNATED ORGANIZATIONS DONOR OPTION PROGRAM EXPENSES ARE PRESENTED UNDER THE PROGRAM SERVICES HEADING IN THE STATEMENTS OF ACTIVITIES FAMILY ADVOCACY CENTER IN 2007, FOLLOWING A DONOR SURVEY AND A PUBLIC SAFETY SUMMIT, UWCNM WORKED WITH AGENCIES PROVIDING DOMESTIC VIOLENCE SERVICES TO CHANGE THE SYSTEM OF CARE FOR VICTIMS THE RESULT OF THAT WORK, THE FAMILY ADVOCACY CENTER, A "ONE-STOP" SHOP FOR VICTIMS OF DOMESTIC VIOLENCE, IS A SAFE, SECURE AND CARING ENVIRONMENT THAT FOCUSES ON THE NEEDS OF VICTIMS OF INTERPERSONAL CRIME THE FAMILY ADVOCACY CENTER (FAC) IS 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 BY GIVING THEM ACCESS TO A WIDE RANGE OF SUPPORT SERVICES ALL AT A SINGLE LOCATION SERVICES INCLUDE MEDICAL CARE, ADVOCACY, LEGAL AND FINANCIAL ASSISTANCE, AS WELL AS LAW ENFORCEMENT AND PROSECUTION UWCNM HAS BEEN AFFILIATED WITH THE FAC SINCE 2007, BY SERVING ON THE ADVISORY COMMITTEE AND BY PROVIDING FISCAL SUPPORT FOR GIFTS TO THE FAC MANY OF THE AGENCIES HOUSED AT THE FAC OR THAT WORK WITH THE FAC APPLY FOR AND RECEIVE A COMMUNITY FUND GRANT FAC EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RODNEY PRUNTY PRES /CEO FR	40 00	X		X				0	0	0
EDWARD RIVERA PRESIDENT/CEO	40 00	X		X				189,105	0	34,744
RANDY WOODCOCK VICE PRESIDE	40 00			X				124,188	0	26,715
CECILIA RIVAS CFO	40 00			X				86,819	0	24,743
JEANETTE BRAHL CCO	40 00			X				76,421	0	14,808
ANGELO GONZALES CSO	40 00			X				48,494	0	3,949
LARRY STRICKLAND DIR OF DONO	40 00			X				83,707	0	25,160
JASON HARRINGTON BOARD CHAIR	1 00	X		X				0	0	0
LISA KRUGER SECRETARY/ T	1 00	X		X				0	0	0
KIRBY JEFFERSON IMMIDIATE PA	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RYAN SHELL BOARD CHAIR	1 00	X						0	0	0
BRYAN BARELA COMMUN IMPA	1 00	X						0	0	0
JOHN CAREY STRATEGIC DE	1 00	X						0	0	0
CAROL MAYO COCHRAN PUBLIC POLIC	1 00	X						0	0	0
GUIDO KEMP CORNERSTONE	1 00	X						0	0	0
ALEJANDRO ORTEGA RURAL COUNTI	1 00	X						0	0	0
PAUL MONDRAGON CAMPAIGN CHA	1 00	X						0	0	0
HELEN WERTHEIM FAMILIES CO-	1 00	X						0	0	0
SUSAN WILSON MARKETING CH	1 00	X						0	0	0
CHAOUKI ABDALLAH DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TOM ATNRAM DIRECTOR	0 50	X						0	0	0
KYLE BEASLEY DIRECTOR	0 50	X						0	0	0
ELLEN BERNSTEIN DIRECTOR	0 50	X						0	0	0
RICHARD BERRY DIRECTOR	0 50	X						0	0	0
MICHAEL CANFIELD DIRECTOR	0 50	X						0	0	0
SUE CLEVELAND DIRECTOR	0 50	X						0	0	0
BOBBIE COLLINS DIRECTOR	0 50	X						0	0	0
LISA EDEN DIRECTOR	0 50	X						0	0	0
TOM GARRITY DIRECTOR	0 50	X						0	0	0
DIANA GOOD DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SYDNEY GUNTROPE DIRECTOR	0 50	X						0	0	0
JESSICA HERNANDEZ DIRECTOR	0 50	X						0	0	0
JD HALLE DIRECTOR	0 50	X						0	0	0
DALE MAXWELL DIRECTOR	0 50	X						0	0	0
MEG MEISTER DIRECTOR	0 50	X						0	0	0
KELLIE MIXON DIRECTOR	0 50	X						0	0	0
KAREN MOSES DIRECTOR	0 50	X						0	0	0
SANDRA PODLEY DIRECTOR	0 50	X						0	0	0
SONYA PRIESTLY DIRECTOR	0 50	X						0	0	0
RON SCHRANZ DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVE SEELY DIRECTOR	0 50	X						0	0	0
SUSAN SEESTROM DIRECTOR	0 50	X						0	0	0
SHYLA SHEPPARD DIRECTOR	0 50	X						0	0	0
DEREK VALDO DIRECTOR	0 50	X						0	0	0
SHERMAN MCCORKLE MEMBER EMERI	0 50	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	24,488,195	24,238,181	18,647,755	18,386,537	15,812,220	101,572,888
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	24,488,195	24,238,181	18,647,755	18,386,537	15,812,220	101,572,888
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						101,572,888

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	24,488,195	24,238,181	18,647,755	18,386,537	15,812,220	101,572,888
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	66,373	29,029	51,161	149,044	34,262	329,869
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.)	80,150		10,115	1,750	2,765	94,780
11 Total support. Add lines 7 through 10						101,997,537

12 Gross receipts from related activities, etc (see instructions) **12** 586,338

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.580 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	99.380 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	PLANNED GIVING INCOME 80,150 OTHER INCOME 14,630

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number
85-0277138

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	103	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	536,513	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	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	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,110,617	3,042,301	2,603,543	2,881,493	3,024,028
b Contributions	42,089	52,175	203,396	49,553	53,062
c Net investment earnings, gains, and losses	44,042	153,784	347,427	-61,719	58,460
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	27,869	137,643	112,065	265,784	254,057
g End of year balance	3,168,879	3,110,617	3,042,301	2,603,543	2,881,493

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 100 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		395,073	376,723	18,350
d Equipment		457,716	359,867	97,849
e Other		272,520	263,640	8,880
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				125,079

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INV W/ ABQ COMMUNITY FOUNDATION	2,304,778	F
(B) CERTIFICATES OF DEPOSIT	298,930	F
(C) LONG-TERM INVESTMENTS	105,454	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,709,162	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) PLANNED GIVING ASSETS	1,509,322
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	1,509,322

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DONOR OPTIONS PAYABLE	2,994,504
PLANNED GIVING PAYABLE	305,424
NON-CAMPAIGN DONOR OPTION PAYABLE	225,784
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,525,712

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	8,780,496
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	174,242
b	Donated services and use of facilities	2b	1,128,736
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	71,899
e	Add lines 2a through 2d	2e	1,374,877
3	Subtract line 2e from line 1	3	7,405,619
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	9,129,709
c	Add lines 4a and 4b	4c	9,129,709
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	16,535,328

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

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

1	Total expenses and losses per audited financial statements	1	9,127,397
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,128,736
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	71,899
e	Add lines 2a through 2d	2e	1,200,635
3	Subtract line 2e from line 1	3	7,926,762
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	9,129,709
c	Add lines 4a and 4b	4c	9,129,709
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	17,056,471

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 85-0277138

Name: UNITED WAY OF CENTRAL NEW MEXICO

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	UWCNM TRANSFERS CERTAIN ENDOWMENT GIFTS FROM DONORS TO THE ALBUQUERQUE COMMUNITY FOUNDATION (ACF) UNDER THE TERMS OF AN AGREEMENT BETWEEN UWCNM AND ACF, ACF HOLDS VARIANCE POWER OVER THESE ASSETS ACF KEEPS SEPARATE RECORDS OF THE ACTIVITY AND PERFORMANCE OF EACH OF THESE ASSETS WITHIN UWCNM'S ENDOWMENT TOTAL ANNUALLY, UWCNM REQUESTS DISTRIBUTIONS OF THESE ASSETS FROM ACF ACCORDING TO THE ENDOWMENT AGREEMENT BETWEEN UWCNM AND THE INITIAL DONOR OF THE ENDOWMENT

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	UWCNM IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS A PRIVATE FOUNDATION UWCNM HAS ADOPTED ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, AS THEY RELATE TO UNCERTAIN TAX POSITIONS, AND HAS EVALUATED ITS TAX POSITIONS TAKEN FOR OPEN TAX YEARS MANAGEMENT BELIEVES THAT ALL ACTIVITIES OF UWCNM ARE WITHIN THEIR TAX-EXEMPT PURPOSE, AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION ARE CLASSIFIED AS CURRENT IN UWCNM'S FINANCIAL STATEMENTS THERE WERE NO INTEREST OR PENALTIES RECORDED AS OF JUNE 30, 2019 AND 2018

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	CO-BRANDING EVENT REVENUE 75,228 LOSS ON ABANDONED ASSETS -3,329

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	AMOUNTS RAISED ON BEHALF OF OTHERS 9,129,709

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	CO-BRANDING EXPENSE 75,228 LOSS ON ABANDONED ASSETS -3,329

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	AMOUNTS RAISED ON BEHALF OF OTHERS 9,129,709

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	PART XI, LINE 4B AND PART XII, LINE 4B HAVE BEEN ADJUSTED TO SHOW AMOUNTS COLLECTED BY UNITED WAY ON BEHALF OF OTHER ORGANIZATIONS THIS AMOUNT WAS NETTED FOR FINANCIAL STATEMENT PURPOSES THE NET AMOUNT IS 9,129,709

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number 85-0277138

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) SEE ATTACHED SCHEDULE, 10,929,859, SEE ATTACHED SCHEDULE.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 371
3 Enter total number of other organizations listed in the line 1 table

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	UNITED WAY OF CENTRAL NEW MEXICO FUNDS GRANTS THROUGH THEIR COMMUNITY FUND PROGRAM BY MEANS OF PRIORITY FOCUS AREA GRANTS, IN WHICH QUALIFYING NONPROFIT ORGANIZATIONS APPLY FOR AND GO THROUGH AN ANNUAL COMPETITIVE PROCESS PROGRAMS ARE EXAMINED FOR NEED, EFFICIENCY, EFFECTIVENESS, AND FINANCIAL ACCOUNTABILITY BY OVER 300 COMMUNITY VOLUNTEERS UNDER THE DONOR OPTION PROGRAM, DONORS HAVE THE OPTION TO DESIGNATE CONTRIBUTIONS TO ANY ORGANIZATIONS WHICH ARE TAX-EXEMPT UNDER IRC SECTION 501(C)(3) UWCNM REMITS COLLECTED CONTRIBUTIONS ON A MONTHLY BASIS TO THE DESIGNATED ORGANIZATIONS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number
85-0277138

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a		No		
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a		No		
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

UNITED WAY OF CENTRAL NEW MEXICO

Employer identification number

85-0277138

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE UNITED WAY IS A VOLUNTARY HEALTH AND WELFARE ORGANIZATION WHICH SOLICITS AND RECEIVES DONATIONS FOR DISTRIBUTION TO UNITED WAY PROGRAMS AND OTHER DONOR OPTED AGENCIES THE VISION IS SUPPORTIVE COMMUNITIES WHERE PEOPLE LIVE HEALTHY AND PRODUCTIVE LIVES THE MISSION IS TO BRING PEOPLE AND RESOURCES TOGETHER TO MEASURABLY IMPROVE LIVES AND STRENGTHEN OUR COMMUNITIES DISTRIBUTIONS ARE MADE BASED UPON A DONOR'S DESIGNATION OF MONIES TO SPECIFIC AGENCIES, OR BY ALLOCATION BY THE BOARD OF DIRECTORS TO UNITED WAY AND OTHER PARTICIPATING AGENCIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>UNITED WAY OF CENTRAL NEW MEXICO (UWCNM) ADMINISTERS THE FOLLOWING PROGRAMS COMMUNITY FUN D THE COMMUNITY FUND IMPROVES OUR COMMUNITY BY PROVIDING PROGRAM GRANTS TO QUALIFYING HEAL TH AND HUMAN SERVICES AGENCIES IN CENTRAL NEW MEXICO THE COMMUNITY FUND ADVANCES THE COMM ON GOOD AND WORKS TO CREATE A STRONGER COMMUNITY WE ADDRESS EDUCATION, HEALTH, AND FINANC IAL STABILITY/BASIC NEEDS SO THAT FAMILIES CAN GROW AND THRIVE UWCNM INVESTS IN EDUCATION AL PROGRAMS TO CREATE CENTRAL NEW MEXICO COMMUNITIES WHERE ALL CHILDREN ARE BORN HEALTHY AND DEVELOP ON TRACK ARE FULLY PREPARED TO ENTER THE EDUCATIONAL SYSTEM AND WHERE ALL ST UDENTS PROGRESS SUCCESSFULLY THROUGH ELEMENTARY SCHOOL PROGRESS SUCCESSFULLY THROUGH MID DLE SCHOOL GRADUATE HIGH SCHOOL WITHIN 5 YEARS, READY FOR SCHOOL, LIFE OR WORK AND WHERE ALL INDIVIDUALS HAVE AN OPPORTUNITY TO UTILIZE SOME FORM OF POST-SECONDARY EDUCATION, FR OM TRADE SCHOOLS TO 4-YEAR UNIVERSITIES UWCNM INVESTS IN HEALTH PROGRAMS TO CREATE CENTRA L NEW MEXICAN COMMUNITIES WHERE ALL INDIVIDUALS AND FAMILIES RECEIVE AFFORDABLE AND EQUIT ABLE HEALTH SERVICES LIVE IN A SAFE ENVIRONMENT EXHIBIT HEALTHY BEHAVIORS LIVE IN A HEA LTH PROMOTING ENVIRONMENT UWCNM INVESTS IN FINANCIAL STABILITY/BASIC NEEDS PROGRAMS TO CR EATE CENTRAL NEW MEXICAN COMMUNITIES WHERE ALL INDIVIDUALS AND FAMILIES HAVE ADEQUATE AND SUSTAINABLE RESOURCES TO SUPPORT THEIR NEEDS HAVE THE SKILLS, KNOWLEDGE, AND RELATIONSHI PS THEY NEED TO EFFECTIVELY INCREASE AND MANAGE THEIR INCOME AND WHERE VULNERABLE POPULAT IONS ARE SAFE, SOCIALLY ENGAGED, AND LIVE WITH DIGNITY COMMUNITY FUND EXPENSES ARE PRESE NTED UNDER THE EDUCATION, FINANCIAL STABILITY/BASIC NEEDS, HEALTH AND COMMUNITY BUILDING I NITIATIVES HEADINGS IN THE STATEMENTS OF ACTIVITIES MISSION GRADUATE MISSION GRADUATE I S A CRADLE-TO-CAREER COMMUNITY INITIATIVE THAT HAS THE GOAL OF ADDING 60,000 CERTIFICATES AND DEGREES TO OUR REGION BY THE YEAR 2020 THIS MULTI-SECTOR PARTNERSHIP IS COMMITTED TO A VISION FOR A WORLD- CLASS, SEAMLESS, AND COORDINATED EDUCATION SYSTEM THAT PROVIDES EQUI TABLE OPPORTUNITIES FOR ALL CITIZENS TO EXCEL AND SUCCEED FROM EARLY CHILDHOOD THROUGH HIG H SCHOOL, GRADUATE WITH A POSTSECONDARY DEGREE OR CERTIFICATE, AND ENTER A CAREER OF THEIR CHOOSING IN CENTRAL NEW MEXICO MISSION FAMILIES MISSION FAMILIES IS UWCNM'S NEW INITIA TIVE WITH A VISION FOR RESILIENT CHILDREN AND FAMILIES SO THAT MORE FAMILIES HAVE OPPORTUN ITIES THAT ALLOW THEM TO THRIVE MISSION FAMILIES HAS A GOAL OF REDUCING THE NUMBER OF AD VERSE CHILDHOOD EXPERIENCES BY 50% BY THE 2030 IN CENTRAL NEW MEXICO CENTER FOR NONPROFIT EXCELLENCE THE CENTER FOR NONPROFIT EXCELLENCE (CNPE) STRENGTHENS THE CAPABILITIES AND CA PACITY OF NEW MEXICO NONPROFITS SO THEY CAN MORE EFFECTIVELY ACHIEVE THEIR MISSIONS CNPE DOES THIS BY PROVIDING ORGANIZATIONAL AND PROFESSIONAL DEVELOPMENT RESOURCES TO NONPROFIT PROFESSIONALS AND VOLUNTEERS THROUGH THE CNPE EDUCATION PROGRAM AND WEBSITE (WWW CNPENM OR G) IN FY 18/19, CNPE PROVIDED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>25 NONPROFIT PROFESSIONAL DEVELOPMENT TRAININGS AND 12 INFORMATION SESSIONS TO 621 INDIVIDUALS, REACHING 286 ORGANIZATIONS IN 24 COMMUNITIES AROUND NEW MEXICO WE ALSO CONTINUED TO PROVIDE MATCHMAKING AND COMMUNICATION SERVICES TO NONPROFITS THROUGHOUT THE STATE, CNPE CURRENTLY HAS 2,405 FACEBOOK FOLLOWERS, 2,122 FOLLOWERS ON TWITTER, AND 5,731 RECIPIENTS OF OUR CNPE NEWSLETTER TAX HELP NEW MEXICO TAX HELP NEW MEXICO PROVIDES FREE ASSISTANCE IN PREPARING AND FILING INCOME TAX RETURNS FOR NEW MEXICO RESIDENTS WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN 54,000 OR WHO ARE OVER THE AGE OF 65 REGARDLESS OF INCOME VOLUNTEERS PREPARED 32,716 RETURNS LAST FILING SEASON, SAVING NEW MEXICO FILERS MORE THAN 51 MILLION IN TAX PREPARATION FEES, 17,501 PEOPLE OBTAINED OVER 225 MILLION IN TAX REFUNDS THROUGH THE PROGRAM 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 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 EXPERIENCED MORE THAN 23,792 CONTACTS IN FY 18-19 (THIS INCLUDES THOSE THROUGH THE ONLINE DATABASE) UNITED WAY 2-1-1 (OR 245-1735) IS ACCESSIBLE 7 DAYS A WEEK, 8AM TO MIDNIGHT, 365 DAYS A YEAR UWCNM IS THE BEST SOURCE OF INFORMATION ON WHERE YOU CAN GET THE SERVICES YOU, OR SOMEONE YOU KNOW, MIGHT NEED 2-1-1 EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES AFFINITY GROUP INITIATIVES UWCNM ALSO ADMINISTERS OTHER INITIATIVES THROUGH HISPANO PHILANTHROPIC SOCIETY, YOUNG LEADERS SOCIETY, WOMEN IN PHILANTHROPY, AND GUYS GIVE AFFINITY GROUP MEMBERS HAVE IDENTIFIED WOMEN'S SELF-SUFFICIENCY, MIDDLE-SCHOOL YOUTH, AND YOUTH TRANSITIONING TO ADULTHOOD AS AREAS FOR GIVING AFFINITY GROUP GRANT INITIATIVES ARE GIFTS TO THE COMMUNITY FUND AFFINITY GROUP INITIATIVES EXPENSES ARE PRESENTED UNDER THE CO-BRANDING AND EVENT SPONSORSHIPS HEADING IN THE STATEMENTS OF ACTIVITIES DONOR OPTION PROGRAM DONORS HAVE THE OPTION TO DESIGNATE CONTRIBUTIONS TO ANY ORGANIZATION THAT IS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) UWCNM REMITS COLLECTED CONTRIBUTIONS ON A MONTHLY BASIS TO THE DESIGNATED ORGANIZATIONS DONOR OPTION PROGRAM EXPENSES ARE PRESENTED UNDER THE PROGRAM SERVICES HEADING IN THE STATEMENTS OF ACTIVITIES FAMILY ADVOCACY CENTER IN 2007, FOLLOWING A DONOR SURVEY AND A PUBLIC SAFETY SUMMIT, UWCNM WORKED WITH AGENCIES PROVIDING DOMESTIC VIOLENCE SERVICES TO CHANGE THE SYSTEM OF CARE FOR VICTIMS THE RESULT OF THAT WORK, THE FAMILY ADVOCACY CENTER, A "ONE-STOP" SHOP FOR VICTIMS OF DOMESTIC VIOLENCE, IS A SAFE, SECURE AND CARING ENVIRONMENT THAT FOCUSES ON THE NEEDS OF VICTIMS OF INTERPERSONAL CRIME THE FAMILY ADVOCACY CENTER (FAC) IS MANY DIFFERENT AGENCIES WORKING TOGETHER UNDER ONE ROOF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	THE UNIQUE DESIGN OF THE FACILITY DRAMATICALLY REDUCES THE STRESS AND TRAUMA OFTEN PLACED ON VICTIMS AND THEIR FAMILIES BY GIVING THEM ACCESS TO A WIDE RANGE OF SUPPORT SERVICES ALL AT A SINGLE LOCATION SERVICES INCLUDE MEDICAL CARE, ADVOCACY, LEGAL AND FINANCIAL ASSISTANCE, AS WELL AS LAW ENFORCEMENT AND PROSECUTION UWCNM HAS BEEN AFFILIATED WITH THE FAC SINCE 2007, BY SERVING ON THE ADVISORY COMMITTEE AND BY PROVIDING FISCAL SUPPORT FOR GIFTS TO THE FAC MANY OF THE AGENCIES HOUSED AT THE FAC OR THAT WORK WITH THE FAC APPLY FOR AND RECEIVE A COMMUNITY FUND GRANT FAC EXPENSES ARE PRESENTED UNDER THE OTHER INITIATIVES HEADING IN THE STATEMENTS OF ACTIVITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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 APPROVED BUDGETED AMOUNTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SEE EXPLANATION FOR LINE 15A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST TO THE CHIEF FINANCIAL OFFICER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CO-BRANDING EVENT REVENUE 75,228 LOSS ON ABANDONED ASSETS -3,329 AMOUNTS RAISED ON BEHALF OF OTHERS -9,129,709 CO-BRANDING EXPENSE -75,228 LOSS ON ABANDONED ASSETS 3,329 AMOUNTS RAISED ON BEHALF OF OTHERS 9,129,709

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 12, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS AUDIT COMMITTEE OVERSIGHT OR SELECTION PROCESS